

Democratic People's Republic of Korea

2004



Consolidated Appeals Process (CAP)



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In Tribute

*In 2003 many United Nations, International Organisation, and
Non-Governmental Organisation
staff members died while helping people in several countries struck by crisis.*

Scores more were attacked and injured.

*Aid agency staff members were abducted.
Some continue to be held against their will.*

*In recognition of our colleagues' commitment to humanitarian action
and pledging to continue the work we began together
We dedicate this year's appeals to them.*

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1. EXECUTIVE SUMMARY

The humanitarian response to the emergency in the Democratic People's Republic of Korea (DPRK) takes place against a backdrop of continuing economic difficulties and a weakened international response, both of which threaten to undermine the substantial gains that humanitarian assistance has achieved. The humanitarian emergency in the DPRK is not over. Assistance is still needed and continues to play a vital role in safeguarding and promoting the well being of millions whose nutritional status and general health would otherwise be seriously compromised. In the DPRK, health indicators have worsened. Nine per cent of children suffer from acute malnutrition, while chronic malnutrition (stunted growth) in some parts of the country, such as Ryanggang, is typically more than 45%. Anaemia is common, and is seen in 30% of pregnant women. The maternal mortality rate is of great concern, doubling since 1993. Despite being rich with water resources, many girls and women spend hours each day collecting water from unsafe sources because of a breakdown of water systems, and difficulties with electricity.

Nonetheless in 2003, the international response has made considerable progress towards meeting some of the basic needs of the population. Chronic malnutrition dropped from 62% in 1998, to 42% in 2002. This can be attributed in part to the substantial humanitarian assistance provided by the international community, in particular food aid. In 2002, over 350,000 people benefited from improved water quantity and quality, reinforcing the gains in nutrition. Humanitarian assistance has supported the dramatic 72.3 % decrease in the number of malaria cases in a 12-month period: a fall from 185,420 cases to 38,920 cases. This progress demonstrates that well targeted assistance can have an immediate and sustainable impact on the lives of vulnerable people.

Therefore, the strategy of organisations participating in the 2004 *Consolidated Inter-Agency Appeal for DPRK*, aims to preserve lives and promote the well being of vulnerable populations, including children and women. The humanitarian response in 2004 must be more balanced than was evident in 2003. While there was a relatively good response to food, the response to water and sanitation and health was poor. Without these latter components, further improvements in the benefits from food alone cannot be expected. The balance must be restored. This does not mean providing less for food; it means providing more for the other components. However, this humanitarian response alone will not help the country overcome its severe economic difficulties. Whilst the DPRK clearly requires aid in many sectors, development assistance is not forthcoming. The humanitarian response is saving lives, but not creating livelihoods, or committing to reconstruction, or building up the economy. Until such time as development assistance is available, the humanitarian effort will have to continue.

The DPRK needs both humanitarian and development assistance. The Consolidated Appeals Process (CAP) retains its essential character as a mechanism for coordinating and funding urgently needed humanitarian assistance. At the same time, the humanitarian community and the Government agree that it is important to plan for development. Therefore, while retaining the CAP mechanism for the present, work has started on the UN Development Assistance Framework (UNDAF). Between these coordinating frameworks, both emergency and development will be catered for. This two-pronged approach, which covers both humanitarian and development requirements is not intended, in the short run, to replace one with the other: at present both frameworks are needed.

The response in 2003 that took place, thanks to the international donor community's support for the work of humanitarian organisations in the DPRK was overall 56.43% funded. For 2004, a total of **US\$ 221,224,079** is required for programmes in support of the CAP strategy. The CAP Country Team, which consists of UN agencies, Non-Governmental Organisations (NGOs), the International Federation of Red Cross and Red Crescent Societies (IFRC), and resident bilateral donors prepared the strategy. With few exceptions, resident as well as non-resident NGOs operating through the World Food Programme's (WFP) Food-aid Liaison Unit (FALU), support the CAP. Donor attention is drawn to the significant role NGOs, particularly working at the grassroots level, can have in meeting both humanitarian and rehabilitation needs.

**UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Summary of Requirements
By Appealing Organisation
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements
ADRA	303,800
AFMAL	240,000
CESVI	450,000
CONCERN	1,104,000
DWH/GAA	2,158,000
FAO	3,510,000
HI B	425,000
OCHA	579,984
PU	1,229,000
SC UK	877,584
TGH	660,000
UNFPA	672,000
UNICEF	12,706,960
WFP	190,455,451
WHO	5,852,300
Grand Total	221,224,079

**UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Summary of Requirements - by Sector
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original requirements
AGRICULTURE	4,167,000
COORDINATION AND SUPPORT SERVICES	829,984
EDUCATION	924,000
FOOD	191,933,451
HEALTH	18,649,844
WATER AND SANITATION	4,719,800
Grand Total	221,224,079

2. YEAR IN REVIEW

The following paragraphs provide an overview of the context within which humanitarian action took place in 2003, and set a platform for the response in 2004. Readers who wish to move ahead to the strategic components of the plan for 2004 should proceed to section 3.2.1 below.

2.1 Changes in the Humanitarian Situation

The situation in the DPRK remained extremely complex with two key events in the external environment impacting on the humanitarian situation. Since last year's CAP was written, there has been increasing security tension on the Korean peninsula following the re-emergence of the nuclear issue on the peninsula in October 2002. This has had a pervading negative effect on the appeal and efforts by UN agencies and NGOs to build national capacity through rehabilitation and development activities. The negative impact of the nuclear issue was compounded by the Severe Acute Respiratory Syndrome (SARS) epidemic.

Severe Acute Respiratory Syndrome

Whilst there was no SARS reported in the DPRK, the proximity to China and the present status of health services in the country made the country vulnerable to SARS. The physical facilities in hospitals are poor. Inadequate water and electricity severely hamper the functioning of hospitals. This would make it difficult to isolate patients adequately and maintain proper hospital infection control. The lack of adequate medical supplies and equipment and the limited knowledge of modern barrier nursing techniques, make this task even more difficult. Furthermore, the ability of nurses to handle patients that require intensive care is very limited due to the low ratio of nurses to patients and doctors compared to international standards. The caring for SARS patients is demanding on nursing skills.

To prevent the introduction of SARS to the country, national authorities took effective measures, including quarantine regulations and travel restrictions. Although these measures went beyond World Health Organization's (WHO) technical recommendations, they must be seen against the background of the overriding need to avoid a SARS outbreak in the DPRK. From the beginning of the outbreak in China in March, WHO had raised the alert, and kept the Ministry of Public Health (MoPH) informed on SARS preparedness. This had been particularly important because of the rapid development and spread of SARS, and the fact that health officials do not have access to internet and international health information resources. A secondary impact of SARS was the adverse effect it had on the DPRK economy.

A project for improvement of hygiene and infection control in hospitals nationwide was undertaken in 2003 as part of SARS preparedness activities in cooperation among the IFRC, United Nation Children's Fund (UNICEF) and WHO. Premiere Urgence, with the support of the Office for the Coordination of Humanitarian Affairs (OCHA) NGO Funding Mechanism and World Food Programme (WFP), constructed improved isolation facilities in the designated SARS hospital, Anju People's Hospital.

Nuclear Issue

Following the re-emergence of the nuclear issue in the DPRK in October 2002, there has been a steady deterioration in the relations between the DPRK, Republic of Korea (RoK), Japan and the United States (US). This issue is complex and multi-faceted. Irrespective of the merits of each party's position, the impact on the development agenda was severe. The six party talks in Beijing, from 27 to 29 August, whilst seen as positive by some commentators, did not lead to any substantive change by any of the parties.

Whilst most donors have continued to separate politics from humanitarian aid, the serious deterioration in the external environment affected the level of assistance to the country. The Common Humanitarian Action Plan (CHAP) short-term goal of meeting the needs of the most vulnerable through direct humanitarian activities was handicapped by the continued reluctance of some donors to provide humanitarian assistance. The deterioration in the external environment also undermined the CHAP strategic goal of strengthening the foundation, and building capacities, for future development. This goal was impeded, as it required a commitment from donors for rehabilitation and development activities. Most donors will not support rehabilitation and

development activities until the nuclear issue has been resolved. Unfortunately there has also been a substantial decrease in humanitarian assistance from some traditional humanitarian donors.

As detailed in the lessons identified section of the 2003 Consolidated Appeal (CA), and in the opening introduction to the CHAP, there remains an urgent need for external actors to both continue to support humanitarian action and at the same time to support and advocate for an enabling environment for rehabilitation and development. Central to such a change (and the facilitation of an exit strategy for humanitarian programmes) is the need to recognise and support UN agencies as facilitators of positive improvements. This will not happen until a sustainable positive political solution is agreed upon.

2.2 FINANCIAL OVERVIEW

The 2003 CAP presented funding requirements to the donor community for US\$ 225 million to meet the needs of the most vulnerable. As of **13 October 2003**, some **US\$ 129.4 million** had been pledged or contributed by the international community. Through the generous support of donors, substantial progress has been made towards meeting the 2003 CAP goals and objectives. The donor response to the 2003 Appeal is detailed in Annex I.

2.3 MONITORING REPORT AND MONITORING MATRIX

The emergency in the DPRK continues to affect the lives of millions of people. The vast majority of the humanitarian aid community continues to focus on relief assistance and the provision of support to basic social services. In 2003, the imbalance between a very healthy food sector and a very meagre water and sanitation, and health and nutrition sector was quite evident, both in terms of quantity and coverage. While the long-term effectiveness of the response is likely to be compromised in the absence of these components, the immediate effectiveness of WFP food aid interventions (addressing food needs of targeted vulnerable people, producing enriched local foods, and realising FFW outputs) is not compromised. There is a pressing need to restore the balance. This does not mean giving less for food; it means giving more for the other components of the response, and ensuring a more balanced humanitarian package overall.

Most organisations have also tried to integrate local capacity building in their *modus operandi*. Agencies have reported an increased willingness from local partners to improve the quality of needs assessment and monitoring. This positive development could be enhanced through increased access to the population in need. There is also a clear link between the quality of assessments, and the resultant capacity of the humanitarian community to provide more effective assistance and improved implementation.

Notwithstanding the imbalance in the response, positive progress towards the strategic goals and objectives has been very encouraging. In 2003, UN agencies and NGOs completed 26% of the objectives for 2003, with a further 60% being partially achieved. Although 13% of the CHAP objectives were not met, the fact that substantial progress has been made towards 86% of the objectives is a considerable achievement. The result also confirms the usefulness of the CAP as a programming process that is able to mobilise resources to respond to an agreed humanitarian strategy. Excluding food aid, timely contributions of an additional US\$ 11 million to the CAP, would have allowed UN agencies and NGOs to accomplish over 90% of the CAP objectives. A detailed monitoring matrix is attached at Annex II.

Key achievements and constraints in each sector are as follows:

Water and Sanitation

Although funding was very low in the sector, substantial progress was made with carry over funds for last year. Whilst most humanitarian assistance in the DPRK only addresses the symptomatic causes of the emergency, UN agencies and NGOs in the water and sanitation sector demonstrated that some of the underlying causes in the sector can be addressed through the effective use of humanitarian assistance. The results in the sector are also attributable to the positive proactive role of the European Community Humanitarian Office (ECHO) over the last 18 months. ECHO, in close coordination with UNICEF and IFRC, has assisted partners in dialogue with the Government

resulting in improved implementation modalities. This has allowed for an open dialogue on the issue of water quality, both in terms of access to existing data and the ability to carry out water quality tests. ECHO is now the main supporter of action in this sector.

The combined efforts of UNICEF, NGOs, IFRC, Donors, WFP, and their Government partners achieved the following:

- Around 10,000 more families in Jongpyong, Kowon (both in South Hamgyong province) and Kosan (Kangwon Province) counties now have clean water as a result of rehabilitation of their piped water supplies. WFP provided Food-for-Work (FFW) support (food and hand tools) in Kowon and Kosan. Concern, Cooperazione e Sviluppo (CESVI), Deutsche Welt Hungerhilfe / German Agro-Action (DWHH/GAA) and Triangle Génération Humanitaire (Triangle GH), in partnership with ECHO, delivered clean water and improved sanitation to over 12,250 families in townships and cooperative farms in Kangwon, North P'yongan and South P'yongan Provinces using carry over funds from 2002;
- The National Red Cross, in partnership with IFRC, has assisted over 38,000 families obtain improved access to clean water in North and South P'yongan Provinces;
- Considerable progress has been made in the rehabilitation of sanitation facilities in children's institutions;
- In total, over 350,000 people have directly benefited from water assistance projects over the past year. Improved water quantity and quality will have a direct impact on reducing the diarrhoeal disease burden on the families, as well as the burden on the health system.

Progress towards Sector Objectives could have been enhanced if all UN agencies and NGOs were given access to technical counterparts to assist them in carrying out needs assessments, project implementation and monitoring of project activities. Implementation of activities was also hampered by the absence of technically skilled manpower at the local level, which resulted in a lower standard of work.

Health and Nutrition

Overall progress in improving health and nutrition has been made, with significant results being achieved with well-targeted assistance.

HUMANITARIAN ASSISTANCE CONTRIBUTED TO DRAMATIC REDUCTION OF MALARIA

Vivax malaria re-emerged in the Korean peninsula during the 1990s. Change in agricultural practices with less use of pesticides and the way the rice fields are irrigated, as an adaptation to the energy problems, might have contributed to increased breeding of the vector. The number of malaria cases reached epidemic proportion in 2001 with 300,000 reported cases.

International organisations, spearheaded by WHO, have provided substantial technical and material support for malaria control during 2000-2003, amounting to about US\$ 2.5 million. This has been possible due to generous contributions from South Korea, Sweden and Norway. Besides the technical assistance, introduction of impregnated bed nets, laboratory supplies for prompt diagnosis and anti-malarial drugs to ensure access to treatment, have been the key components of the support.

A reduction of 20% in the number of malaria cases was seen in 2002. But in 2003, the number of malaria cases is further dramatically reduced with a 72.3% decline compared to 2002. The number of cases reported in 2003 as of 10 September is 38,920 compared to 185,420 during the same period last year. This can, to a large extent, be contributed to the support provided to the malaria control programme, and is an example of how well-targeted humanitarian assistance was able to tackle important public health programmes in DPRK.

Key achievements in the sector include:

- rehabilitation of almost 10,000 severely malnourished children in 25 facilities around the country;
- national supplementation of Vitamin A and de-worming days that reached almost all young children in the DPRK achieving the highest vitamin A coverage in the region. Reported malaria cases are significantly reduced due to prevention and control activities;
- expansion of the Tuberculosis (TB) Control Programme based on the Directly Observed Treatment Short-Course (DOTS) strategy supported by WHO and other partners to cover 100% of the population. Still about 55,000 new tuberculosis cases are expected in 2004. The sputum conversion and treatment cure rates are high, i.e. 90 % and 87% respectively, in line with the global targets;
- improved availability of basic (very vital) medicines for the treatment of diarrhoea and pneumonia, the main causes of illness and death for children;
- WFP and UNICEF joint production of blended foods in 2003 will reach 27,000 Metric Tonnes (MTs) by the end of the year;
- WFP local production of micro-nutrient fortified blended food, noodles and biscuits, with support from UNICEF and NGOs, is projected to exceed 40,000 MTs in 2003 and distributed to more than 2.8 million children and pregnant and nursing mothers;
- a rapid response by WHO, IFRC, and Premiere Urgence (PU), helped the MoPH with SARS preparedness and prevention. No SARS outbreak occurred in the country;
- polio eradication remains on track, and full immunisation coverage was sustained at over 70% and is poised for further increases.

The main constraint in the sector continued to be under-funding forcing most UN agencies to reduce the scope or coverage of their projects. This had a direct negative impact on the well being of the most vulnerable. Only a limited range of essential medicines could be provided to health facilities, mainly for children's illnesses, and little more. The specific needs of women were hardly met. The number of health facilities re-equipped for antenatal care and safe-delivery was lower than planned. SARS forced the cancellation of planned overseas study visits and in-country consultancies, which were both critical to building capacities in the sector.

Food Aid

Strong donor support for WFP meant that a nutritional safety net was provided to 5.5 million vulnerable people (as compared to a target of 6.4 million people) thereby maintaining and improving their nutritional status.

In 2003, for the first time, food assistance seemed to falter. WFP was forced to temporarily cut back its assistance to almost three million people in the first quarter, then to do so again in the middle of the year. While overall the donor response to food aid needs was good, it was substantially less than previous years. Food aid met almost 75% of identified needs; there were alarming delays in commitments and arrivals of food and notable absences from the usual list of donors.

WFP's food assistance – targeting the most vulnerable population groups, including the youngest children and pregnant and nursing women – has contributed to saving lives and improving the nutritional status of many. Food assistance continues to be targeted to the most vulnerable groups with priority given to urban populations dependent on the Public Distribution System (PDS) and those living in food insecure provinces, mainly in the northeast regions. WFP currently has access to 162 of the 206 counties, which accounts for about 85% of the country's population.

Pipeline shortages seriously impacted WFP's activities in the first quarter of 2003 and again in July 2003. In both instances, nearly three million nursery, kindergarten, primary and secondary school children, as well as pregnant and nursing women, were denied WFP rations that supplement their meagre Government food allocations and provide much-needed micro-nutrients to their diets. From 1 August, using a cereals loan from the Government, WFP was able to resume distributions to all Vulnerable Group Feeding (VGF) beneficiaries. The loan was fully repaid by early October with the RoK maize donation. However, unless new pledges are soon confirmed, further cuts in cereal distributions will again be necessary during the fourth quarter. For the next six months

(November 2003 - April 2004), shortfalls are projected at more than 150,000 MTs, including about 130,000 MTs of cereals.

Apart from direct VGF further contributions are required to continue operating Local Food Production (LFP) factories. They produce enriched blended food, biscuits and noodles that constitute a vital nutritional support to malnourished young children and pregnant and nursing women. Stocks of constituent commodities are running low in the WFP-assisted LFP factories, especially wheat flour and sugar. WFP-assisted LFP will likely need to suspend their operations by mid-October. WFP now has a total of 18 fully operational LFP facilities.

FFW is another important component of the WFP 2003 programme. FFW projects aim to increase food security at the household level by creating employment opportunities for unemployed /under-employed industrial workers, as well as for state farmers during four months of diminished agricultural activity. These projects help protect and increase agricultural production through flood control, reforestation and other activities. The main area of intervention has shifted from tree planting to more integrated soil and watershed management type of projects, in many cases in collaboration with other UN Agencies and NGOs. Due to the resources constraints, the tonnage allocation in support of FFW activities needed to be reduced significantly. Planned food allocation for FFW was reduced from 65,000 MTs to 48,000 MTs or by 26%.

Agriculture

Donor assistance, the vast majority of which is through bilateral contributions outside the CAP framework, has helped the continued recovery in production of food crops¹. Comparatively favourable climatic conditions, water availability and the timely supply of seed and fertilisers were among the factors ensuring satisfactory yields for both spring and summer cereals and tuber crops, supplemented by quantities of soya, millet, sorghum and buckwheat as well as horticultural production of vegetables and fruits. Spring crops for 2003 produced over 470,000 MTs.²

Pre-harvest estimates of paddy rice and maize yields are upwards to 4 MTs/ha. Limited crop diversification has made a modest impact in that more tubers, pulses, and supplementary cereals such as triticale and oats are being cultivated. There was a notable increase in livestock production (ruminants, poultry, fish).

The success of increased cereals' production in recent seasons is partially due to double cropping of spring and summer crops in sequence on the same lands. Potato production in both lowland and uplands regions has also met with significant success, with yields of 20 MTs/ha being recorded. Improved crop yields have been achieved because of donors' input and support, especially mineral fertiliser, as part of humanitarian aid.³ This situation is likely to continue whilst local production remains low. Donor response to the FAO's appeal through the CAP allowed 5,295 MTs fertiliser to be applied on 21,442 ha producing addition 75,047 MTs of rice/maize to assist during the Lean Season.

Soil fertility management activities have dramatically increased, with organic measures such as composting, green manure and legume production and improved crop rotations being diffused and practised in several provinces.

Outside the CAP framework, dramatic attempts to improve irrigation efficiency were initiated by the Government in South Pyongan with the completion of a main canal (149 km in length). The canal, which was supported by the Organisation of Petroleum Exporting Countries (OPEC) Fund, will provide water to a gravity-fed network linking hundreds of cooperative farms, thereby inducing energy-saving measures by reducing on fuel and electricity use. Two other such canals are planned for construction in North Pyongan and North Hwanghae.

¹ The recovery is most noticeable in the "Cereal Bowl" regions comprising the plains and lowlands of North and South Pyongan, Pyongyang rural districts/counties, North and South Hwanghae provinces: and to a lesser extent parts of Kangwon and South Hamgyong provinces

² Official Government figure (wheat yielded an average of 4 MTs/ha while barley yielded about 2.5 MTs/ha, and spring potatoes between 12 and 20 MTs/ha)

³ Substantial fertiliser assistance is provided outside the CAP Framework by the RoK and the EU (through EC-AidCo)

Integrated Pest Management (IPM) has been reactivated at all levels, especially on cooperative farms, county and provincial plant protection stations. This operation has received positive donor response and is being diffused for the protection of cereal and vegetable crops. Government has endorsed the IPM strategy by discouraging use of toxic pesticides.

Environmental sub-sector activities have been addressing the energy crisis, more specifically the diminishing quantities of fuel wood for domestic cooking and heating. Tree planting operations focus on massive plantings (7,000-10,000 saplings per hectare) of *Robinia pseudo-acacia*: a relatively fast-growing tree, on hills, roadsides, around buildings and houses.

Due to the increased demand for trees, many cooperative farms have been establishing nurseries to supplement trees propagated in county forestry nurseries. Continuing from previous projects, Concern has produced 90,000m³ of fuel wood in 2003 satisfying the heating/cooking requirements for 52,000 people (13,000 families) as direct beneficiaries of the project in South Pyongan province. This directly impacted on people's well being during winter months, especially for more vulnerable groups in the population.

FAO has provided an international presence to coordinate their emergency and rehabilitation programmes and is currently developing a mechanism to link CAP and non-CAP projects. FAO has been collaborating with the United Nations Development Programme (UNDP) with a view to producing a coherent coordination framework.

Education

Overall progress in the sector was mixed. Funding for education was lower than that for other sectors such as with health and nutrition sectors, which were given higher priority. SARS measures forced the postponement of two studies in textbook production and learning assessment. Key achievements in the sector were:

- 3 million textbooks printed for 650,000 children against a planned target of 4.1 million;
- 650,000 children received basic school materials but a reduced quantity of pencils, rulers and eraser;
- 63 county and ri primary schools rehabilitated;
- education information system set up to collect disaggregated education information with training provided by the United Nations Educational Scientific and Cultural Organisation (UNESCO) and hardware provided by UNICEF;
- an Education For All seminar (Government-UNESCO-UNICEF), the first ever, was completed and was an opportunity for policy and strategy dialogue.

2.4 LESSONS IDENTIFIED

In the Executive Summary of the 2001 Consolidated Appeal, which was written in September 2000, the overall humanitarian strategy was summarised, as '*emphasis on continued humanitarian needs while calling for increased engagement in recovery and development activities*'. It was also stated that '*the problems that DPRK faces can only be mitigated in the medium and long-term by efforts for recovery of the economy*'. Four years later, aid agencies participating in this Appeal still believe that an enabling environment must be created if the transition from humanitarian assistance to development programming is to occur. Without development the emergency will continue.

The CAP Country Team also continues to recognise the limits and nature of humanitarian action. This means the response must be realistic and quantified. It should be based on available resources, which in turn obliges aid agencies to initiate advocacy solutions rather than a programmatic response by looking to Government or other actors to fill unmet needs. The policy also avoids the creation of expectations by the Government that the international community cannot or will not meet.

In the DPRK humanitarian assistance mostly addresses symptomatic causes of the emergency, rather than the underlying causes. However, by reducing the incidence of diarrhoea and ill-health, which is one of the key underlying causes of malnutrition and poor development, long lasting benefits for human development are achieved. In 2003 agencies in the water and sanitation sector

showed that through improved cooperation, including technical exchange and training at the county and ri levels, some of the underlying causes in the sector were addressed through the effective use of humanitarian assistance. Access to safe water is a basic right that spans the humanitarian and development spectrum. If the current response in the sector was expanded, this could lead to a massive rehabilitation and reconstruction programme in the sector ultimately aimed at alleviating suffering and raising living standards. This requires a longer-term commitment to the response from donors.

DPRK is in a long-term emergency with substantial ongoing humanitarian needs. This warrants a multi-year humanitarian support programme with appropriate linkages to longer-term rehabilitation and development strategies. Although aid agencies have been able to achieve significant results with well targeted assistance for some of the most acutely vulnerable in accessible areas, the limited sustainable improvements in the humanitarian situation has demonstrated the need for sustained efforts by all parties to create an enabling environment for development. The CAP Country Team continues to endorse this position as the only viable approach for alleviating the complex causes of this emergency.

Attached at Annex II are the recommendations and observations of the CAP Country Team that should be applied to the humanitarian response.

3. HUMANITARIAN CONTEXT

The Humanitarian Context section is a synopsis of the current humanitarian situation. It focuses on factors that influence the humanitarian situation and include constraints and opportunities for humanitarian action. The section will also describe the underlying humanitarian principles and human rights issues that are of key concern to the humanitarian programme.

3.1 Problem Analysis

Given that this is the ninth year of humanitarian operations, and the fact that the situation has not substantively changed in 2003, readers are invited to refer to the last year's appeal document, which provides a comprehensive analysis of the humanitarian situation. Additional analysis is also contained in the UN Common Country Assessment, which was completed in late 2002.

The absence of an acceptable resolution of the 1950-1953 conflict on the Korean peninsula, and the consequent implications this has for government and donor policy, remains the main problem faced by people in DPRK, with attendant difficulties for the state in providing adequate resources for social and economic structures. Aid agencies have little insight on how the current situation might improve or be resolved without a comprehensive political settlement to the security issues on the peninsula. Uncertainties about the future complicate humanitarian and development efforts, and put into doubt the extent to which governments, organisations and people are willing to invest in DPRK. The Government endeavours to improve the provision of social services and enhance economic growth through a reform process; however, sufficient access to basic social services such as water and health remains a pressing priority.⁴ Improving household food security, rehabilitating water and sanitation systems, and improving basic health care are the most obvious priorities.

⁴ For further information on economic reforms see: Chong Bong-uk, 2003, 'A Year After Radical Reforms', Vantage Point April 2003-Vol 26 no.7, p. 2 Yon hap News Agency, Seoul & M. Noland, July 2003. *Famine and Reform in North Korea* (WP 03-5), Institute of International Economics, Washington D.C.

3.2 Humanitarian Principles and Human Rights

New Law on the Protection of People with Disabilities – A Positive Step

In June 2003, the Supreme People's Assembly of DPRK approved a new Law on the Protection of People with Disabilities. The law has been designed to counteract the kinds of restrictions that disabled people often face in any society, such as access to education, access to work, or even access to buildings and transportation. Conditions will not change overnight, but the law is an important and positive first step in ensuring the rights of the disabled. Handicap International (HI) and the Korean Association for Support of the Disabled (KASD) worked closely together to provide advice and advocacy in support of the drafting of the law.

Humanitarian action is guided by human rights and humanitarian principles. Being of a humanitarian nature, the programme recognises that the fulfilment of basic needs is part of a continuum of action leading to development, including the promotion of human rights. Humanitarian assistance has human rights dimensions. Every time a child is fed or a nursing mother receives medical care, the programme recognises that these actions are an affirmation of an individual's right to a life with dignity. Within the DPRK, aid agencies give emphasis to the following principles:⁵

Impartiality: The provision of humanitarian assistance is based on needs assessments following internationally recognised standards, without discrimination;

Neutrality: Humanitarian action takes place without taking sides in political or ideological controversies. Aid has an independent status beyond political considerations and should be viewed as such;

Independence: Humanitarian organisations endeavour not to act as instruments of Government policy. Humanitarian agencies formulate their own policies and strategies and will not implement any policy of any Government, except insofar as it coincides with their own policy;

Humanity: Human suffering is to be addressed wherever it exists. The dignity and rights of all victims must be respected and protected. Alleviating human suffering amongst those most in need is the prime motivation for humanitarian response;

Accountability: Humanitarian Agencies will implement activities transparently. Organisations are accountable to the people they assist and to those from whom they accept resources;

Humanitarian action in the DPRK has directly addressed the fulfilment of economic, social and cultural rights, notably the right to food, to health and to education, but also, through FFW, the right to work.⁶ These rights are also enshrined in the Constitution of the DPRK (1998), which includes the right to work, the right to rest, the right to free medical care, and the right to be educated. Being of a short-term and highly targeted nature, humanitarian action does not address the right to social security, or the right to culture, or to the benefits of science and technology. It does, however, take these rights into consideration in its operations. The primary stakeholders of the programme are children and women, and it, thus, is addressing, in part, the right to assistance to the family, women

⁵ The DPRK Government in 1991, through the UN General Assembly Resolution 46/182 on *Strengthening of the Coordination of Humanitarian Emergency Assistance of the United Nations*, endorsed the first three principles.

⁶ United Nations humanitarian action is based on a broad body of international humanitarian and human rights law, including the 1948 Universal Declaration of Human Rights, the four 1949 Geneva Conventions, the 1966 International Covenant on Civil and Political Rights, the 1966 International Covenant on Economic, Social, and Cultural Rights, the two Additional 1977 Protocols to the Geneva Conventions, the 1981 Convention on the Elimination of All Forms of Discrimination against Women, the 1989 Convention on the Rights of the Child, the Optional Protocol to the CRC on the Sale of Children, Child Pornography and Child Prostitution and the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict (both entered into force in 2002) and General Assembly Resolution 46/182 of 19 December 1991.⁶ The Government of the DPRK is committed, through accession or otherwise, to all of these core international human rights instruments, demonstrating its desire to advance the rights of its people. The years of accession are International Covenant on Economic, Social and Cultural Rights - 1981, International Covenant on Civil and Political Rights - 1981, Convention on the Rights of the Child - 1990, and Convention on the Elimination of All Forms of Discrimination against Women - 2001.

and children. This could be further enhanced with greater direct access to the population, and not only to State institutions tasked with assuring their welfare.⁷

Concerning the application of these principles and the core international human rights instruments:

1. The programme promotes universal enjoyment of rights through its targeting of the most vulnerable and disadvantaged;
2. The programme has tried to address the indivisibility and interdependence of rights through a balanced approach to the immediate needs of the population;
3. The programme has sought to enhance accountability through improved monitoring and evaluation.
4. The principle of impartiality requires that aid be distributed on the basis of need, regardless of political or other extraneous considerations. Aid Agencies must thus retain control over distribution decisions.
5. The programme recognises that primary responsibility for complying with the core international human rights instruments rests with the Government. Agencies will provide support to the Government to assist it in meeting its international human rights obligations.
6. The programme has developed Principles for Humanitarian Action in DPRK, which were first elaborated in 1998, to support the application of humanitarian principles in the implementation of the CAP. The principles are attached as Annex VI.

3.3 Capacities and Vulnerabilities Analysis

Capacities and Vulnerabilities

'...Where vulnerabilities are the identifiable weaknesses that make communities prone to disasters, capacities are the identifiable strengths upon which communities can draw to avert, mitigate, or recover from disaster. It follows then, that capacity building is any intervention designed either to reinforce or create strengths upon which communities can draw to offset disaster-related vulnerability. Interventions can prevent the erosion of a community's ability to employ its coping mechanisms (capacity damming), strengthen the better aspects of adopted coping mechanisms (capacity building), or assist communities to derive better alternatives, a process known as capacity seeding....the term capacity building is used to cover this spectrum of activities...'

Sue Lautze and Dr. John Hammock⁸

One of the complex tasks facing humanitarian organisations is how to identify the vulnerabilities of the population, and their capacities to cope with the external shocks of food insecurity, and severe economic difficulties. The capacities and vulnerabilities analysis section of the CAP addresses three questions:

- who is most vulnerable and why?;
- what are the coping capacities of the most vulnerable?;
- what are the primary short-term and longer-term problems facing the population?.

The 1998 Multiple Indicator Cluster Survey (MICS) and Nutrition Survey conducted by the Government, UNICEF, WFP, and the EU revealed that severe malnutrition, particularly in children, was exacerbated by other health problems such as diarrhoea, caused by unsafe drinking water and poor sanitation. The joint Government nutrition survey, which was undertaken in October 2002, followed up on the nutrition survey of 1998. The survey showed that malnutrition rates among children in the DPRK have improved considerably over the past four years. Although WFP and

⁷ In the context of the CAP, 'access' is defined as the ability of humanitarian organisations to independently reach the population without hindrance or undue influence from the Government. Access in the DPRK, by this definition, is restricted and varies considerably depending on the UN agency or NGO. Out of a total of 206 counties, 162 are accessible to WFP, UNICEF & WHO whereas they might not be accessible to other humanitarian organisations, particularly NGOs.

⁸ Sue Lautze and Dr. John Hammock, *Coping with Crisis; Coping With Aid Capacity Building, Coping Mechanisms and Dependency, Linking Relief and Development*, 1996. This paper is part of the lessons learned series that was produced by the UN Department of Humanitarian Affairs (now OCHA), for the UN Inter-Agency Standing Committee Sub-working Group on local capacities and coping mechanisms and the linkages between relief and development.

UNICEF have stated that the 2002 assessment is not strictly comparable with the earlier survey carried out in 1998, clear positive trends are discernible:

- The proportion of children underweight (weight-for-age) has fallen from 61% in 1998 to 21% in 2002;
- Wasting, or acute malnutrition (weight-for-height), has fallen from 16% to 9%;
- Stunting, or chronic malnutrition (height-for-age), has dropped from 62% to 42% (adjusted prevalence).⁹

Significantly, the Government of the DPRK has attributed the improvement in part to the substantial humanitarian assistance provided by the international community in recent years.

In the last nine years large amounts of food aid and general humanitarian assistance have been distributed, and consequently, the health status of beneficiaries has improved. The effects of long-term food shortages, coupled with the spread of preventable communicable diseases, are nevertheless still evident in the generally low stature of the population. Using global assessments, and internal assessments, such as rudimentary household food economy analyses, field observations and focused group discussions, it has been assessed that the eight groups of people are most at risk. The following table details each group, their estimated number, and their vulnerabilities.

Vulnerability Analysis Table 1¹⁰

The most vulnerable sectors of the population are:

	NUMBER¹¹	VULNERABILITIES
Severely malnourished children	70,000	High risk of malnutrition requiring special medical care for survival.
Pregnant and lactating women	980,000 ¹²	Poor nutritional status, high risk of iron deficiency and anaemia, maternal mortality rate of 97/100,000 per live births ¹³ , heavy workload / stress, reduced ability to breast feed, poor RH services.
All children under five especially children below two years	2.3 million	High risk of malnutrition and mortality, high disease burden, inadequate growth and development, babies with low birth-weight, partly caused by poor water and sanitation quality in children institutions, low caregiver-infant ratios in nurseries and kindergartens.

⁹ 39% in sample survey, refer to Central Bureau of Statistics Nutrition Survey November 2002

¹⁰ The first DPRK Capacities and Vulnerability Analysis Table appeared in the 2002 CAP and was based on the 1998 Multiple Indicator Cluster Survey (MICS), the Nutrition Survey and field observations. The results of the October 2002 Joint Nutrition Assessment confirmed the validity of using field observations in determining vulnerabilities and capacities in the DPRK.

¹¹ Population numbers used in the CVA are primarily based on FDRC figures provided to WFP in January 2002.

¹² UNICEF estimates.

¹³ 2002 UNPFA Reproductive Health Survey – 3 Provinces. National maternal mortality is estimated to be higher.

Other vulnerable populations are:

	NUMBER	VULNERABILITIES
Orphaned children	3,400	Higher risk to malnutrition and mortality. Reduced quality of care in institutions thus leading to reduced development and growth.
School aged children	4.3 million	Poor health and nutritional status. Reduced learning capacity and decreased quality of education. Outdated curriculum. High risk of iron deficiency and anaemia among adolescent girls.
Elderly ¹⁴	2.6 million	Poor health and nutritional status. Physically less able to seek food. Inadequate health services. Little know-how about state nursing facilities. Dependent on one or two pensions, heavy reliance on families, state shops and consumer's markets. Some have limited or no kin support, increased risk of food insecurity during lean season.
Others e.g. physically and mentally disabled, people suffering from chronic diseases	665,000 ¹⁵	Poor and inadequate rehabilitation services. Inadequate health services compounded by difficulties integrating disabled people into mainstream society.
People suffering from tuberculosis	100,000 (45,000 new cases yearly)	Poor health and nutritional status. Often institutionalised treatment. Inadequate community-based epidemiological prevention and control.

Of this group expectant mothers and their unborn babies, children under five (especially children below two years), and nursing mothers are especially vulnerable. A significant share of the population suffers from cross-cutting vulnerability caused by insufficient access to the quantity and quality of food that would ensure a healthy life, compounded by poor quality essential services, health, water, sanitation, and education.

The degree of vulnerability each of these groups faces is dependent on a many factors, such as geographic location, access to land, salary level, gender, and entitlement to assistance through the DPRK welfare system.¹⁶ As shown in the Geographic Vulnerability and Capacities Table (below) there are also disparities between urban versus rural areas; urban-based workers and their families are facing high levels of vulnerability. This is mainly due to their more limited access to kitchen gardens and wild foods, and the lower levels of rations distributed through the PDS in comparison to cooperative farmers' entitlements. In order to cover its basic food needs, it is assessed that the average urban family is forced to spend 75-80% of its income on food, including purchases from the PDS, state shops and farmers' markets. This compares to 20-35% of state farmers and much less for cooperative farmers.¹⁷ There is also a broad geographical contrast in vulnerability with the mostly food insecure north-east suffering from greater food insecurity than the south-west, which has relatively lower levels of food insecurity.

¹⁴ The DPRK Government, through the Social Welfare System, provides assistance to the aged through a pension system. The cash component of the pension is approximately equal to 60% of the recipient's living expenses at the time of retirement. In addition to the pension, the government does provide welfare services for the aged. This includes disbursement for the aged who do not qualify for social assistance (pension), e.g. additional rations are made available for them in their children's names through the PDS. Nursery accommodation is made available for the aged who cannot work or are without dependents.

¹⁵ Korean Association for Supporting the Disabled, 1998 Survey. Survey approved by Government for external use.

¹⁶ See 1999, *North Korea's Social Welfare System and its Operation* Korea Institute for International Economic Policy Paper prepared for the World Bank Seminar, 9 December 1999

¹⁷ WFP/FAO Special Report, *FAO/WFP Crop and Food Supply Assessment Mission to the Democratic People's Republic of Korea*. October 2002.

Geographic Vulnerability and Capacities Table

GEOGRAPHIC VULNERABILITIES		VULNERABILITIES	CAPACITIES
North East region	7.4 million	Less geographically accessible (mountainous areas). Less arable land. Large city populations. High PDS dependency rate. Subject to climatic extremes. Former industrial coastal region, loss of livelihood. Deteriorating infrastructure. Low Government priority for resources. Inadequate health services, inadequate food, unfavourable climate, deteriorated water and sanitation systems, poor housing, and excessive work hours.	Endurance. High literacy rate and education. Strong inter-generational family structure (distribution of roles & responsibilities). Resourceful. Functioning administration. Nascent household enterprise. Solidarity and sense of community. Natural resources.
Selected coastal regions	100,000	Affected by frequent natural disasters. Inadequate health services, inadequate food, high PDS dependency rate, excessive work hours, unfavourable climate, deteriorated sanitation systems, poor housing, and water systems susceptible to contamination by sea-water.	
Urban population ¹⁸	15.8 million	Deteriorating infrastructure (water supply and environmental sanitation), low access to land / food resources. Lack of kitchen gardens and livestock. High share of total income spent on food, heavy reliance on state shops and farmer's markets, especially those living with only one breadwinner or having a large family (more than four). Overall higher risk to food insecurity during the lean season. Excessive work hours.	
Large share of the total population	22.62 million	Inadequate food and deficient quality and quantity of essential services (health, water, sanitation, education).	

The October 2002 nutrition assessment showed that the north-eastern region of the country is more vulnerable with higher child malnutrition rates found. The northeast provinces have been hardest hit by the economic decline. Exacerbated by adverse climatic condition, they have an

¹⁸ See also WFP/FAO Special Report, *FAO/WFP Crop and Food Supply Assessment Mission to the Democratic People's Republic of Korea*, October 2002, p. 15-17. For further reading see 1999, *North Korea's Social Welfare System and its Operation* Korea Institute for International Economic Policy (RoK) Paper prepared for the World Bank Seminar, 9 December 1999.

increased degree of vulnerability from a food security perspective. The region accounts for over one-fifth of the country's population. The provinces of Ryanggang, North Hamgyong and South Hamgyong, which were once industrial strongholds, bore the brunt of the loss of Eastern bloc export markets over a decade ago. This forced their large populations into a heavy but precarious dependence on the very limited marginal land available in this mountainous region. The region is also prone to floods and droughts due a decade or more of deforestation. Poor transport infrastructure aggravates the region's food supply situation in many ways, not least by reinforcing its isolation. The region's industrial workers and urban households are facing serious food insecurity. During the lean season, which begins a month earlier than in other regions, shortages of locally grown cereals and vegetables are most acute. On a per capita basis, cereal production in the north-east – much of it on very steep slopes – is 30% below the already inadequate national average.

The rations distributed to families by the PDS are generally uniform across the county.¹⁹ The September 2003 FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) concluded that 70% of the PDS-dependent households interviewed were not able to cover their daily calorie requirements, and the large majority of them had a very low protein intake.

The 2003/04 cereal production, including potatoes in cereal equivalent, is forecast at 4.16 million MTs, this is a 8.3% increase compared to last year's revised estimate. Domestic production still falls well below the minimum food needs and the country will again have to depend on substantial external food assistance as its capacity to import commercially remains highly constrained. Based on vulnerability analyses, the Mission recommended the mobilisation of 484,000 MTs of food aid for 6.5 million vulnerable people in order to prevent the poorest sections of the population from facing extreme hardship. Irrespective of the size of the national food deficit or surplus, there will still remain a serious concern in the DPRK for the nutritional stability of large segments of the population. National food production in isolation is not an indicator of household food security.

Whilst it is important to identify vulnerable groups in order to target assistance at acute needs, it is equally necessary to determine coping mechanisms if the international response is going to avoid creating a cycle of dependency. Coping mechanisms are measures that take advantage of normally unused opportunities that exist within the community. Unfortunately in an emergency, these coping mechanisms can undermine future means of livelihood or nutritional health, by damaging the natural environment and through the consumption of inappropriate food.

In the DPRK, it remains challenging for humanitarian organisations to support and maximise local capacities which communities can draw upon to avert, mitigate, or recover from disaster. Humanitarian organisations do have an increasing appreciation of the complicated, multi-faceted causes of vulnerabilities, the range of coping mechanisms available to affected populations, and the opportunities for capacity building. However, assessments usually only reflect the observable aspects of apparent vulnerabilities, e.g. numbers of pregnant nursing women, chronic malnutrition rates, agricultural yield, and available PDS rations. Appraisal methods designed to more accurately determine vulnerability, and household or community coping mechanisms, are difficult to conduct due to differences of opinion between the government and humanitarian organisations on how best to identify and build capacity. There is a demonstrated need for humanitarian

¹⁹ The PDS which is managed by the Food Administration Ministry (FAM), is the central mechanism through which all basic foods are provided to the non-farmer population of DPRK including government workers, officials, state farm workers and their families (usually referred to as PDS dependants), totaling about 15.5 million people. Each county and city district has a central warehouse that delivers food to Public Distribution Centres at community ('ri' and 'dong') level. Cooperative farmers and their families, totaling about 6.7 million people, do not receive rations through the PDS. They receive their annual food grain allocations in one installment at the end of the harvest. This yearly allocation corresponds to an average of 219 kg/person, or an average of 600 g/person/day (= equivalent to the national norm for the PDS ration). The remainder of their produce is sold to the Government at pre-established prices. With sufficient food supplies, the ration system through the PDS was highly effective with a multi-tiered system of food allocations related to the demands of work. Because of crop shortfalls, rations have been drastically reduced with low allocations to everyone regardless of the type of work or age. In 2003, this appears to have changed with some variations between counties, as well as children receiving lower rations. In 2003 the following monthly average PDS rations were recorded: January through April - 300; May - 250; June - 250/350; July through September - 380 g/p/d.

organisations to be able to work at all levels within communities if assistance is able to effectively reduce vulnerabilities and support local capacities.²⁰

Using global assessments, academic sources, and internal assessments (such as rudimentary household food economy analyses, field observations and focused group discussions), it has been assessed that the following activities are used by individuals, households and communities to cope with the emergency:

- Emergency supply from other counties/districts/provinces (which is distinct from the regular transfers between the better-off producing places to poorer producing places, which is a common practice in many socialist countries, including in the DPRK);
- Production of staple-reduced food often referred to as alternative food;²¹
- Increased reliance on kitchen gardens and livestock (including small animals kept by urban households);
- Increased trading in private assets (outside centrally planned economy [CPE]);
- Increased reliance on support from relatives/friends (including Korean residents in Japan);²²
- Increased geographical mobility;
- Fishing, hunting, foraging;
- Increased small-scale economic activities;
- Farming on marginal areas, small private plots, and productive land near industry;²³
- Consumer markets (barter – cash);
- Household entrepreneurship;
- Government induced mass mobilisations to raise rabbits, goats and potatoes;²⁴
- Increased use by farmers of locally produced bio-pesticide and organic fertiliser.

Although the government in the past, has been reluctant to support capacity building at the household level, a number of projects above the household level in 2003 demonstrate at project-planning level, an increased acceptance by the government to support capacity building. The government is encouraging aid agencies to strengthen institutions at the central and provincial levels. This is primarily in the areas of technical training as opposed to supporting sustainable indigenous coping mechanisms. In all sectors, capacity building remains a small but important element of the rehabilitation strategies. However, in the case of project implementation, the government does not support the capacity building on a micro, grassroots or household level. A lot more information sharing, improved access and confidence in the capacity of international organisations by government is required if capacity building is going to effectively contribute to national development. Agencies are slowly trying to expand capacity building across all projects in support of the goals of the CAP, i.e. strengthen the foundation, and build capacities, for future development that ultimately leads to economic recovery.

²⁰ This approach recognises the value of social capital and the importance of increasing participatory approaches in the response. 'Social capital refers to the norms and networks that enable collective action. Increasing evidence shows that social cohesion — social capital — is critical for poverty alleviation and sustainable human and economic development.'
<http://www.worldbank.org/poverty/scapital/>

²¹ Alternative food is a mixture of reduced-percentage staple and any other type(s) of edible, normally unused ingredients such as edible grass, roots, corn trunks/cobs, seaweed in order to cope with staple deficit situation. Alternative food is characterised by: reduced content of staples; other edible, normally unused ingredients as mentioned above replace the reduced staple; and alternative food can actually be nutritious. Some of the wild food collected is not good for children, causing digestion problems.

²² Media commentary suggests that the level of remittances from Korean residents in Japan is declining.

²³ Arable lands adjacent to factories and enterprises have been allowed to be used for production of vegetables and livestock.

²⁴ Further reading on mass mobilisation: Noland M. (2000) 'Avoiding the Apocalypse – The Future of the Two Koreas' Institute for International Economics p 182 - 183.

4. SCENARIOS

The CAP Country Team considered a number of possible scenarios for the DPRK in 2004. While it is a truism to state that one cannot predict the future, the aid community believes that these scenarios are valid for 2004. If the potential triggers in the alternate scenarios were to occur, the humanitarian strategy may need to be revised.

Most Likely Scenario

The most likely scenario is a continuation of the *status quo*. Most of the population will continue to have emergency needs for food assistance, water and sanitation, and health care that cannot be met by the authorities. Humanitarian assistance would continue, however it is less assured or predictable. Tensions on the Korean peninsula remain at current levels leading to no appreciable changes for vulnerable Koreans, increases in humanitarian or development assistance, or improved working conditions. Some significant achievements will be made with well-targeted assistance. Gradual economic reforms, which could accelerate over time, may lead to an improved economic outlook in the long-term. This will not translate into immediate benefits for the vulnerable members of the population. As economic reforms take effect it is possible that some vulnerabilities may even be accentuated. Humanitarian assistance would still be required.²⁵

Worst Case Scenario - Accelerated Deterioration

A less likely, but possible, scenario in 2004 entails heightened political and security tensions on the Korean peninsula. This may result in the imposition of sanctions on the DPRK. The economic outlook could deteriorate leading to increased vulnerabilities and increased dependency on humanitarian assistance. Heightened tensions could lead to a significant decrease in the level of humanitarian assistance in 2004 compared to 2003. The increased tensions may result in the withdrawal of some aid agencies. A severe natural disaster, or the re-emergence of SARS, would compound the deterioration in this scenario.

Best Case Scenario - Accelerated Improvement

The least likely scenario in 2004 includes substantive improvements in relations between the DPRK, RoK, Japan and the United States of America. This could lead to assured humanitarian assistance, as well an expansion in development funding including admission to international financial institutions. Improved external relations may allow full implementation of previously agreed DPRK-RoK economic agreements to occur leading to a substantial increase in RoK investment in the DPRK. A lessening of tensions may lead to improved operating conditions allowing aid agencies to gain increased and improved access to the population. This may be coupled with a shift into large-scale rehabilitation and development programmes. Substantial humanitarian assistance would still be required.

5. STRATEGIC GOALS

The strategic goals for 2004 mirror those of 2003 in recognition of the fact that their attainment is likely to take several years. The overarching goal for humanitarian partners during 2004 is to preserve lives and promote the well being of vulnerable populations, including children and women, through an integrated, rights-based strategy. The following strategic goals are what the CAP Country Team hopes to realistically contribute towards, as a means of alleviating the overall humanitarian situation.^{26 27}

- To meet the people's basic needs and rights, and work towards self-reliance;
- To strengthen the foundation, and build capacities, for future development that ultimately leads to economic recovery;
- To build the capacity of communities, institutions and families to offset vulnerabilities, in recognition that the family is the community's basic cell.²⁸

²⁵ Economic reforms, at both the macro and micro level, require substantial and sustained investment.

²⁶ The goals were initially formulated in the June 2002 DPRK CAP Workshop, which included representatives from FDRC, the UN, NGOs, IFRC, Donors, and Diplomatic Missions. They were later refined to further reflect Government priorities.

²⁷ The CAP strategic goals require complementary development programming supported appropriate economic reform and foreign investment.

²⁸ The third goal is reflected in the Constitution of the DPRK that declares that the state pays great consideration to preserving the family as the most basic and underlying unit of society. The DPRK Family law, enacted on 24 October 1990, also gives emphasis to the importance of the family as the most important unit of an organisation. By strengthening both the organisation and the family, assistance can better build the capacities for future development.

Organisations participating in the CAP also support the Government of the DPRK, in the gradual attainment of the Millennium Development Goals (MDG) agreed by the United Nations in 2000, and the fulfilment of the social and economic rights expressed in international human rights instruments, which the Government of DPRK has acceded to.

6. ROLES AND RESPONSIBILITIES

Roles and Responsibilities

“Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organisation, coordination, and implementation of humanitarian assistance within its territory.”

“States whose populations are in need of humanitarian assistance are called upon to facilitate the work of these organisations in implementing humanitarian assistance, in particular the supply of food, medicines, shelter and health care, for which access to victims is essential.”

UN General Assembly Resolution 46/182

This section of the document briefly explains the roles and responsibilities of organisations participating in the CAP and CHAP. Given that the situation has not substantively changed since last year - readers are invited to refer to last year’s appeal for a more detailed analysis.

The primary role and responsibility for responding to the humanitarian emergency falls on the Government of the DPRK. Its task has been complicated by the severe economic strain that the economy has been under since the collapse of the Eastern Socialist Bloc over a decade ago. Over the past nine years, considerable efforts have been made by international aid agencies to assist the government address the situation. Whilst recognising the difficulties, the Government has in meeting its responsibilities, and the recent introduction of economic reforms, international organisations seek to supplement, not replace national efforts.

Taking into account the needs of the population outlined in section 3.3 and the difficulties faced by government structures in meeting them, the UN, the IFRC, the ICRC, and NGOs will work with the government to uphold people’s rights, and to provide vulnerable groups, most affected by the emergency with support to ensure their survival. The roles and responsibilities of the aid agencies in implementing the CHAP is based on institutional mandates and competencies but may be adjusted, if required, reflecting capacities in the DPRK. The CHAP has been formulated based on existing organisational capacity and competencies.²⁹

The Humanitarian Coordinator (HC), supported by OCHA, manages strategic coordination, and advocates for the rights of beneficiaries, as well as issues confronting the humanitarian community. Sector focal points work with their government counterparts and the humanitarian community to plan, implement, and monitor programmes in each sector in order to address the priority needs. Nine NGOs and the IFRC contribute actively to this process by directly working through the CHAP, or working closely in tandem with the strategy presented in this Appeal.

The donor community’s involvement in humanitarian action has progressively expanded from provision of resources to involvement in policy development, programme planning, and the monitoring of activities, enriched by increasingly frequent donor visits to the field. Proactive engagement by donors has been, and will continue to be, crucial in facilitating effective and timely humanitarian action in supporting the upholding of humanitarian principles.

²⁹ Whilst the sector response plans clearly highlight the depth and breadth of the humanitarian emergency in the DPRK, neither the resident humanitarian organisations nor the Government can adequately respond to the emergency. Current organisational capacity (as at 19 September 2003) is 124 international and 295 national staff across a humanitarian community of 24 resident organisations, complemented by the four NGOs working through FALU and the occasional presence of other organisations.

“ECHO and SIDA: Good Humanitarian Donorship in Action”

Since the onset of the emergency in the DPRK, the active involvement of donors has been crucial for ensuring concerted international humanitarian action. The Humanitarian Aid Office of the European Commission (ECHO), and the Swedish International Development Agency (SIDA), are examples of positive active donor involvement in the DPRK. Since 1995, ECHO has provided over US\$ 60 million dollars in humanitarian assistance. In addition to contributions through the European Union, SIDA has provided over US\$ 20 million since 1995.

SIDA's response has been consistent. They have supported the response by providing regular timely contributions to most aid agencies. Early contributions to the CAP have allowed agencies to start implementing annual programmes early in the new year. Their strong support of resident and non-resident NGOs has enabled NGOs to continue to work at the grassroots level. In 2003 SIDA contributed to promoting improved coordination of activities in the agricultural sector by supporting the appointment of an international FAO Programme Coordinator. This is in addition to ongoing support to the OCHA Office.

Within the water and sanitation sector, donor and agency responses have been consistent and coordinated. ECHO has assisted partners in dialogue with the Government resulting in improved implementation modalities. In 2004, ECHO will continue to concentrate its resources on this sector, building on significant achievements in 2003. UNICEF, IFRC and NGOs, with the support of ECHO, will seek to implement community based water and sanitation rehabilitation projects in 2004.

7. COMPLEMENTARITY WITH OTHER ACTORS

As outlined above, organisations have different roles. The extent to which these different roles are brought together can greatly influence the success of an aid operation. In the DPRK, efforts have been made to ensure complementarity between the humanitarian strategy, and the strategy of the wider resident aid community. Existing in-country humanitarian coordination mechanisms, in particular the CAP cycle, allow for the participation of rehabilitation and development organisations, as well as donors, in the development of humanitarian strategies. The Inter-Agency Forum remains the focal point for coordination between the UN agencies, resident NGOs, IFRC, ICRC, and the humanitarian donor community.

Within the resident UN system, the CAP is the core annual humanitarian programming tool in the DPRK. The CAP, as an annual plan, fits into agencies longer-term programmes. Nearly all resident NGOs subscribe to the CHAP, with some NGOs using the CAP as a tool for their own operational planning. As the UN HC is also the UN Resident Coordinator (RC) and UNDP Resident Representative, complementarity exists between the CHAP and the development programmes of UNDP. In 2004, the RC/HC will seek to develop substantive linkages between the humanitarian response, and rehabilitation and recovery projects through the UNDAF process, supported by the Inter-Agency Forum.³⁰ In the absence of a completed UNDAF, no joint development planning framework exists. CAP therefore retains its essential character as a mechanism for coordinating and funding urgently needed humanitarian assistance. At the same time, the humanitarian community and the government agree that it is important to plan for development. The CAP Country Team approach is to be prepared for an eventual transition to development, however remote that eventuality might appear at present. Therefore while retaining the CAP mechanism for the present, work has started on the UNDAF. Between these coordinating frameworks, both emergency and development will be taken care of. What we therefore have is a two-pronged approach, covering both humanitarian and development requirements. It is not intended in the short run to replace one with the other; at present, both frameworks are needed.

³⁰ The Inter-Agency Forum, which is chaired by the RC / HC, is participatory and inclusive forum that meets on a weekly basis. A standing invitation exists for UN agencies, IFRC, ICRC, NGOs, Donors and Donor representatives to attend and participate. The OCHA Office is the Secretariat for the Inter-Agency Forum.

Complementarity with government programmes could be enhanced if it shared information on state allocations to the social service sectors, and by channeling bilateral contributions into high priority sectors and locations. Likewise, sustainability of humanitarian programmes could be improved if the government Ministries and Agencies were to establish modalities for government funding to cover the operating costs of rehabilitated and newly established facilities and infrastructures.

In the past, medium and long-term recovery programmes have been coordinated through the Round Table process (the last meeting was held in 2000 in Geneva), supported by UNDP, which brings together the government, UN agencies, NGOs and donors. Currently, this only occurs in the field of agriculture rehabilitation and environmental protection.³¹ However, continuing high levels of food insecurity among the population, coupled with successive years of very low donor support for the agriculture sector within the CAP contrasted by significant support outside of the CAP, confirms the need for a review of humanitarian support for the agriculture sector.

Complementarity of the CAP agricultural strategy is only partially achieved. In the DPRK, the agricultural response through CAP covers only a small portion of activities in the sector. It is acknowledged that substantial assistance to the agriculture sector flows to the DPRK outside the CAP framework. Although OCHA endeavours to track this information, it remains very difficult for the resident humanitarian and development community to obtain sufficient information on such assistance to develop complementarity and avoid duplication. The lack of complementarity between some non-resident NGOs and the CAP also occurs, both in terms of intervention and humanitarian strategy.³² Recognising the need to implement projects within an assistance framework, most agricultural projects in the CHAP are only included in the absence of a complementary development framework. This inclusion reinforces coordination, complementarity and information sharing.

The Government of the DPRK could also promote complementarity by providing regular and accurate information on state allocations to the social service sectors, and by channelling bilateral contributions into high priority sectors and locations.

Attached, as Annex X is a list of bilateral, multilateral and NGOs operating in the DPRK.

8. RESPONSE PLANS

The response in 2004 is based primarily on existing capacity. Response plans are realistic and quantified, with project budgets being reality-based rather than needs based. Budgets are calculated based upon previous income or additional donor commitments to expand resources in 2004. If additional funding becomes available, project activities can be expanded to meet previously unmet needs. This is particularly the case for programmes such as immunisation, water and sanitation, and the provision of essential medicines. This means that the response is based on anticipated donor resources.³³

The implication of this is that considerable humanitarian needs will continue to be unmet. This policy obliges donors and agencies to advocate for solutions rather than opt for a programmatic response by looking to government or other stakeholders to meet the humanitarian needs not addressed through the CHAP. The policy also avoids the creation of expectations by the government that the international community cannot or will not meet.

³¹ The Agricultural Recovery and Environmental Protection (AREP) programme, which lies outside the humanitarian strategy of the CAP, but which is supported by the UNDP/FAO projects included in the CAP, is a comprehensive set of measures, designed by the Government, to rehabilitate the agricultural sector and to address environmental protection problems. AREP is supported by the UN system, some bilateral donors and some NGOs, with inputs provided by UNDP, FAO, the International Fund for Agricultural Development (IFAD), WFP, the EU, CARITAS, the North East Asia Forest Forum (NEAFF) and some NGOs. See also UNDP, 'AREP Report of the Second Thematic Round table Conference for the Democratic People's Republic of Korea', (UNDP Geneva, June 2000).

³² NGOs from RoK, Japan and the United States. This is primarily caused by compartmentalization of coordination by the Government. Further information on U.S. NGOs see Inter-Action, 'North Korea: A Guide to Humanitarian and Development Efforts of InterAction Member Agencies in North Korea' (Inter-Action, September 2002). <http://www.interaction.org>.

³³ Includes funding from all sources, such as CAP, regular programme funds, global funds etc

The programmes in this Appeal address the following sectors: food aid, water and sanitation, health and nutrition, education and agriculture. All sector objectives and activities support the strategic goals. Each sector summary indicates the number of beneficiaries that the sector programme aims to reach and is followed by an overview of the identified needs, the activities of the humanitarian community, the sector objectives, and the indicators to measure the extent to which objectives are met. The response plans have also endeavoured to improve mainstreaming of gender into the programmes and projects of the various organisations working in the DPRK. This will be achieved by continuing to implement the Inter-Agency Forum's *Policy Statement for the Integration of a Gender Perspective in Humanitarian Assistance in DPRK* at the sector level. The policy statement is attached as Annex XI.

In 2003, the teams that prepared the sector response plans were led by relevant UN agencies and composed of representatives from other UN agencies, NGOs, Donors, and the IFRC. The teams ensured their strategies reflected the lessons identified in the formulation of the CAP. The emphasis of the food aid, water and sanitation, health and nutrition, education sectors are still primarily upon humanitarian assistance programmes. Activities in agriculture seek to support rehabilitation activities as a prelude to the establishment of a development framework.

As stated in section 2.3, significant results can be achieved through the provision of well-targeted assistance. This assistance can facilitate positive change, by way of a process of engagement and dialogue with the Government through the implementation of humanitarian and rehabilitation programmes. UN Agencies, NGOs and the IFRC could expand their programmes to meet unmet needs if additional donor funding was made available.

The total funding required for UN and NGO humanitarian assistance programmes has been set at **US\$ 221,224,079**, which corresponds to activities set out in Tables II and III. These represent the sum total of the activities that constitute the 'Consolidated Inter-Agency Appeal 2004' for DPRK.

WATER AND ENVIRONMENTAL SANITATION

Sector Analysis

The situation in the sector continues to be of very serious concern. In the absence of any new investment, the country's water and environmental sanitation (WES) infrastructure has continued to deteriorate. The urban population, formerly receiving water through piped systems and with few alternative sources, is particularly affected. With more than 62% of the population living in urban areas, the risk of a serious outbreak of water-borne diseases remains significant.

Frequent power shortages and very old equipment means that water-pumping stations are barely able to supply adequate quantities of water to many urban and rural populations. This water shortage is compounded by the high rate of loss through old leaking pipes and the low awareness of the importance of water conservation among the general population. Some recent international reports estimate that over 50% of water produced is lost due to leaking pipes. In addition, regular droughts, de-forestation and the lack of catchment management strategies have led to a decrease in surface and underground water sources in many rural areas.

Much of the available water is not suitable for drinking. High levels of contamination caused by breakdown of sewage systems and leaking pipes (sewage and water pipes are often laid in the same trenches) is the primary cause. Piped water supply systems, most of which were constructed over forty years ago, have broken down mainly due to the natural oxidation and corrosion of the galvanised steel pipes. Anti-Epidemic Stations (AES) are not able to routinely carry out water quality tests and this, as well as limited resources for replacement or repair, makes it difficult for water authorities to identify and address water contamination. Urban areas, which generally rely on piped water, are at a significantly higher risk of water borne diseases than rural populations. In rural areas, problems are similar; with most of the rural populations relying on old traditional wells, often shallow, poorly protected and subject to contamination. Shortages of fuel wood mean that, for most families, boiling water before use is not a feasible option. The water supply situation in rural areas is also compounded by the breakdown of water supply systems and difficulties with electricity.

Addressing these problems is a stated priority for the Government but, considering the scale of investment needed for infrastructure rehabilitation, it acknowledges that it cannot do so without international assistance. In 2003, many non-salary recurrent costs were largely met through international assistance: including essential spare parts and equipment for pumping stations, chemicals for purification, materials and equipment for pipeline maintenance, equipment for water quantity and quality control.

In late 2002, approval was given for international organisations to have access to water quality data and to conduct water quality tests if these tests are justifiable and undertaken with local technicians. Since then, most agencies working in the sector have either had access to existing data or have carried out water quality tests with field counterparts. This is a very positive development but two issues remain of concern. First, the poor reliability of test results as a result of shortages of testing equipment and reagents and the low skills of technicians. Second, that water quality test results are not used as the basis for decision-making and follow-up action. Regular testing is a crucial component of the decision-making process in any water and environmental sanitation project. This enables professionals to make accurate assessments of the suitability of the water for human consumption and to identify any remedial measures that need to be taken if contamination is detected. More work will therefore be needed in this field.

More than 80% of the toilets in the countryside are "dug latrines" and therefore "open," allowing leakage, overflows, and transmission of vector-borne diseases. In urban areas, latrines are built next to residential areas and pose a significant health risk to the population. Similarly, the poor sanitary environment in many schools and other institutions means the risk to health is high. Another highlight in 2003 was the expansion of humanitarian action to improve sanitation. The government has, until recently, been very reluctant to allow international assistance to be used to improve sanitation but in 2003 a number of agencies implemented institution based sanitation work in schools, nurseries, kindergartens, clinics and hospitals. This will continue in the current CAP and, for the first time, some *household* sanitation improvements will be implemented.

Hygiene education has generally been under-emphasised although there has been progress where some agencies have been able to participate in the planning of health/hygiene awareness activities including the development, printing and distribution of messages in various forms. Much more however still needs to be done to increase public awareness and to enhance hygiene practices.

Much more also needs to be done to build capacity at all levels in the sector. County, provincial and national water authorities lack exposure to recent external developments in low cost water and sanitation strategies, as well as up-to-date project management techniques. Water technicians are not familiar with modern water quality testing methods. At the local level, villagers are not usually able to dig safe wells because of lack of experience in good techniques.

The breakdown of the water and sanitation systems described above has resulted in a heavy burden of diarrhoea diseases, especially for children. Diarrhoea continues to be the single most common cause of childhood illness and hospitalisation. Results of the October 2002 nutrition assessment revealed that 20% of young children had diarrhoea in the two weeks before the assessment, showing little or no improvement compared to the 1998 survey. This is not surprising considering that there has been no major rehabilitation in the sector. The inadequacies in water and sanitation therefore remain major underlying causes of ill health and childhood malnutrition.

Deterioration in water supply has also caused a heavy burden for women and girls. Household coping mechanisms have resulted in women spending more time carrying water from source to home, washing clothing outside of the home, often in rivers, and taking responsibility for ensuring that water is fit for family consumption. In some areas this has meant increased time for collecting wood for fuel to boil water.

The major constraint for UNICEF and IFRC in the sector in 2003 was under-funding. Much more could have been achieved given additional resources. NGOs continued to implement activities in the sector using carry over funds from 2002.

Strategy

Large numbers of people are currently without access to adequate quantities of safe water or safe latrines. The underlying problems in the sector are important and widespread. With limited presence and funding, it is therefore beyond the humanitarian efforts to make sustainable impact on a national scale. Ambitions must therefore be limited. It is clearly recognised that much larger and longer-term investments beyond the scope of humanitarian assistance will be required for rehabilitation of the sector. Agencies in the sector will therefore use the limited international humanitarian aid selectively to help improve water and sanitation conditions for the highest-risk populations. This will entail continued emphasis on meeting the needs of urban populations and increased emphasis on populations in the more vulnerable northeast of the country.

Successful small-scale approaches implemented through the current aid projects can be replicated and taken to scale once larger development funding becomes available either through the UN system agencies, the national budget or through other multi-lateral/bilateral channels. Piloting and evaluating community based approaches, and importantly low-cost strategies, will be critical to inform national policy about what works and what does not work under the prevailing conditions in the country.³⁴

UNICEF now has experience with a new and successful strategy. Instead of pumping water from lowland sources, which is liable to be contaminated at source, they now exploit the abundant fresh running water from springs and streams in the many hills and mountains of the country. Running this water downhill means using gravity, instead of electricity, to move the water through the pipes. This is a very simple technology, and the cost of both investment and operation is low. It does involve more labour to build the systems, but this is also a boon to the local population with surplus labour productivity. To mobilise the workers needed, and also meet their food needs, WFP is providing FFW support, including food rations and hand tools. Such schemes will be expanded in the future.

UNICEF will be responsible for providing technical assistance to relevant ministries and working to ensure that policy frameworks for humanitarian response in the sector are pragmatic, transparent, and developed through consultative processes. Increased opportunities for policy and strategy dialogue will be sought.

Operationally, UNICEF will continue to address the immediate water supply and sanitation needs of populations in selected disadvantaged cities and counties in the northeast of the country. This will be as part of a more integrated approach with support for essential health, nutrition and education services alongside the water and sanitation action for a synergistic impact. Considering the additional vulnerability of large city populations, UNICEF will support a limited number of urban water treatment stations to be able to provide clean water.

In recognition of their strength at the grassroots levels, NGOs will seek to improve water supply systems and sanitation facilities in a smaller number of locations, thus remaining more focused. In addition, they will support capacity building within the local authorities aimed at developing core competencies and implement more hygiene education and awareness building activities.

IFRC works through the DPRK Red Cross, which has an impressive network of volunteers present at both county and ri levels. As a result, the IFRC will continue to improve water supply systems at the ri and dong levels, capacity building of counterparts, and hygiene education activities.

UNICEF, IFRC, NGO and WFP roles in the sector are therefore very complementary. Efforts to improve Ministry of City Management (MoCM) coordination and leadership in the sector, particularly by UNICEF and ECHO, will continue and, as a minimum, will provide a forum for exchange of progress and lessons learned.

Capacity building will continue to be emphasised and will include in-country technical assistance and regional study visits. At the local level, all agencies will seek to build the capabilities of county water and sanitation staff particularly to be able to carry out sound and detailed technical needs assessments and to make informed decisions on implementation and monitoring.

³⁴ Community-based approaches may in the longer-term help to enhance community-based management, maintenance and development of water and sanitation systems through decentralisation of management responsibilities.

The positive role of ECHO, supported by the Swedish International Development Agency (SIDA), in the sector response needs to be highlighted. Donor responses have been consistent and coordinated. ECHO has assisted partners in dialogue with the Government resulting in improved implementation modalities. In 2004, ECHO will continue to concentrate its resources in this sector. A number of NGOs, with the support of ECHO, will seek to implement community based water and sanitation rehabilitation projects. Hygiene and disease prevention information, education activities, and training are components of all programmes.

The organisations operating in the sector, including CESVI, GAA, CONCERN Worldwide, Triangle GH, and UNICEF, are unified in supporting the MoCM and the Ministry of Agriculture (MoA) in undertaking local county-based assessment and responses in 2003. Activities focused on improving the water and sanitation situation in communities including children's institutions, schools, and hospitals/clinics – mainly through rehabilitating/constructing entire or sections of water supply systems, drilling of bore wells or support to water treatment stations. Through its work with the National Society, the IFRC is also responsible for significant progress in the development of the water and environmental sanitation systems. Notable strengths of IFRC and NGO activities rest in their field presence.

As stated in the lessons identified section, the sharing of individual and organisational lessons has occurred through regular coordination meetings. One particular lesson that was identified in 2001 and 2002 was that strategies for improving the community water and sanitation situation must be based on sound and diagnostic assessment and analysis of the specific situation in that community. In 2003, the magnitude of problems identified within the existing water and sanitation systems of assisted communities has been much greater than identified in original assessments.

Some water treatment stations and piped systems are still functional and supply of spare parts and chlorination chemicals is appropriate. In other communities, water treatment stations are not functional and supply of materials and chlorination items are ineffective and should not be supported - alternative approaches must be sought. Pumped or gravity feed systems, wells, water containers or standpipes are options for consideration. Supply of improved water and sterilisation of water supplies using solar power is another option. This lesson is reinforced through the CAP problem analysis which states that partners should 'recognise the special characteristics of programming in the DPRK and not prescribe standard approaches' to solving problems.

Since the launch of the humanitarian effort, institutions have been the major focus for support. Good progress has been made in hospitals, baby homes, orphanages, boarding schools, and nurseries and this must continue. MoCM recently defined the county level as the focus area for assessment. The presence of key institutions, as well as the manageable average size of counties, makes them an appropriate focus for attention given the current resources and capacities. It also ensures the integration of water and environmental sanitation activities. Recognising that the use of children's institutions is declining, and that very few institutions provide 24-hour care, and because whole populations are now at risk of outbreaks of water-borne diseases, the humanitarian approach was broadened in 2002 and 2003 to target whole communities rather than individual institutions within that community. This approach is still valid although some agencies, with limited funding and without government approval, may not be able to expand their programmes beyond the level of the institutions.

Over the last twelve months, over 350,000 people have directly benefited from water assistance projects that were implemented by UNICEF, IFRC and NGOs. In addition, over two million people in cities have benefited from the chlorination of their water supply. Given the limited resources in the sector this is a significant achievement. The overarching goal for the sector during 2004 is to build on this success by improving water and sanitation conditions for the highest-risk populations, identified on the basis of the best available information.

Based on detailed technical surveys carried out in targeted counties, it is estimated that over 80% of needs in the sector are unmet.

This is reflected in the following response strategies and objectives:

- Working within a government-led strategy and coordination mechanism for the provision of emergency and rehabilitation assistance to the sector;
 - Carrying out sound situation analyses and needs assessments before implementation of activities;
 - This will require technical input from the MoCM on all project proposals;
- Obtaining a detailed Project Agreement with all relevant government stakeholders detailing respective responsibilities (including authority for the conduct of relevant water-tests);
- Addressing the needs of whole communities (rather than only institutions);
- Targeting high-risk communities by concentrating on delivery of critical inputs rather than increasing the target areas;
- Integrating water supply, sanitation, and hygiene promotion components into all projects;
- Incorporating capacity building and up-grading of knowledge to international standards in all programmes, in order to strengthen the foundation, and build capacities, for future development in the sector by emphasising capacity building of communities, technical staff and national level decision-makers;
- Documentation and sharing of lessons learned for possible wider application;
- Budgets will be based on organisational capacity to effectively implement the programme.

Operational Objectives

1. Ensure adequate quantity and quality of water and safe sanitation in assisted communities, including institutions (hospitals, health clinics, baby homes, nurseries, kindergartens, and schools) through the provision of upgraded water and sanitation facilities.

Indicators to measure progress

- 35 targeted communities with upgraded water supply systems.
 - 626,826 households (total population of 3,134,130 persons) in targeted communities with access to upgraded water supply systems.
 - 377 institutions within targeted communities with upgraded water supply systems.
 - 113 institutions within targeted communities with upgraded sanitation facilities.
 - 113 institutions within targeted communities with adequate washrooms and hygiene materials.
 - 113 institutions receiving training on basic sanitation / hygiene practices.
2. Develop the capacity of targeted communities and local water authorities to be able to plan, implement, maintain and monitor water supply and sanitation systems in their areas of responsibility by incorporating capacity building and up-grading of knowledge in programmes.

Indicators to measure progress

- A total of at least 5 technical needs assessments carried out and implemented.
 - 18 community leaders, water managers and technicians trained in improved planning, implementation, and water supply and sanitation systems.
 - 18 local water authorities equipped and able to test water quality.
3. Increase the basic hygiene and disease prevention knowledge and practices of all households, caregivers, and decision-makers in accessible counties. This will be achieved through the dissemination of basic Information, Education, Communication (IEC) package on hygiene promotion and disease prevention using standard messages suitable for use by all partners active in the sector developed and disseminated through all available channels.

Indicators to measure progress

- Knowledge Attitudes & Practices (KAP) study carried out.
 - 113 institutions and 35 targeted communities receiving information materials.
 - 80% of population receiving information (mass media, materials).
4. Increase the capacity of the MoCM to set national water and sanitation standards, plan, monitor and evaluate sector progress through policy dialogue and the provision of technical advice.

Indicators to measure progress

- National standards on daily water consumption available.
- 10 joint field visits made with central managers/technicians.
- 30 Institutional assessments completed.
- 2 County water and sanitation assessments and rehabilitation plans completed.
- Assessments of provincial water treatment stations in the disadvantaged regions.
- Government-led coordination mechanism for all sector stakeholders adopted and at least two coordination meetings held during the year.

HEALTH AND NUTRITION

Sector Analysis

Main Findings Nutrition Assessment

Main Findings Nutrition of Assessment*

- One million young children chronically malnourished
- 40,000 young children acutely malnourished
- 70,000 children severely malnourished
- One-third of mothers malnourished
- Northeast provinces most vulnerable

*DPRK Government-UNICEF-WFP October 2002

Nine years on from the beginning of humanitarian programming in the DPRK, the health and nutritional status of the population has clearly improved, in part due to the large humanitarian action programme, particularly food aid, mounted under UN leadership with strong support from the international community.

The October 2002 Government-UNICEF-WFP nutritional assessment, the largest of its kind ever to be undertaken in the DPRK, found some dramatic improvements:

- Chronic malnutrition, or stunting, has fallen from over 62% to 42%. (adjusted prevalence)³⁵;
- Wasting, or acute malnutrition has fallen from 16% to 9%.

However, despite this improvement, the health and nutritional status of the majority, particularly of children and women, remains poor. There is still great cause for concern and continued humanitarian action in this sector is essential if the gains over the past nine years are not to be reversed.

The Reproductive Health Survey in three provinces, supported by the United Nations Population Fund (UNFPA) in 2002, indicated that the prevalence of anaemia during pregnancy is 30%. The maternal mortality is a great concern, increasing from 54/100,000 live births in 1993 to 97/100,000 in 2002³⁶. While the proportion of births attended by skilled health personnel remains at about 97%, training and essential medical supplies are needed in order to reduce maternal mortality.

The rate of chronic malnutrition is still very high, according to WHO criteria. Stunting (or chronic malnutrition) is a measure of accumulated malnutrition over time. It indicates that a child is not growing to his or her potential and thus remains short in stature. Even more concerning, it shows that that child has impaired development of the brain and central nervous system, almost all of which develops in the first three years of life with virtually no possibility of catch-up after that age. Severe malnutrition remains high and at 2.7% is little changed from 1998 levels. There are an estimated 70,000 severely malnourished children in the country, many of whom will die without essential medical care. Severe malnutrition is a medical emergency and without proper care, many

³⁵ 39% in sample survey, refer to Central Bureau of Statistics Nutrition Survey November 2002

³⁶ 2002 UNFPA Reproductive Health Survey – 3 Provinces. National maternal mortality is estimated to be higher.

of these children will die for two reasons. Firstly, severely malnourished children are increasingly kept at home and not referred for essential treatment. Secondly, even if children are referred, it is not easy to ensure the minimum quality of care in all counties countrywide due to limited skills of health providers and caregivers and shortfalls in funding.

Access to basic health care for a large part of the population is still unsatisfactory with critical shortages of essential medicines, inadequate resources to handle complications related to childbirth, severe infections in children and surgical emergencies.

Although there were no reported SARS cases in the DPRK, the outbreak highlighted the vulnerability of the health care system in the country. Infrastructure problems in hospitals – a lack of adequate water and sanitation facilities and scarcity of electricity - make it difficult to uphold proper hospital infection control. Hardly any hospitals have satisfactory isolation units, and the physical layout of rooms and wards in hospitals makes it hard to establish infection control procedures. Few nurses, and a small capacity in nursing care, are also major limitations. The capacity to detect, diagnose and handle outbreaks of communicable diseases is also very limited. As seen in many countries during the SARS outbreak, public health systems were shown to be inadequate in handling new emerging diseases. The current status of health facilities, the lack of proper isolation units, and inadequate capacity and skills in public health, as well as barrier nursing techniques, suggests that the consequences of a future outbreak of SARS or other epidemics could be very serious.

The burden of diarrhoeal disease and pneumonia remains high and the major causes of child illness and death. The incidence of diarrhoea is high and little changed from 1998 levels. This is largely a consequence of the breakdown of water and sanitation systems and little can be done to address this unless there are significantly larger resources for the water and sanitation sector.

The October 2002 nutritional assessment also found that:

- around one third of mothers are malnourished, and
- several critical care practices, including infant feeding practices and the management of diarrhoea continues to be poor.

Poor care practices, including insufficient infant feeding (non-exclusive breastfeeding and inadequate complementary feeding), in addition to household food insecurity have contributed to a continued high level of child malnutrition. The poor nutritional status of women during pregnancy as well as the limited ability of the health services to respond to emergencies during pregnancy and delivery has resulted in unnecessary maternal deaths. Micronutrient deficiencies remain a problem; particularly iron deficiency (anaemia), iodine (iodine deficiency disorders) and vitamin A.

The estimated 665,000 people who are classified as disabled are particularly affected by poor and inadequate rehabilitation services, compounded by difficulties integrating disabled people into mainstream society. Although the Government does recognise the urgent need to support the disabled, only the most basic services have been provided. After decades without exposure to international developments in orthopaedic services, the knowledge and skills of these health workers also needs to be updated.

Fortunately, HIV/AIDS is currently not a major problem in the country. However, several risk factors are now present. The poor awareness of HIV/AIDS prevention among the population, increasing travel into and out of the country, rapidly increasing HIV infection rates in neighbouring countries and unsafe blood and injection practices are just some of the risk factors. HIV/AIDS information and improved blood safety programmes must now be strengthened if a future explosion of HIV transmission, similar to that experienced by other countries in the region, is to be avoided. HIV/AIDS will be addressed through programmes included in frameworks other than the CA, including the UNDAF.

Over the past year, several significant results have been achieved through well-targeted external assistance for some of the most acutely vulnerable.

Many practices and standards in health and medicine are outdated, and there is a gap in knowledge in many areas of public health, nutrition and modern health care. Medical education has also been suffering because of lack of financial resources, and limited access to international information resources. The assistance and presence of international agencies in recent years has provided a better opportunity for dialogue on technical health issues. The frequency and quality of technical collaboration, policy and strategy dialogue, increased sharply in 2003.

Technical cooperation

- Completion of two large multi-indicator assessments: nutrition assessment (UNICEF-WFP) and reproductive health assessment (UNFPA).
- Several joint situation analyses and programming exercises, which were opportunities to increase the technical, policy and strategy dialogue in the sector. These included the CCA (UN system agencies), preparation of the WHO Country Cooperation Strategy for 2004-2008 and the UNICEF and UNFPA Programmes of Cooperation for 2004-2006.
- Adoption of new micronutrient policies (UNICEF).
- Adoption of a new law: Law on the Protection of People with Disabilities, as a result of technical co-operation and advocacy (Handicap International).
- -Local production of intravenous fluids (Première Urgence).
- More overseas training, study visits and in-country consultancies (all agencies).

In 2003, the main constraint to greater and more effective humanitarian action was under funding.

Strategy

International assistance continues to be vital to save lives. The extent and depth of the problems in the sector are vast and it is beyond the capability of the humanitarian effort to address all but the most immediate problems. Agencies will use their limited international humanitarian aid selectively for greatest impact.

This will entail:

- a focus on priority actions: on public health and on improving the quality of the *most essential* health services;
- a focus on the needs of the *most vulnerable*: women and children, the disabled and chronically sick, urban populations and those living in the north-east provinces. The 2002 nutrition assessment provided the first objective analysis of differing vulnerability across the country. The findings confirmed that the north-eastern provinces are more vulnerable than other parts of the country.

This approach, while saving lives, however does not remedy any of the underlying causes of ill health, malnutrition and death. Agencies will, therefore, further increase the emphasis on building the capacities for prevention: increasing family and caregiver knowledge on critical practices through training and public education. Capacity building to develop core competencies within the MoPH, especially through technical cooperation, will continue.

Agencies will increase advocacy, in health and nutrition policy and strategy, in resource mobilisation and to form new partnerships. Importantly, agencies will advocate for increased rehabilitation of water and sanitation systems, one action which does address some of the underlying causes of ill health and which would have long-lasting effects.

UN agencies will support coordination mechanisms through the chairing of sector working groups, as well as advocating for government-led coordination mechanisms through increasing emphasis on policy dialogue with the MoPH.

The response in 2004 is based primarily on existing capacity. Response plans are realistic and quantified, with project budgets being reality-based rather than needs based. Budgets are calculated based upon previous income or additional donor commitments to expand resources in 2004. However, within the sector there is certainly the capacity for agencies to contribute more,

given the necessary additional resources. This is particularly the case for programmes such as immunisation, essential medicines and support to essential medical services.

The overarching goal during 2004 is to save lives and promote the well being of vulnerable populations, including children, women and the disabled, through an integrated, rights-based approach. This is reflected in the following sector response strategies and objectives:

- support the improvement of the most essential services: public health, essential health care and nutrition services, for the population, especially for women, children and the disabled, in order to meet their rights and basic needs;
- increase the availability of health and nutrition information to families and caregivers to help them better prevent and manage health and nutrition problems;
- advocate to the Government for increased availability of reliable and adequate basic data required for planning and monitoring.

Operational Objectives

1. Strengthen the health care system to be able to deliver essential services to the population, with an emphasis on the treatment of priority women and child illnesses. This will be achieved by providing an uninterrupted supply of essential drugs, additional basic medical equipment, and medical supplies, training and technical support for all accessible counties countrywide.

Indicators to measure progress

- 3,500 clinics health institutions in targeted counties and *ris* receiving uninterrupted quantities of the most vital drugs and Oral Rehydration Salt (ORS).
 - Percentage of health institutions receiving basic medical equipment and suppliers (1,400 ri-clinic kits and 19 county hospital kits).
 - Number of health workers trained on proper case management of diarrhoea, and acute respiratory infections.
 - Number of households received IEC materials on treatment of women and child diseases, family planning and reproductive health.
2. Strengthen the capacity and the capabilities of the public health system to prevent disease outbreaks, including HIV/AIDS, through IEC, universal precautions, provision of condoms and safe blood, enhanced preparedness on SARS and improved hospital infection control.

Indicators to measure progress

- Percentage of central and provincial anti-epidemic stations upgraded.
 - Number of hospitals physically improved to handle infectious diseases that require isolation facilities.
 - Number of health workers trained in detection and response to disease outbreaks.
 - Number of health workers trained on hospital infection control.
3. Strengthen the capacity and the capability of the health services to improve access to and quality of basic and emergency obstetric care services to health facilities in 250 *ris*.

Indicators to measure progress

- Percentage of planned health facilities in targeted counties and *ris*, which have been equipped with basic delivery, gynaecological and operating room equipment, and other essential supplies.
 - Number of health workers trained in emergency obstetric care and reproductive health.
4. Strengthen the institutional capacity of the national immunisation system (EPI) to routinely immunise 470,000 children under-one with seven EPI antigens, and 480,000 pregnant women with tetanus toxin and to advance polio eradication activities.

Indicators to measure progress

- Percentage of children under one year and pregnant women immunised, by antigen.
 - Percentage of target counties equipped with adequate cold chain equipment.
 - Percentage of planned vaccines and cold chain supplies provided.
 - Reported AFP surveillance rate.
 - Percentage of health workers trained on EPI, cold chain management, and AFP surveillance
5. Strengthen the control and surveillance of malaria and tuberculosis by prompt diagnosis and treatment. Control of malaria will be supported through vector control by supplying chemically impregnated bed-nets, and screens for windows and doors.

Indicators to measure progress

- Percentage of malaria case reduction per 1,000 people in high-risk areas.
 - Number of malaria cases reported (male/female).
 - Number of units of chemically impregnated bed-nets, and screens for windows and doors, procured and delivered to high-risk areas.
 - Number of health staff trained on malaria and tuberculosis.
6. Support the emergency nutrition rehabilitation of 10,000 severely malnourished children in 12 paediatric hospitals, 13 baby homes and 3 counties, using approved protocols, through the provision of uninterrupted supplies of rehabilitation materials and training. Support early identification of severely malnourished children by carrying out growth monitoring through the provision of measurement tools, guidelines, recording charts, and training for caregivers in 1,000 additional nurseries.

Indicators to measure progress

- Number of children treated.
 - Percentage of institutions carrying out nutrition rehabilitation.
 - Percentage of planned quantities of therapeutic milk and rice milk blend (RMB) provided.
 - Percentage of institutions carrying out growth monitoring of children <5 years.
 - Percentage of institutions with health providers trained on nutrition rehabilitation and percentage of care-givers trained on growth monitoring.
7. Reduce micronutrient deficiencies among: 2.3 million children under five; 480,000 pregnant and 500,000 lactating women, through the provision of Vitamin A, iron supplementation, and iodised salt. Other micronutrient deficiencies will be addressed through the local production and distribution of fortified complementary and supplementary food, to children and pregnant and lactating women.

Indicators to measure progress

- Percentage of children under-five, and lactating women within six weeks after delivery, receiving adequate vitamin A supplementation.
 - Percentage of pregnant and lactating women receiving iron/multivitamins supplementation.
 - Percentage of iodised salt produced per planned production target.
 - Production of fortified food (Corn Soya Blend [CSB], cereal milk blend [CMB], RMB, and noodles) locally against the needs and production capacity.
 - Percentage of planned supplies of vitamin and mineral pre-mix provided.
 - Distribution of fortified food to targeted groups identified in the WFP's Emergency Operation (EMOP) for 2004.
8. Strengthen the institutional capacity of the KASD to coordinate assistance for people with disabilities. Specific activities will include: (i) provision of continued training to 18 orthopaedic technicians; 4 physiotherapy assistants; (ii) production of 1,000 prosthetic devices; and, (iii) development of the regulatory framework within line Ministries (ex education, labour) for the new Law on the Protection of People with Disabilities.

Indicators to measure progress

- Number of people receiving a prosthetic device or other similar devices.
- Number of technicians manufacturing quality devices.
- The existence of regulations within at least one line Ministry related to the new law.

9. Strengthen the Blood Transfusion Services (BTS) by improving facilities, providing equipment and improved technical procedures to the National Blood Bank and three provincial blood centres, including supplying disposable blood bags and other consumables for 50,000 transfusions.

Indicators to measure progress

- Percentage of facility improvement completed.
 - Number of blood centres provided with upgraded equipment.
 - Number of blood bags provided.
 - Percentage of blood transfusion in the project areas undertaken with disposable blood bags.
 - Percentage of blood transfused that is tested for HIV.
10. Improve living conditions for patients and staff in approximately 50 health clinics through provision of essential relief items and emergency rehabilitation works.

Indicators to measure progress

- Number of institutions rehabilitated.
- Quantity of essential relief items.

Monitoring

Progress of project activities will be monitored through regular field-visits in collaboration with the national counterparts supplemented by studies and surveys.

FOOD AID

Sector Analysis

The DPRK has suffered widespread food shortages since 1995 as a result of the country's serious economic difficulties and consecutive natural disasters. WFP's food assistance – targeting the most vulnerable population groups, including the youngest children and pregnant and nursing women - has contributed to saving lives and improving the nutritional status of many. Pipeline shortages have seriously constrained WFP's activities periodically during 2003 when distributions had to be suspended for 3 million core beneficiaries. Resources constraints have also led to a significant reduction in the food allocated to FFW activities.

A joint FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) was fielded in September/October 2003. The Mission predicted a marginal increase in domestic cereals production for the marketing year November 2003-October 2004 (i.e. 4.16 million tonnes compared to 3.84 million tonnes for the marketing year 2002-03). Amongst other things, the Mission also confirmed that urban populations remain the most vulnerable. Recent food economy analyses undertaken by WFP found that 70% of the interviewed households who are dependant on the PDS were not able to cover their daily calorie requirements, and the large majority of them had a very low protein intake. In particular, there are indications that industrial workers' households have become more vulnerable over the past 12 months and that their situation could worsen. This development, also predicted by the 2002 CFSAM, appears to be an initial effect of the economic reform process implemented in July 2002, combined with a critical lack of energy and raw materials.

Despite the favourable harvest forecast, the cereal production still remains well below the minimum consumption needs of the country. The estimated total cereal production including potatoes in cereal equivalent, available for consumption in the 2003/04 marketing year (Nov./Oct.) amounts to 4.16 million tonnes. Food use, based on an estimated population of 23 million, and other utilisation needs are estimated at 5.10 million tonnes. This results in a deficit of 944,000 tonnes. Commercial imports are estimated at 100,000 MTs due to low import capacity of the country, while concessional imports are estimated at 300,000 MTs and pledged/pipeline food aid at 140,000 MTs. As a result, the country is facing an uncovered deficit of 404,000 MTs that needs to be covered by additional food aid and concessional imports.

The introduction of the economic reforms should, in principle, be a positive first step to improve the overall efficiency of the economy. However, it would be unrealistic to expect that all would benefit equally from it in the early phases, and more likely that some population groups might actually see an immediate worsening of their situation. Although the incidence of this phenomenon could not be broadly quantified, the Mission's impression from general discussions with officials and from family visits was that a sizable number of these households are more or less adversely affected³⁷. Due to the inability of many factories to pay the full wages as a result of their low output or sales, and the proportionally steep increase in PDS and market prices compared with the increase in wages, it is especially the workers' households with one income earner and with many dependants that find it difficult to cope. The situation is worse for households whose members are not receiving supplementary assistance from WFP under its emergency operation³⁸.

The deteriorating situation in the food security of PDS-dependant households is believed to be more serious in the northern and north-eastern provinces. Due to the predominantly industrial and/or mining base of their economies, there are likely to be considerably larger numbers of workers in inefficient factories who cannot easily be absorbed by the more efficient ones, and whose incomes, and thus their food-purchasing power, will be at a lower level for a longer period than in other regions.

The government has announced that it will only have enough food to provide an average of 300 grams of cereals per person per day through the PDS next year (as compared to an actual average of 319 grams in the current marketing year)³⁹. This projected cereals ration for 2004 would cover only about half of the minimum daily energy requirements.

Although a government/UNICEF/WFP nutrition survey in October 2002 indicated an improvement in the general nutritional status of children, malnutrition remains alarmingly high. One problem is the still inadequate availability of basic food, despite the increases in cereal production, and of food items that allow for a more balanced diet. Another problem is the further deterioration of the already insufficient purchasing power of many urban PDS-dependant households who have been recently displaced or under-employed due to the initial effects of the economic reforms, and who at the same time face steep increases in food prices.

Continued targeted food aid interventions for vulnerable people are therefore called for to prevent a slippage towards the previous malnutrition levels. Children in orphanages, kindergartens and nurseries, primary school children, pregnant and nursing women and elderly should continue to form the core of food aid recipients. In addition, efforts should be made to reach low income PDS-dependants in highly urban areas who may have become food insecure. In order to identify these households, wider access to verifiable data on incomes, prices, family size and other information is needed. Based on Household Food Economy Analyses the most appropriate assistance modality could then be designed.

The 2003 Household Food Economy Analyses carried out by WFP on the basis of focus group discussions confirmed that urban elderly constitute the most food insecure households. However, it was found that a larger proportion of the elderly are food insecure than previously assumed. The proportion of PDS dependant elderly to be assisted by WFP will therefore increase from 35% to 50% in 2004. On the other hand, the Food Economy Analyses found that the ration size needed to cover the elderly persons' food gap is lower. Their proposed ration has, therefore, been reduced accordingly.

Food Aid Needs and the Targeting of Food Aid Assistance

In targeting WFP assistance, continued priority will be given to population groups, who have special dietary needs and/or have no means of meeting their minimum energy requirements as well as some of their micro-nutrient needs. These core groups comprise of children from 6 months to

³⁷ Percentages ranging between 30% and 50% of PDS-dependant households were mentioned.

³⁸ Kitchen gardens and help from relatives give some relief, but production from kitchen gardens is marginal in terms of daily needs and, while help from farmer relatives is regular, it is estimated to provide less than 5 % of households' energy requirements.

³⁹ Through the PDS, the Government makes available a ration of cereals (maize, wheat, barley, rice, potatoes, depending on the season), which the population is eligible to purchase at prices fixed by the Government.

10 years, pregnant and nursing women, the elderly and households that are disproportionately affected by the initial effects of the country's economic reforms.

While selecting beneficiaries from these core groups, WFP will continue targeting population groups that are dependant on the PDS, residing predominantly in urban areas. With the exception of orphans, residents of central Pyongyang will remain excluded from the WFP intervention.

The economic reforms⁴⁰ introduced in July 2002 are affecting household food security, though the extent and nature of the effects are not yet fully known. Based on insights gained through basic household food economy analyses and the CFSAM, a new emerging category of food insecure households has been identified, i.e. low-income PDS dependent families in highly urban areas who may have been recently displaced or under-employed due to the initial effects of the economic reforms.

Urban areas have also previously been prioritised for WFP assistance, such as take-home rations for school children and distributions to the elderly. The FAO/WFP CFSAM mission found that food prices in both PDS and consumer markets have increased disproportionately compared with wages, the latter often not paid in full in many of the less efficient industries. It is now necessary to also directly target those urban PDS-dependent households who have been recently displaced or under-employed due to the initial effects of the economic reforms, and who at the same time face steep increases in food prices. Therefore, as a pilot initiative in 2004, food aid will be provided to 15% of the population having the lowest income per household member in the 17 most urbanised districts/counties (i.e. all those with at least 90% of the population being PDS dependants – excluding central Pyongyang).

As the economic situation and the profile of food insecurity change, WFP will need to adjust both the scale and nature of its interventions in support of the most vulnerable people. To that end, WFP needs improved access to information to better assess household food security as a basis for programme improvement. The Government has recently been more forthcoming with this data than in the past

The high levels of malnutrition found among children by the 2002 UNICEF/ WFP nutritional survey confirms the need to continue prioritising young children for food aid. Assistance will continue to orphanages, nurseries, kindergartens and primary schools.

In the 2002 nutritional survey, pregnant women and nursing mothers were identified as an especially vulnerable group. No difference was seen between rural and urban areas in terms of child malnutrition and it is assumed that the same pattern can be seen amongst mothers. While food access is higher among farming populations, there are higher levels of utilisation problems in these areas. Recognising this, and in order to better provide for children in the first and most vulnerable phase of their life, WFP will in 2004 extend its assistance to pregnant women and nursing mothers also to rural areas.

Strategy

The primary role and responsibility for ensuring food security for the population continue to rest with the government of the DPRK. Considering that the magnitude and duration of the problems exceed the government's capacity, food aid assistance is required to address hunger, malnutrition and other aspects of food insecurity. The main role of the organisations implementing this response plan will be to provide sufficient quantity of food aid to maintain and/or improve the nutritional status of the most vulnerable groups, in particular of young children and women of child bearing age.

Partners in the food aid sector are WFP, ADRA, GAA, FALU, EC, SDC and UNICEF. WFP, being the main conduit of food aid to DPRK, will continue to be responsible for co-ordination within the sector, as well through the provision of available data on conditions and programmes. Based on the estimates of domestic food production by the joint FAO/WFP Crop Assessment Mission, WFP plans to deliver 484,000 MTs of food to feed 6.5 million beneficiaries in 2004. The programmed food aid includes 400,422 MTs of cereal, which would largely cover the cereal deficit as assessed by the Mission. Food assistance provided by non-resident NGOs, most working through the FALU, will continue to focus on

⁴⁰ Or "economic policy adjustment", the official term used by the Government of DPRK

pregnant and lactating women, children's institutions and provide support to underemployed workers in the northeast.

WFP's policy of "no access, no food" will continue to be applied. This means that only those counties/districts where WFP is granted access will receive distributions. WFP currently has access to 163 out of 206 counties/districts. This accounts for about 87% of the country's civil population.

Progress has been made in gaining more information on the household food security situation in the accessible counties with regards to economic reforms. WFP has gained a much wider understanding of market and state shop prices, consumer habits and household food economy patterns. In addition, PDS rations are now more transparent and better understood. This has led to a better identification and targeting of the most vulnerable population groups and to a refinement of beneficiary rations which better reflect needs and shortfalls. Access to consumer markets (former farmers' markets) has still not been granted, apart from one open market in Pyongyang, and WFP will pursue the matter further in 2004.

In this critical period of economic transition, it is essential that further improvements in monitoring be sought if the international community is to be in a position to assist and support the reform process and the people who will be affected by it. WFP remains concerned with the plight of the population of inaccessible counties as, for example, it has no way of assessing the impact of economic reform on them. The Government has repeatedly agreed to provide WFP with a full list of beneficiary institutions. It has yet to do so despite many assurances that the list was under preparation.

Further efforts will be made to strengthen WFP's capacity to monitor the impact of its assistance, changing patterns of vulnerability and reading accurately the impact of food shortages on beneficiary groups that are usually cut off the distribution lists first, i.e. elderly, low-income families, caregivers. Likewise, households that currently do not benefit from WFP assistance will also be interviewed during monitoring visits, to timely detect the emergence of any new food insecure groups.

WFP now has a total of 18 fully operational Local Food Production (LFP) facilities with production forecast in 2004 at over 70,000 MTs of blended foods, noodles and biscuits, the former two being fortified with essential minerals and vitamins. LFP is implemented in partnership with UNICEF and the DPRK Government. WFP provides the overall management of the programme, as well as the food commodity inputs and funding for equipment, packaging materials and spare parts. The locally produced blended foods, biscuits and noodles are distributed as part of the WFP rations. UNICEF supplies the vitamin and mineral micro-nutrients, while the Government operates the factories, employs workers, provides electrical power, building maintenance and transport of the finished product to the beneficiary institutions. LFP products are targeted towards the most vulnerable beneficiaries in the country.

FFW resources will again target the most vulnerable counties, especially those in the east and northeast of the country. FFW will support rehabilitation strategies that benefit mostly urban communities and promote their capacity for longer-term household food security. Current WFP FFW projects include reforestation, watershed management, flood control, irrigation systems, land reclamation, and general infrastructure rehabilitation works. FFW will continue to target female PDS dependents through urban projects. Collaboration with other UN agencies and NGOs, especially in the water and sanitation sector will be strengthened. Establishing partnerships with other UN agencies and NGOs will continue to be a priority. Non-food items needed to strengthen the implementation of FFW projects will be procured through the Special Operation, subject to resourcing.

WFP maintains its main office in Pyongyang, with five sub-offices located in Sinuiju, Wonsan, Hamhung, Chongjin and Hyesan. This operational structure gives WFP by far the greatest geographical coverage of any international organisation working in the DPRK. It also allows relatively short travel to all accessible counties/districts in the country, including those in the remote northern and north-eastern provinces. WFP has approximately 45 international staff, most of which are dedicated to the programming and monitoring of food assistance. WFP monitoring staff visit

local counterpart offices, public distribution centres, children's institutions, schools, hospitals, beneficiary families, and food-for-work sites.

Operational Objectives

The principal objectives of the WFP Emergency Operation are to:

- Save lives by preventing food shortages from developing into famine conditions;
- Provide regular access to minimum energy and dietary requirement to most vulnerable population groups, thus maintaining and/or improving their nutritional status, in particular of young children and women of child bearing age.

Secondary objectives will aim at:

- Mitigating the potential negative and disproportionate impact of economic reforms on the food security of certain segments of the population;
- Supporting Governments efforts towards disaster mitigation, reconstruction of sustainable infrastructure and protection of the environment through Food-for-Work projects.

Indicators to measure progress:

Indicators that will be used for monitoring and evaluation of the WFP assistance include:

- Food production/availability per capita;
- Change in malnutrition rates among children under 5;
- Number of beneficiaries receiving food rations, by category, age, and gender;
- Quantity, composition and kilocalorie value of the food basket distributed;
- Percentage of women on food management committees;
- Changes in seasonal crop production levels;
- Changes in beneficiary coping strategies and food security levels;
- Number of FFW projects executed successfully.

AGRICULTURE

Sector Analysis

There has been an upswing of food crop production (cereals, tubers, vegetables) coupled with some crop diversification (tubers, pulses, legumes) and a notable increase in livestock production (ruminants, poultry, fish) signalling a continuing, although gradual agricultural recovery. Actual production increases in terms of gains has been difficult to quantify⁴¹. Moreover, such limited recovery has not necessarily reduced the existing food deficit. Indeed, some community coping mechanisms have led to the ecologically unsound practice of cultivating steep slopes of marginal and hilly lands, more appropriately suited to trees and permanent vegetative cover protecting soils and water sources.

Cereals production has increased substantially in recent seasons. This is partially due to Government initiatives such as double cropping of spring and summer crops on the same lands. Similarly, emphasis on potato production in both lowland and uplands regions has met with significant success. Although representing a very small proportion of available fertiliser, reported increases in the domestic production of organic fertiliser will have also contributed to improved yields. However, improvement in crop yields has nonetheless been mainly achieved due to donor support, including bilateral donations, for agricultural inputs, especially mineral fertiliser.

⁴¹ Cereal production (rice, maize, wheat, barley, including potatoes in cereal equivalent) for season 2002/03 was forecast at 3.84 million MTs, while the food deficit was estimated at 1.084 million MTs [FAO/WFP Crops Assessment Mission, October 2002]. However, there is considerable supplementary production (maize, soya, sorghum, buckwheat, sesame, vegetables) from individual kitchen gardens, on sloping hillsides, along irrigation canals, ditches and on bunds, also inter-cropped with mulberry and fruit orchards. These areas of production have not been quantified. For further information, please see WFP and FAO crop and food supply assessment mission report Oct 2003.

Limited arable land area and a somewhat unreliable climate had previously been singled out as the main negative factors hindering agriculture in the DPRK. However, the Energy Crisis has hit this sector very badly, ranging from fuel and electricity shortages at planting and transplanting stages to severe bottlenecks at harvest, post-harvest and processing stages. The following box lists various elements contributing to the constraints faced in this sector:

Main Problems in the Agriculture Sector

- Current lack of understanding, at various levels, of Government's price adjustment policy as related to agriculture: perceived as ongoing economic reforms and a transition process.
- Shortage of inputs and spares for agricultural/horticultural crop production.
- Lack of foreign exchange for purchasing inputs, spare parts, raw materials, machinery.
- Dependence on mineral fertiliser use, which augments crop yields by 2 to 3 times.
- Lack of soil testing/ analysis facilities, including equipment.
- Lack of veterinary health testing facilities, including veterinary medicines.
- Farm Mechanisation ineffective and/or inefficient.
- Energy constraints (affecting irrigation, fuel requirements, post-harvest processing).
- Industrial energy constraints (e.g. domestic fertiliser production).
- Decline in domestic rural industry.
- Decline in professional knowledge/lack of awareness of current techniques.
- Lack of exposure to technology being developed elsewhere, including neighbouring states.
- Lack of exposure to policies developed abroad (e.g. seed certification).
- Some locally produced seeds are of poor quality.
- Post harvest crop losses (pre-storage, storage, distribution, food processing).
- Comparative advantage/crop diversification.
- Inadequate soil tillage practices (e.g., crop rotations, sloping land cultivation).
- Inadequate soil fertility management practices (mineral fertiliser usage and application rates, organic green manures, soil nitrogen-fixing legumes and cover crops).
- Dependence on toxic pesticides (environmentally unfriendly, with health risks to users and contaminating water supplies).
- Insufficient knowledge and capacity for training field functionaries in IPM to address pest problems in a sustainable manner while reducing dependency on pesticides.
- Competition for limited resources (State is sole supplier of most available inputs).
- Rigid calendar-based approach to agricultural cropping versus seasonal/climatic considerations.
- Focus on mass mobilisation (goats/potato/chickens/aquaculture).
- Lack of focus on increased horticultural (fruit, vegetables) potential (e.g., school gardens).
- Market forces: consumer markets versus PDS.
- Inability of agencies to undertake adequate assessments (soil testing etc).
- Site inappropriate agriculture.
- Existing cropping systems.

Currently, agricultural food crops' production in the DPRK is limited to about 20% of the country's total landmass⁴² to support an estimated population of 23.3 million. The system traditionally relied on intensive use of inputs in order to achieve high yields for the main cereals Rice and Maize. The DPRK production strategy was very much based on intensive agriculture relying on the heavy use of mineral fertiliser and chemical pesticides. Pesticides had been mainly imported from China and the former Union Soviet Socialist Republic (USSR) when the DPRK enjoyed extensive economic and trading relations. From the early-1990s, with collapse of the former Eastern Bloc, the DPRK was obliged to adjust to a new set of external economic conditions. In the meantime, in-country availability of fertiliser suffered dramatically as a consequence of the breakdown of local production

⁴² DPRK's total land area is 122.543 km², of which a conservative estimate of 2 million hectares is considered arable and suited for cropping. This arable area comprises lands under paddy, maize and potato cultivation, some of which is utilised for Winter/Spring cereals under Double Cropping (highland regions with shorter growing seasons, where maize and potatoes are principal crops) and the remaining area used for vegetables, fruit and mulberry production and an increasing surface of foreign-exchange earning export crops such as tobacco, sesame and ginseng. However, considerable and probably expanding areas of marginal and/or sloping uplands exist, as well as homestead gardens, all of which produce food crops. [Total land area of the Korean Peninsula, excluding some 4198 islands, is 216.235 km², thus DPRK's landmass is approximately 56%].

due to plant obsolescence, lack of raw material, power shortages and international economic sanctions.

The collapse of the traditional partners of the USSR and the erstwhile Eastern Bloc was a tremendous blow; the domestic situation compounded by ageing industrial plants, outworn equipment, ineffectual capital investment, and economic sanctions. By the late 1980s, the DPRK had defaulted on its international debt. Unable to access international capital markets, and unable to continue barter trade with the USSR and the Eastern Bloc after 1990, the value of the repayments on past aid exceeded the inflow of new assistance. Because of the high input intensive nature of the DPRK's agriculture, the changed situation led to a 50% decrease in crop production within six years. The decrease in crop production was also caused by a series of severe natural disasters in the mid-1990's, which caused extensive damage to agriculture and economic infrastructure.⁴³

Economic liberalisation in China and other transition economies have led to difficulties in the DPRK's international economic relations, which are in part responsible for the ongoing economic decline. These changes have seriously lowered productivity and output in all sectors, including agriculture. Domestic production and imports of inputs such as fertiliser, pesticides, fuel and spare parts, as well as of raw materials for their production fell sharply. On top of this, poor coping mechanisms have meant that droughts and typhoons, which are common to the peninsula, have had a disproportionate impact on the overall economic development of the country compounding problems of food insecurity.⁴⁴

The DPRK, due to its topographical characteristics and harsh winter conditions, is limited in its agricultural potential⁴⁵. Korea has a continental climate with average temperatures ranging from 19°C in winter to 25°C in summer. The frost-free period is 130 days (mountain provinces) and 170 to 190 days in the lowland areas, limiting the length of the cropping season. Average precipitation is 1,054 mm, with 85% experienced as rainfall during July and August. This unfavourable climate is compounded by the limited amount of cultivated land, as expressed earlier.

The main land-use systems comprise annual cropland, perennial cropland, permanent meadows/pastures, forests and woodlands. The shortage of arable land and the policy of food grain self-sufficiency have led the country to opt for high intensity agriculture. Soils are poor (pH 5-7, organic matter in the range 0.5-1.5%) and the risk of soil erosion is high in the uplands. Over 80% of the arable land is used for the production of cereals, compared, compared with 60-65% in neighbouring countries. There is very limited scope for expanding cultivable areas. All available agriculture land is organised and cropped within some 3,926 cooperative farms and a number of state farms apparently transforming to cooperative status.

Long-term expansion of lowlands agriculture (including horticulture and specialised export crops) on to hilly sloping lands seems inevitable but is undesirable unless tackled in a rational and strictly controlled manner. If pursued inappropriately this could lead to long-term environmental degradation especially the loss of precious topsoil, silting up of river courses and reservoirs and the clogging up of irrigation systems. Persistent food shortages have led the country to adopt coping strategies that involved cultivation of fragile soils on hill slopes with varying gradients and marginal potential.

To date, the preferred option for increasing food production has been in the same unit area of land: effectively double cropping, with main cereals (rice, maize) followed by winter/spring cereals/tubers (wheat, barley, potatoes). There is only limited fallow possibility.

⁴³ Catastrophic flooding was reported in July and August 1995. It was announced that 5.4 million people had been displaced, and 330,000 ha of agricultural land had been destroyed. Well-documented natural disasters followed in succeeding years. See Noland M. (2000) 'Avoiding the Apocalypse – The Future of the Two Koreas' Institute for International Economics p 175

⁴⁴ For further reading on the breakdown of the Eastern Bloc and the impact on DPRK agriculture see Noland M. 'Avoiding the Apocalypse – The Future of the Two Koreas,' (Institute for International Economics, 2000) pp171-75, and Oh, K and Hassig, R 'North Korea - Through the looking Glass', (The Brookings Institution, 2000) p. 61 for commentary on agriculture.

⁴⁵ Prior to the division of the Korean Peninsula, the northern part possessed vital industrial resources, including heavy industry, the mining (coal and iron ore) and energy sub-sectors (hydro-power) while the southern regions had comparative advantage for agricultural production, due to reasons of climate and ecology.

When support was initiated to the Double Cropping programme in 1998, it was believed that the operation was to be of short duration, pending structural recovery and the early availability, locally, of inputs such as fertilisers. Emergency aid was continued in 1999 and 2000 agricultural seasons because of varying delays in mobilising hoped-for AREP resources. Indeed, emergency aid has continued throughout 2001, 2002 and 2003: as recognition that the DPRK is in a long-term emergency situation, warranting a multi-year humanitarian support programme with appropriate linkages to longer-term rehabilitation and development strategies⁴⁶. Double cropping at present, continues with inadequate inputs and without reliable soil fertility management, which would incorporate good husbandry practices such as rotations, the use of compost, green manures, legumes and so forth. Along with double cropping, a considerable portion of marginal sloping land is being cultivated in an effort to increase production. Regrettably, both practices could cause increased vulnerabilities in the agricultural sector, and prove potentially damaging to the environment.

This approach is inappropriate and unsustainable unless efficiency of food production and distribution is also addressed. Achieving this within the humanitarian framework of the CAP has been problematic, with only limited results being achieved.⁴⁷ However, there is no other framework⁴⁸ at the present time through which to link emergency type project activities with longer-term recovery and development undertakings.

In 2003, limited support to increased agricultural production within the CAP resulted in the provision of some inputs for agriculture activities. These funds were used to purchase fertiliser in support of the FAO projects designed to assist with the summer crop production under the Government's Double Cropping Programme. Bilateral donations of 100,000 MTs of fertiliser by the Government of the Republic of Korea (RoK) and 60,800 MTs by the EU's Food Security Unit for the 2003 main cropping season far exceeded the amount of fertiliser requested or resourced through the CAP.⁴⁹ National requirements for fertiliser are approximately 600,000 MTs per annum, much of which is applied to the main paddy and maize crops.

Although fertiliser is an essential component required for the sustained recovery of DPRK agriculture, the July 2002 FAO/WFP CFSAM noted that decaying farm machinery and poor irrigation facilities need rehabilitation. This rehabilitation needs to be supported by the adequate and timely supplies of essential inputs on a regular basis. According to the CFSAM Report, more fertiliser alone is not likely to result in sustainable improvements in agricultural productivity. In 2003, it has been heartening to observe other, environmentally non-degrading agricultural techniques such as integrated soil productivity management with an optimum match of organic (green manuring, promoting production of quality organic manures, use of bio-inoculants), and inorganic sources of plant nutrients along with better crop rotations, soil and water conservation practices, refinement of nutrient recommendations based on target yield, etc. being put into practice by MoA and the Academy of Agricultural Sciences, in conjunction with the Swiss Development Cooperation (SDC), various NGOs and FAO.

In the long term, increased assistance and investment from the international finance institutions will be needed towards rehabilitation of industries, infrastructure, and the agriculture sector. In the current short-term situation, the positive support role over several seasons of the Swedish International Development Agency (SIDA) and the European Union's AidCo both inside and outside the sector response needs to be highlighted.

In 2003, FAO⁵⁰, ACAIR (Australia), EU AidCo, Swiss Development Cooperation (SDC), IFAD, UNDP, German Agro Action, Campus für Christus, CESVI (Italy), Concern Worldwide (Ireland), Triangle Génération Humanitaire (France), NEAFF (ROK), World Vision, CARITAS, PMU Interlife,

⁴⁶ Consolidated Inter-Agency Appeal 2003.

⁴⁷ The synergy effects of international cooperation were assessed as low because of weak linkages between assistance projects as early as 1999. Sang-Woo Park and Woon-Keum Im, "Is self-sufficiency in Food Production in DPRK realistic?" Korea Rural Economic Institute (RoK), February 1999.

⁴⁸ The Common Country Assessment (CCA) exercise initiated by the UNCT in 2002 will lead to a United Nations Development Assistance Framework (UNDAF), scheduled for 2003-04.

⁴⁹ Over the last four years, the RoK has provided over 900,000 MTs of fertiliser to DPRK, including 115,000 MTs in 1999, 300,000 MTs in 2000, 200,000 MTs in 2001 and 300,000 MTs in 2002 (100,000 MTs for the 2003 cropping season).

⁵⁰ Funding through Technical Cooperation Programme (TCP) & Special Programme for Food Security (SPFS).

and American Friends Service Committee (AFSC) implemented substantial agricultural programmes outside the framework of the CAP.⁵¹ ACT/Diakonie provided substantial agricultural inputs to kitchen gardens for 7,500 households in Maegansan County in South Pyongan.

A review of the CA requirements for the sector since 1998 shows that on average the sector has only succeeded in mobilising 6.6% of the requirements to implement the sector strategy (see Table II). This has led to the creation of expectations by the government that the international community cannot or will not meet within a humanitarian response.

Table II
Agriculture Sector 1998-2003

	Requirements US\$	Contributions US\$	Unmet Requirements US\$	Percentage Covered (%)
1998	23,053,825	6,041,276	17,012,549	26.2
1999	118,991,422	3,085,466	115,905,956	2.59
2000	63,137,389	3,035,948	60,101,441	4.80
2001	46,224,259	2,263,229	43,961,030	4.89
2002	19,111,646	1,525,017	17,586,629	7.97
2003	4,967,754	2,265,404	2,702,350	45.6
Total	275,486,295	18,216,340	257,269,955	6.6

The above analysis of aid flows indicates that the sector is still in dire need of a realistic mechanism that clearly links the patchwork of CAP and non-CAP agricultural programmes and projects into a coherent framework. Such a framework should ensure the limited humanitarian programmes complement and reinforce development programmes, and are in line with national policy such as Agricultural Recovery and Environmental Protection (AREP). A realistic integrated strategy of promoting agricultural production within the existing Government framework needs to be developed. The strategy could include better land use, enhanced distribution systems, seed multiplication programmes, and improved mechanisms for assessing and monitoring production.⁵²

Agencies working in the sector recognise the limits and nature of humanitarian action in the DPRK and therefore support a response strategy that is realistic and quantified. This means that the response must be based on available resources. This policy obliges the sector to initiate advocacy solutions rather than a programmatic response by looking to Government or other actors to fill unmet needs.

Sector Strategy

The role of the organisations implementing this response plan will be to support the Government in identifying viable approaches to improve the efficiency of agricultural production and distribution. FAO will be responsible for providing technical assistance to relevant ministries (Agriculture, Land Management/Environment, Forestry, Fisheries) to ensure that policy frameworks for humanitarian response in the sector are pragmatic, transparent, and developed through consultative processes.

NGOs will support capacity building within the same ministries and in Cooperative and State Farms aimed at developing core competencies. UN agencies will facilitate better coordination by supporting and improving existing coordination mechanisms, as well as through the provision of accurate data on conditions and programmes.

As stated in the identified lessons section, recognising that international assistance cannot address all problems in the DPRK: FAO and UNDP will initiate advocacy solutions rather than a programmatic response by looking to Government or other actors to support sustainable solutions for increased agricultural production. FAO, UNDP and NGOs will work with local authorities to

⁵¹ Known amounts as reported to OCHA CAP and Donor Relations Section: UNDP - US\$ 1,239,801. AFSC - US\$ 141,643. TCP (FAO) projects have ceilings of US\$ 400,000 each. Other amounts are unreported.

⁵² The Government's official policy is to be self-sufficient in cereals. However 'the economic efficiency of cereal autarky may be questioned in a country with a poor natural resource base and an industrial vocation.' FAO, AREP Identification of Investment Opportunities, Volume 1 of 3 volumes (Main Report) Report # 98/093 UNDP-DRK, 20 November 1998.

improve the participation of beneficiaries in the planning, implementation, and monitoring of humanitarian assistance.

It is clearly recognised that investments beyond the scope of humanitarian assistance will be required for rehabilitation of the agriculture sector. Many problems (see text-box on p. 31) are long-term and cannot and should not be effectively addressed through the humanitarian programme. Therefore, agencies will use limited international humanitarian aid carefully and selectively to help the government develop viable approaches to improving the productivity of agriculture. These can then be replicated once development funding becomes available either through the UN agencies, the national budget or through other multi-lateral/bilateral channels. An international blueprint for the way forward for international assistance to help achieve food security in the DPRK should be drawn up. There are many questions to be answered. Piloting and evaluating new approaches, and importantly' low-cost strategies, will be critical to inform national policy about what works and what does not work under the prevailing conditions in the country.

The overarching goal for the sector during 2004 is to help the Government develop viable approaches to improving agriculture by implementing selective programmes to support increased agricultural productivity and rural development. This is reflected in the following response strategies and objectives:

- incorporate capacity building and upgrading of knowledge in all programmes, in order to strengthen the foundation, and build capacities, for future development in the sector;
- enhance cost-effectiveness through the adoption of reality-based rather than needs-based programme budgets. Project budgets will be consistent with historical funding patterns or based on additional donor commitments for 2004⁵³;
- enhance complementarity through the implementation of programmes that do not duplicate activities outside the CAP framework, and build linkages between the humanitarian response and development;
- advocate to the Government for increased availability of reliable and adequate basic data required for planning and monitoring;
- reduce dependency by including clear strategies where possible for enhancing coping mechanisms and promoting self-reliance;
- make a measurable impact on the humanitarian situation in one year while recognising the need to link the humanitarian programme to development;
- to have minimal detrimental impact on the environment across all programmes. To this end cultivation, tree propagation, and animal husbandry programmes will promote awareness, and initiate the process towards action, of the need and urgency for soil management, erosion control and improved land-use management.

Operational Objectives

1. To improve the availability and quality of winter wheat seed in North Pyongan Province.

Indicators to measure progress

- Seed, inputs, machinery supplied.
- Warehouses rehabilitated or constructed.
- Inspection capacity improved.
- Training conducted.
- Improved wheat harvest and multiplied seed distributed to other farms.

2. To achieve quality potato/ or wheat seed production through the provision of necessary equipment, seeds, technical support and appropriate links to cooperative farms in South Pyongan Province.

Indicators to measure progress

- Seed, inputs, machinery supplied.
- Industry Linkage achieved.
- Technical support provided.

⁵³ FAO total resources in 2003 US\$ 3.56 million: 5 x TCP US\$ 1.3 million; GCSP US\$ 900,000; OSRO (through the CAP) US\$ 1.363 million.

3. To promote the utilisation of new techniques and material to increase production of fodder and fuel wood in deforested sloping areas of Hwangju (North Hwanghae), Jaeryong (South Hwanghae) and Pakchon (North Pyongan) counties.

Indicators to measure progress

- Inputs, equipment and technical assistance supplied.
 - Fuel wood and fodder produced.
 - Environment, including soils, protected.
 - Training provided, including Study Tour.
4. To achieve a sustainable production of fuel wood, fodder and protection of infrastructure and crops against erosion in North and South Pyongan Province.

Indicators to measure progress

- Inputs, equipment and technical assistance supplied.
 - Fuel wood for domestic use and animal fodder produced.
 - Agricultural crops protected.
 - Environment improved for counties' inhabitants.
 - Training provided, including Study Tour.
5. To improve crop production through fertiliser distribution, support to soil fertility and integrated pest management and reduced post-harvest losses.

Indicators to measure progress

- Quantity of fertiliser and seeds provided.
 - Quantity of threshing equipment provided.
 - In-country IPM training provided, 5 levels.
 - Adoption of IPM and green manuring practices on farms.
6. To support horticultural crop production through the provision of plastic sheeting, tools and the construction of improved seed potato storage.

Indicators to measure progress

- Quantity of plastic sheeting, tools and equipment provided.
- Construction of potato seed storage facilities.
- Horticultural training provided at various levels.

EDUCATION

Sector Analysis

Although, by regional comparison, most of the country's basic education indicators remain good, the excellent gains made in education over the past fifty years continue to be challenged, and in some cases reversed. The impact of recently introduced economic changes on school attendance will need to be monitored closely.

Education *quality* is increasingly being compromised. Education has not kept up with international developments in curriculum content, teaching methods and learning assessments. Economic constraints have reduced the State's ability to provide textbooks and basic school materials such as pencils and notebooks for the more than four million school-aged children. Lack of budget for school maintenance has resulted in a general depletion of the education infrastructure.

International experience shows that in countries that were the social division of labour assigns household productive duties and productive duties to girls / women. Economic hardships lead to girl's education suffering more than boys as a result of lower school attendance. In the DPRK women/girls have the main responsibilities for household duties and girls' education is therefore at risk. Although the MoE confirms that girls' attendance at school has not been affected, it is clear that a number of risk factors exist, and the situation of girls will need to be closely monitored over the coming years.

This traditional division of labour places girls in a vulnerable and disadvantaged position in the context of the current hardships faced by families. An abundance of international experience combined with selected field reports from the DPRK suggests that girls' attendance suffers disproportionately to boys due to expectations and obligations within the household. Other known risk factors for girls' access to education are present in the DPRK and may contribute, including poor sanitation facilities in schools.

Senior government officials report that fluctuating attendance is greatest in the north and north-east regions, especially during the winter months when the lack of school heating prevents regular class activities in extreme weather. Field reports from the international agencies confirm this. Overall, the national picture is still one of almost universal enrolment and very high attendance but with the prospect of continued government under-funding in the sector and possibly increasing costs to the family, the trend towards decreasing attendance will continue. A more detailed analysis is needed to identify the extent of the problem, especially for girls, who are known, by international experience, to suffer disproportionately in these types of situations. The risk of significant gender disparity is therefore high.

Education quality and learning outcomes are thought to disadvantage girls. Unfortunately, no school-based information is available to assess either the overall education process or understand the disparities in girls' access and learning outcome. Increasing the knowledge of the situation for girls will be a priority for better assessment of the sector, to monitor a possible deteriorating education environment and to better target support. It is now internationally accepted that education outcomes for girls is an indicator of the quality of the education system.

Strategy

The Government's commitment to basic education for all remains very strong. National education goals and policies are in place (11 years compulsory schooling). The MoE places quality improvement (textbooks, materials, curriculum, teaching methods) at the top of its agenda. The country has now reached a turning point in its overall development process. The international environment has changed since the early 1990's. Therefore, there is a need to improve the human resource base to be able to respond to these changes. The challenge for the education sector is to now shift from quantitative development to quality improvement and to increase its responsiveness to new national needs. A new national education development plan for the period 2003-2015 is now being prepared and the Government has requested increased international assistance for this.

However, because the magnitude and duration of this emergency is beyond the response capacity of the Government, international cooperation to address the situation and to strengthen the capacity of Government is required. Recognising the difficulties the government has in meeting its responsibilities in the education sector, international organisations seek to supplement, not replace national efforts. External aid is therefore, vital to limit both the negative impact of the current emergency and to support the Government's efforts to increase the responsiveness and quality of basic education over the longer-term.

As stated in the lessons identified section, international assistance cannot address all problems in the DPRK. Shortages of basic materials and textbooks will continue for the foreseeable future, given that aid funding to education from all external sources is currently estimated at less than US\$ 1 million annually. This assistance is primarily provided by UNICEF-UNESCO for textbook printing and basic school materials and information technology (IT) equipment, from WFP/UNICEF for school feeding (WFP is providing locally produced biscuits to primary school children, but no on-site feeding). In 2003, Deutsche Welthungerhilfe/German Agro Action supported efforts to improve the learning environment through the rehabilitation of 60 primary schools in North Pyongan province. Occasionally, larger scale assistance is received from some of the DPRK's traditional partners, notably China. The main constraints to external agency programming are under-funding and the lack of basic education data from the Government for targeting of support and for monitoring progress.

In 2004, as a direct result of humanitarian support, the availability of textbooks and basic school materials improved, particularly in the northeast provinces. The MoE's information system, the EMIS, was set-up after training (UNESCO) and provision of hardware (UNICEF). Unfortunately, the onset of SARS in the region prevented a number of important consultancies on education quality

(learning assessment) and textbooks. These will be completed at the end of 2003 or at the latest in early 2004.

Considering the widespread and long-term nature of the sector's problems the capacity of the humanitarian response is limited. UNICEF and UNESCO will provide technical assistance to relevant ministries and will work with the authorities to ensure that policy frameworks for humanitarian response in the sector are pragmatic, transparent, and developed through consultative processes. UNICEF and UNESCO will also ensure that strategies implemented within the framework of the CAP are complementary to the UNDAF, in order to move beyond humanitarian assistance and begin to respond to the Government's request for broader support to help modernise the education system.

The overarching goal for the sector in 2004 is to improve the quality of the learning environment for kindergarten and primary school-age children with a focus on the most disadvantaged identified, based on the best available information. This is reflected in the following sector response strategies and objectives:

- ensuring the availability of basic learning materials in priority kindergartens, primary schools, and children's homes, with a particular focus on the north-east of the country;
- providing food to primary school children as incentives for school attendance through the WFP emergency operation and to kindergartens in North Pyongyang province to improve attendance through GAA⁵⁴;
- increasing the capacity of the MoE to prepare its long term education sector development plan (EFA plan of action) with a focus on improving the quality of basic education, in order to strengthen the foundation, and build capacities, for future development in the sector;
- advocating to the Government for increased availability of reliable and adequate basic data required for planning and monitoring.

Operational objectives

1. Print 4.1 million textbooks for 650,000 children in primary school (eight books each) and pre-school year kindergartens (three books each) in 1,894 primary schools (39% of the country's total) and in 5,128 kindergartens (36% of the country's total) in the four vulnerable provinces of Ryanggang, North Hamgyong, South Hamgyong and Kangwon as well as for 200 remote branch schools and 26 children's homes (orphanages and boarding schools) around the country.

Indicators to measure progress

- Number of textbooks printed and distributed.
 - Percent of children receiving books as planned.
2. Provide a set of basic school materials (pencils, eraser, ruler, and notebooks) for 650,000 children in the same priority schools, kindergartens and children's homes.

Indicators to measure progress

- Percent of children receiving a basic set of materials as planned.
3. Train 200 primary school teachers in new teaching methods and student learning assessments.

Indicators to measure progress

- Percent of teachers trained in new teaching methodology (male/female).
4. Operationalise the basic national education information system.

Indicators to measure progress

- National school survey completed and analysed.
- Availability of gender disaggregated data.

⁵⁴ WFP provides a snack, locally produced biscuits to primary school children (7-10 years). Children in kindergartens (5-6 years) and nurseries (6 months – 4 years) are given cooked meals based on cereals, pulses and vegetable oil.

8.1 SECURITY

The HC, in his capacity as the RC, is also the UN Security Designated Official (DO). Whilst there is currently no United Nations Security Coordinator (UNSECOORD) Office in the DPRK, the DO maintains regular contact with UNSECOORD in New York on matters of concern. To achieve a safe working environment the UN agencies are endeavouring to address a number of long-standing issues. In 2003, the UN system completed the installation of satellite communications between Pyongyang and respective agency headquarters. Whilst this is a positive step, communications still need to be improved between sub-offices, field-teams and Pyongyang based agencies before Minimum Operating Security Standard (MOSS) compliance is achieved. The Government of the DPRK provides security for all UN Offices and residential compounds.

9. STRATEGIC MONITORING

Nutrition Assessment October 2002

In October 2002 the DPRK Central Bureau of Statistics, UNICEF, and WFP undertook a joint nutrition assessment. On an implementation and technical level, the survey was a success. The accomplishment of an internationally credible assessment is a positive indication of what can be achieved when all stakeholders work together towards a common goal.

The data collection teams for the assessment included one UNICEF or WFP staff member, as well as staff from the Central Bureau of Statistics and the Institute of Child Nutrition. In addition, experts from the UK's Centre for International Child Health and the Bangkok-based Thailand Health Foundation provided support for survey design, training and verification of statistical accuracy. The two independent bodies pronounced it a credible and accurate assessment.

The October 2002 Nutrition Assessment showed that malnutrition rates among children in the DPRK have improved considerably over the past four years. The Government of DPRK attributed this improvement in part to the substantial humanitarian assistance provided by the international community in recent years. Although child malnutrition has fallen considerably, according to the survey, there is still great cause for concern:

- one million children chronically malnourished;
- 40,000 young children acutely malnourished;
- 70,000 children severely malnourished;
- one-third of mothers malnourished;
- Northeast provinces most vulnerable.

Since the 2003 CAP was written, all aid agencies participating in the CHAP have reported improved monitoring conditions. Considerable progress has been made in improving the operating environment in the DPRK over the last twelve months, including advances in communications facilities for aid workers, a successful nutritional survey (see text box), and the arrival of two new NGOs (SC- UK and AFMAL FBF). Humanitarian aid agencies are keen to further improve the operating environment in DPRK. Specifically, the UN feels that a greater degree of transparency and allowing international standards in the monitoring of food distributions would engender a better response from donors.

Within the DPRK, the OCHA Office, with the support of the UN system, is responsible for strategic monitoring of the humanitarian context. This monitoring supports improved strategic decision making by identifying in a timely way problems or gaps in the humanitarian response. In addition, strategic monitoring clarifies accountability within the humanitarian system, and between the international system and recipient governments or national authorities. Strategic monitoring will also provide the humanitarian community with a basis for reviews and evaluations.

The present monitoring system covers several aspects of humanitarian action. First, reporting mechanisms are in place to monitor implementation of CAP activities. Second, through existing in-country coordination mechanisms and the recently opened HDRC, the monitoring system includes a strategy for monitoring all elements of the CAP, including humanitarian principles, non-CAP assistance and linkages with development actors. A third aspect is monitoring of the overall context and its implications for humanitarian programming. The UN RC/HC, supported by the Humanitarian Development Working Group (HDWG), undertakes this.

Aid agencies are pursuing their efforts to expand the scope of monitoring, both by sector and geographic location. Building the capacity of the UN and its partners will be an integral part of the process. While the UN continued to strengthen its monitoring in 2003 improvements are still required. In this regard, efforts will continue to be made to strengthen cooperation with the Government in this area.

A monitoring matrix is used as a reference tool to summarise achievements and constraints towards strategic goals and sector objectives (see Annex II.).

10. CRITERIA FOR PRIORITISATION OF PROJECTS

While the activities of the humanitarian organisations in the DPRK are guided by international humanitarian and human rights law, and based on their respective mandates and operational capacities, the criteria for setting priorities and including projects in the CAP are as follows:

1. The appealing agency has the technical expertise, capacity, and mandate to implement the project;
2. The project's budget is consistent with historical funding patterns or is based on additional donor commitments for 2004⁵⁵;
3. The project helps to achieve at least one response plan objective;
4. The project can make a measurable impact on the humanitarian situation in one year;
5. Acute needs, and opportunities to effectively address them, determine the level of response;
6. The project takes into account, where relevant, the gender differential needs of men and women, boys and girls;
7. Sufficient operating conditions exist in order to permit agencies to conduct proper assessment, planning, implementation, and monitoring;
8. The project does not contradict the agreed humanitarian principles;
9. Programmes primarily focused on development will be included in frameworks other than the Consolidated Appeal, including the UNDAF. Appeal programmes will concentrate limited resources on a humanitarian response to the emergency.

The CAP Country Team has adopted a participatory planning approach with partners for strategic planning, and engages with donors to discuss funding problems. Project budgets are reality-based rather than needs based. Budgets are calculated based upon previous income or additional donor commitments to expand resources in 2004. If additional funding becomes available, project activities can be expanded to meet previously unmet needs.

⁵⁵ Includes funding from all sources, such as CAP, regular programme funds, global funds etc.

11. COORDINATION

Within the DPRK, in accordance with UN General Assembly Resolution 46/182 on *Strengthening of the Coordination of Humanitarian Emergency Assistance of the United Nations*, the Government is responsible for the coordination of the humanitarian response to the emergency, with the assistance of the UN system. The Government is endeavouring to meet this responsibility for fulfilling its coordination role and responsibilities through institutional mechanisms for managing the response to the emergency at national and provincial levels. Within the Government, the Food Damage Rehabilitation Committee (FDRC) has the responsibility for the overall coordination of humanitarian affairs, with the support of National Coordinating Committees (NCC) for UN agencies.

Field mechanisms for coordinating the international humanitarian response are firmly incorporated into resident UN agency, IFRC, ICRC, and resident NGO systems. The resident NGOs and UN agencies have achieved this through a participatory approach to coordination, led by the UN HC, who is supported by the OCHA Office. The main forum for both strategic and operational coordination is the Inter-Agency Forum that meets weekly and is representative of all resident humanitarian and development organisations. The forum is participatory and inclusive. A standing invitation exists for UN agencies, IFRC, ICRC, NGOs (resident and non-resident), donors and donor representatives to attend and participate. The OCHA Office is the Secretariat for the Inter-Agency Forum. Attached, at Annex IV., is diagram of the Inter-Agency Forum.

The HDWG, which is part of the Inter-Agency Forum meets on a regular basis to review implementation of the CAP. The HDWG is also the CAP Country Team. The HDWG consists of the wider humanitarian community resident in the country, including NGOs, bilateral organisations, donors and members of the diplomatic community. Regular contact ensures a coordinated approach, aimed at meeting the goals that have been set, thus underpinning the strategic elements of the programme defined in the CAP. At the sector level, WFP will facilitate coordination in food aid. WHO and UNICEF, with the support of UNFPA, will continue to collaborate closely with the Government in order to facilitate coordination in the health sector. UNICEF will play a leading role in the coordination of water and sanitation, nutrition and education. UNFPA will play a leading role in population and reproductive health. The sector groups report to the Inter-Agency Forum in order to ensure that all members of the group are informed of sector developments and crosscutting themes.

The government agreed to FAO continuing its presence in the DPRK in order to enhance the coordination among partners providing assistance to the agriculture sector. Coordination and technical assistance is particularly important in developing a mechanism to link short-term agricultural assistance for increased food security with a longer-term agricultural production strategy framework. The Government agreed to host an FAO Programme Coordinator whose task is to address the various issues mentioned above. The post is funded for an initial period of one year. The incumbent arrived in time for the main agricultural cropping season in 2003.

Within the UN system, the HC will retain responsibility for coordinating humanitarian issues and facilitating coordination with other partners. The HC is supported in these functions by OCHA. Within the UN structure, coordination will be facilitated at several levels. At the policy level, the HDWG will meet regularly to assist the HC in developing strategic policies and mechanisms for operational coordination.

OCHA will continue to support the HC in facilitating and ensuring the effective and well-coordinated provision of humanitarian assistance to the DPRK. This will be achieved through the following activities: servicing assistance coordination mechanisms; assessing and addressing humanitarian needs; undertaking humanitarian advocacy and information exchange.

WFP and OCHA will be supported in the coordination of non-resident NGO activities through the FALU, a unit within WFP funded by the consortium of four non-resident NGOs (Action by Churches Together (ACT), Canadian Food Grains Bank, Caritas, and World Vision International [WVI]), which implements projects on their behalf. Most projects are focused on assistance to food-insecure groups, enabling a complementary approach for the implementation of the CAP, and exclude duplication of effort and resources.

**Table II : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Listing of Project Activities - By Appealing Organisation
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector Name	Sector/activity	Original requirements
ADRA			
DPRK-04/H14	HEALTH	County hospital health and rehabilitation: an integrated approach	303,800
Sub total for ADRA			303,800
AFMAL			
DPRK-04/H19	HEALTH	Support to maternal and women's health services in Kangwon province	240,000
Sub total for AFMAL			240,000
CESVI			
DPRK-04/WS07	WATER AND SANITATION	Integrated water and sanitation programme in Pangyo town and Wonsan provincial hospital, Kangwon province	450,000
Sub total for CESVI			450,000
CONCERN			
DPRK-04/A07	AGRICULTURE	Fuelwood, fodder production and slope land management in north and south Pyongan provinces	227,000
DPRK-04/A06	AGRICULTURE	Support to quality potato/wheat production	220,000
DPRK-04/WS06	WATER AND SANITATION	Improvement of water quality testing through provision of training and equipment to anti epidemic stations (AES) in Pukchang, Cokchon and Hoichang counties and Pyongyang City	47,000
DPRK-04/WS04	WATER AND SANITATION	Rehabilitation of urban and rural water supplies in Dokchon and Pukchang counties	250,000
DPRK-04/WS05	WATER AND SANITATION	Rehabilitation of urban and rural water supplies in Hoichang county	360,000
Sub total for CONCERN			1,104,000

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Listing of Project Activities - By Appealing Organisation
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector Name	Sector/activity	Original requirements
DWH/GAA			
DPRK-04/A04	AGRICULTURE	Introduction of the multiplication and distribution management system of winter wheat seed in North Pyong'an province, DPR Korea	250,000
DPRK-04/F03	FOOD	Feeding of kindergarten children in North Pyong'an province	1,478,000
DPRK-04/WS02	WATER AND SANITATION	Ensuring adequate livelihood for farming families through improved health in 18 rural cooperatives in three counties in North Pyong'an	430,000
Sub total for DWH/GAA			2,158,000
FAO			
DPRK-04/A03	AGRICULTURE	Support to double cropping of main and winter crops production, 2004	1,100,000
DPRK-04/A02	AGRICULTURE	Support to horticultural crops production, 2004	1,060,000
DPRK-04/A01	AGRICULTURE	Support to the double cropping programme (spring and main crops production), 2004	1,100,000
DPRK-04/CSS03	COORDINATION AND SUPPORT SERVICES	Support to the coordination of emergency, rehabilitation and recovery interventions in agriculture/food security, 2004	250,000
Sub total for FAO			3,510,000
HI B			
DPRK-04/H13	HEALTH	Support to disabled people including orthopaedic services and rehabilitation in Hamhung	425,000
Sub total for HI B			425,000
OCHA			
DPRK-04/CSS01	COORDINATION AND SUPPORT SERVICES	Coordination of humanitarian programme in 2004	379,984
DPRK-04/CSS02	COORDINATION AND SUPPORT SERVICES	NGO funding mechanism - emergency relief assistance	200,000
Sub total for OCHA			579,984

**Table II : UN Consolidated Inter-Agency Appeal for
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Listing of Project Activities - By Appealing Organisation
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector Name	Sector/activity	Original requirements
PU			
DPRK-04/H17	HEALTH	Improved IV fluids production	29,000
DPRK-04/H18	HEALTH	Rehabilitation of IV fluids production in provincial and county hospitals	1,200,000
Sub total for PU			1,229,000
SC UK			
DPRK-04/H15	HEALTH	Rehabilitation of children's institutions in three provinces - North Pyongan, Kangwon and South Hamgyong	214,000
DPRK-04/H16	HEALTH	Strengthening of community based health services in three provinces-North Pyongan, Kangwon and South Hamgyong	663,584
Sub total for SC UK			877,584
TGH			
DPRK-04/A05	AGRICULTURE	Rehabilitation of tree nurseries	210,000
DPRK-04/WS03	WATER AND SANITATION	Water and sanitation project in South Pyongan province	450,000
Sub total for TGH			660,000
UNFPA			
DPRK-04/H12	HEALTH	Improving maternal health	294,000
DPRK-04/H11	HEALTH	Strengthening of obstetric care at community level	378,000
Sub total for UNFPA			672,000

**Table II : UN Consolidated Inter-Agency Appeal for
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Listing of Project Activities - By Appealing Organisation
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector Name	Sector/activity	Original requirements
UNICEF			
DPRK-04/E01	EDUCATION	Basic education	924,000
DPRK-04/H03	HEALTH	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	2,358,720
DPRK-04/H01	HEALTH	Essential medicines	5,118,400
DPRK-04/H02A	HEALTH	Expanded programme on immunisation (EPI)	1,229,200
DPRK-04/H04	HEALTH	Safe motherhood	343,840
DPRK-04/WS01	WATER AND SANITATION	Water and environmental sanitation	2,732,800
Sub total for UNICEF			12,706,960
WFP			
DPRK-04/F01	FOOD	Food aid	189,425,026
DPRK-04/F02	FOOD	Special operation (SO 10029.1), essential support to local food production, port operations and food for work	1,030,425
Sub total for WFP			190,455,451
WHO			
DPRK-04/H05	HEALTH	Early detection and control of diseases outbreaks, including SARS	964,600
DPRK-04/H08	HEALTH	Essential medicines for vulnerable groups	747,300
DPRK-04/H02B	HEALTH	Expanded programme on immunisation (EPI)	320,000
DPRK-04/H10	HEALTH	Improving laboratory services at local level	233,200
DPRK-04/H06	HEALTH	Strengthen the control of malaria, HIV/AIDS and tuberculosis	777,000
DPRK-04/H07	HEALTH	Strengthening of health services at community level	2,438,000
DPRK-04/H09	HEALTH	Upgrading blood transfusion services	372,200
Sub total for WHO			5,852,300
Grand Total:			221,224,079

**Table III : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Listing of Project Activities - By Sector
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
AGRICULTURE			
DPRK-04/A07	CONCERN	Fuelwood, fodder production and slope land management in north and south Pyongan provinces	227,000
DPRK-04/A04	DWH/GAA	Introduction of the multiplication and distribution management system of winter wheat seed in North Pyong'an province, DPR Korea	250,000
DPRK-04/A05	TGH	Rehabilitation of tree nurseries	210,000
DPRK-04/A03	FAO	Support to double cropping of main and winter crops production, 2004	1,100,000
DPRK-04/A02	FAO	Support to horticultural crops production, 2004	1,060,000
DPRK-04/A06	CONCERN	Support to quality potato/wheat production	220,000
DPRK-04/A01	FAO	Support to the double cropping programme (spring and main crops production), 2004	1,100,000
Sub total for AGRICULTURE			4,167,000
COORDINATION AND SUPPORT SERVICES			
DPRK-04/CSS01	OCHA	Coordination of humanitarian programme in 2004	379,984
DPRK-04/CSS02	OCHA	NGO funding mechanism - emergency relief assistance	200,000
DPRK-04/CSS03	FAO	Support to the coordination of emergency, rehabilitation and recovery interventions in agriculture/food security,2004	250,000
Sub total for COORDINATION AND SUPPORT SERVICES			829,984
EDUCATION			
DPRK-04/E01	UNICEF	Basic education	924,000
Sub total for EDUCATION			924,000
FOOD			
DPRK-04/F03	DWH/GAA	Feeding of kindergarten children in North Pyong'an province	1,478,000
DPRK-04/F01	WFP	Food aid	189,425,026
DPRK-04/F02	WFP	Special operation (SO 10029.1), essential support to local food production, port operations and food for work	1,030,425
Sub total for FOOD			191,933,451

**Table III : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Listing of Project Activities - By Sector
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
HEALTH			
DPRK-04/H14	ADRA	County hospital health and rehabilitation: an integrated approach	303,800
DPRK-04/H05	WHO	Early detection and control of diseases outbreaks, including SARS	964,600
DPRK-04/H03	UNICEF	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	2,358,720
DPRK-04/H01	UNICEF	Essential medicines	5,118,400
DPRK-04/H08	WHO	Essential medicines for vulnerable groups	747,300
DPRK-04/H02A	UNICEF	Expanded programme on immunisation (EPI)	1,229,200
DPRK-04/H02B	WHO	Expanded programme on immunisation (EPI)	320,000
DPRK-04/H17	PU	Improved IV fluids production	29,000
DPRK-04/H10	WHO	Improving laboratory services at local level	233,200
DPRK-04/H12	UNFPA	Improving maternal health	294,000
DPRK-04/H15	SC UK	Rehabilitation of children's institutions in three provinces-North Pyongan, Kangwon and South Hamgyong	214,000
DPRK-04/H18	PU	Rehabilitation of IV fluids production in provincial and county hospitals	1,200,000
DPRK-04/H04	UNICEF	Safe motherhood	343,840
DPRK-04/H06	WHO	Strengthen the control of malaria, HIV/AIDS and tuberculosis	777,000
DPRK-04/H16	SC UK	Strengthening of community based health services in three provinces-North Pyongan, Kangwon and South Hamgyong	663,584
DPRK-04/H07	WHO	Strengthening of health services at community level	2,438,000
DPRK-04/H11	UNFPA	Strengthening of obstetric care at community level	378,000
DPRK-04/H13	HI B	Support to disabled people including orthopaedic services and rehabilitation in Hamhung	425,000
DPRK-04/H19	AFMAL	Support to maternal and women's health services in Kangwon province	240,000
DPRK-04/H09	WHO	Upgrading blood transfusion services	372,200
Sub total for HEALTH			18,649,844

**Table III : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2004**

Listing of Project Activities - By Sector
as of 30 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
WATER AND SANITATION			
DPRK-04/WS02	DWH/GAA	Ensuring adequate livelihood for farming families through improved health in 18 rural cooperatives in three counties in North Pyong'an	430,000
DPRK-04/WS06	CONCERN	Improvement of water quality testing through provision of training and equipment to anti epidemic stations (AES) in Pukchang, Cokchon and Hoichang counties and Pyongyang City	47,000
DPRK-04/WS07	CESVI	Integrated water and sanitation programme in Pangyo town and Wonsan provincial hospital, Kangwon province	450,000
DPRK-04/WS04	CONCERN	Rehabilitation of urban and rural water supplies in Dokchon and Pukchang counties	250,000
DPRK-04/WS05	CONCERN	Rehabilitation of urban and rural water supplies in Hoichang county	360,000
DPRK-04/WS01	UNICEF	Water and environmental sanitation	2,732,800
DPRK-04/WS03	TGH	Water and sanitation project in South Pyongan province	450,000
Sub total for WATER AND SANITATION			4,719,800
Grand Total			221,224,079

PROJECT SUMMARIES

WATER AND ENVIRONMENTAL SANITATION

Appealing Agency:	UNITED NATIONS CHILDREN'S FUND
Project Title:	Water and Environmental Sanitation
Project Code:	DPRK-04/WS01
Sector:	Water and Environmental Sanitation
Themes:	Potable water, Sanitation, Rights of the Child
Objective:	To improve access to adequate quantities of clean water and upgraded sanitation for the highest-risk populations identified
Supporting CAP Objective:	Water and Sanitation Sector: Operational Objectives One to Four
Targeted Beneficiaries: (total # & description)	3,500 children in 30 children's homes and 15 branch schools, 1 million people in 5 disadvantaged counties in Ryanggang, North Hamgyong, South Hamgyong, and Kangwon provinces, 2 million people in 10 provincial cities
Implementing Partners:	Ministry of City Management, Provincial / County authorities, Ministry of Public Health / Hygiene Education Institute (HEI), and WFP
Project Duration:	January – December 2004
Funds Requested:	US\$ 2,732,800

Summary

Project Outputs

- Water supply and sanitation facilities upgraded for 400,000 people in urban and rural communities in five counties/cities (household and institutions) in the more vulnerable east and northeast provinces.
- 10 (out of 30) well-functioning provincial urban water treatment stations provided with chemicals and spare parts to provide clean water to around 2 million people in densely populated urban communities.
- Water supply, sanitation and hand-washing facilities upgraded in 30 children's homes (baby homes, orphanages, boarding schools) and in 15 remote branch schools in all provinces.
- 200 new water bore-wells drilled, 200 hand pumps installed.
- Water and sanitation rehabilitation plans developed for two additional disadvantaged counties (provinces and counties to be selected)
- Water supply and sanitation facilities upgraded for around 100,000 people in the same two additional counties/cities (household and institutions).
- 17 local water authority management teams and 1 central team trained in county/city water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing, repair and maintenance of mini-water supply systems.
- Facts for Life standard messages on hygiene disseminated to households and 25,000 caregivers nationwide.
- One study on household hygiene knowledge, attitudes and practices (KAP) completed.
- Two Government-led meetings of all WES sector partners (including NGOs, EU, IFRC, UN) organised during the year.

Large numbers of the population continue to be without access to adequate quantities of safe water and to sanitary latrines. The risk of a serious outbreak of water-borne diseases is significant, and continued humanitarian assistance is essential to avert a crisis. However, the underlying problems in the sector are huge and widespread, and it is beyond the humanitarian effort, with a limited presence and limited funding, to make sustainable impact on a national scale. Ambitions must therefore be limited and focussed for best impact.

The project will focus on four priorities. First, to address the immediate water and sanitation needs of a limited number of children's institutions and schools in all provinces. In some of these institutions upgrading of water and sanitation facilities is only partially completed. A needs assessment to be carried out will guide the type and extent of support to be provided in 2004. UNICEF will coordinate its support for these institutions with the increasing number of NGOs active in the sector to ensure complementarity.

UNICEF, working closely with national authorities, has developed a strong capacity for action in water and sanitation. However, low funding has meant that the organisation is not able to respond in full, despite the widespread needs.

The second priority is to continue to focus on improvement of water supply systems and sanitation facilities in a small number of selected, disadvantaged counties. In 2002 such a focussed approach started in the more disadvantaged counties in the east and north-east of the country (Kosan, Kowon, and Jongpyong counties) and in 2003, this was expanded to two additional cities/counties. This work has shown that systematic detailed assessments carried out jointly with central and local authorities are feasible, can help to identify more appropriate low cost approaches and is an effective way to build local capacity. The increased engagement with local authorities and communities in the three counties has led to a greater mutual understanding and trust and enabled UNICEF to gain a deeper knowledge of the local situation. This is now leading to increased dialogue on other issues of mutual concern. For example, recently initiated school sanitation upgrading has led to discussions with local authorities on the special needs of girls in school and student needs in general. The UNICEF education programme is responding by ensuring that schools in these disadvantaged counties receive, as a priority, support through the Education CAP project. The water and sanitation work in these counties has been found to be a good entry point for greater convergence and integration of sectoral actions.

Because of good experiences over the past two years, this focussed approach will be expanded in 2004. Two additional vulnerable counties will, therefore, be identified.

The third priority of the project is to emphasise the development of national capacity through support to training and joint planning and monitoring. Work in the pilot disadvantaged counties will give an opportunity to develop the capacity of the MoCM and local authorities in conducting technical assessments, preparing final costs, operational plans and implementation. These are essential skills for the Ministry to learn and to apply in other counties - using UNICEF funds, other partner funds or Government's own funds.

A fourth priority of the project is to support improved coordination in the sector by facilitating government-led sector meetings involving all sector partners, including NGOs. In 2002 and 2003, UNICEF supported the principal Government technical agency, the MoCM in organising such sector meetings – the only sector to have done so.

UNICEF will continue to prioritise its support to achieve greater impact. In 2004, water, sanitation, and hygiene information activities will continue to be delivered as a package. Increased resources will be devoted to sanitation upgrading. Increased attention will be given to building the capacity of national and local government managers through the provision of technical assistance.

Main UNICEF inputs will be in the form of technical assistance, spare parts and fuel for bore well drilling machines, water pipes and other materials for piped water systems, chemicals for chlorination and water testing, materials for IEC and training.

Monitoring and Evaluation

Regular joint field visits will be carried out by UNICEF project staff and line Ministry project managers to monitor end-use of supplies and equipment and to discuss general progress in implementation. Formal mid-year and end-year reviews of project progress, including compilation of indicator data will be held.

Prioritisation of according to project funding levels

25% funded	50% funded	75% funded	100% funded
Upgrading of water supply systems and sanitation facilities in 30 children's homes and 15 remote branch schools.	Additional upgrading water supply systems and sanitation facilities in Kosan, Kowon, Jongpyong counties.	Additional upgrading water supply systems and sanitation facilities in Hyesan and Hwaeryong counties.	Upgrading water supply systems and sanitation facilities in one additional disadvantaged county.
Partial upgrading of water supply systems and sanitation facilities in Kosan Kowon, Jongpyong counties.	Provision of chemicals and spare parts for 10 water treatment stations.	Upgrading water supply systems and sanitation facilities in one additional disadvantaged county.	
Rehabilitation plans developed for two more disadvantaged counties.			
Provision of IEC materials			
KAP study.			
Provision of technical assistance.			

FINANCIAL SUMMARY	
Budget Items	US\$
Improving water and sanitation in 30 institutions (children's homes) and 15 remote branch schools)	
Assessment (to be completed end 2003)	*
Provision of equipment and supplies for safe water and adequate sanitation	110,000
Improving water and sanitation systems in Kosan, Kowon, Jongpyong, Hyesan and Hwaeryong counties	
Provision of equipment and supplies for rehabilitation	450,000
Rehabilitation of water and sanitation systems in two additional counties	
Technical county assessments	*
Provision of equipment and supplies for rehabilitation	1,500,000
Improving water quality at 10 functioning water treatment stations serving urban populations	
Provision of chemicals and spare parts	200,000
Increasing public awareness on good hygiene practices	
Development and dissemination of IEC materials	50,000
Project monitoring, planning and evaluation	
Field monitoring and evaluation	10,000
Technical assistance (international)	120,000
Project support costs	*
Sub-Total	2,440,000
Cost recovery (12%)	292,800
Total	2,732,800

- Denotes funding through the regular programme

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.

Appealing Agency:	DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION
Project Title:	Ensuring adequate livelihood for farming families through improved health in 18 rural Cooperatives in three counties in North Pyongan
Project Code:	DPRK-04/WS02
Sector:	Water and Sanitation
Theme:	Infrastructure Rehabilitation
Objectives:	To improve access to clean water and improved sanitation by extending gravity water supply systems from previous project; construction of additional sanitation facilities; follow up of O&M Teams and protection measures supported by raising hygiene awareness in social institutions and on household levels.
Supporting CAP Objective:	Water and Sanitation Sector: Operational Objectives One, Two, Three
Targeted Beneficiaries: (total # & description)	6,546 households or 32,530 people (incl. 1,280 HH with construction activities)
Implementing Partners:	Ministry of Agriculture, FDRC on central and local levels, MoPH, Members of farming communities
Project Duration:	12 months (October 2003 - September 2004)
Total Project Budget:	US\$ 500,000
Funds Requested:	US\$ 430,000

Summary

The three-targeted counties in the eastern part of North Pyongan can be characterised by limited agricultural potential, less favourable infrastructure and extreme climatic conditions in the mountainous areas. Lack of safe drinking water is leading to frequent water-borne diseases and diarrhoea, which contribute to malnutrition. Protection of water sources and its environment is non-existent and causes contamination. To improve the situation on water supply, ECHO and DWH/GAA implemented a water supply and sanitation project in 22 cooperatives in North Pyongyang in 2002/03. During 2002/03 projects, differences in approaches between Government and GAA prevented GAA from implementing substantive activities in hygiene water source protection or water conservation activities, especially with its very complex training and sensitisation activities. To increase the sustainability of the implemented activities, the proposed project aims to focus on raising hygiene awareness to avoid water borne diseases on household and institutional levels. This will be accompanied by the connection of houses to existing water systems, construction of water systems for the remaining work teams on the cooperative farms from the 2002/03 project, as well as construction of institutional latrines and wash rooms to improve the sanitation level in nurseries and kindergartens. A complementary field of activity will be the sensitisation and adapted activities for the protection of water sources to avoid contamination and water conservation in order to guarantee a long lasting water source. Target groups are local FDRC Representatives, rural families in cooperatives, nurseries, kindergartens and schools. Emphasis will be put on disease prevention by hygiene sensitisation. Educational activities and training, including construction activities of family and institutional latrines as it has a direct impact on the health of families in the rural Cooperatives will be conducted. DWHH/GAA will provide input, training and technical advice over a period of one year, to ensure efficient monitoring and adjustment of these sensitive activities and to ensure a measurable impact on both health and environmental levels.

The project aims to increase the health of the beneficiaries significantly through improved access to drinking water, raise awareness of hygiene on household and institutional levels (including improved washing facilities, combined with better protection and management of water sources).

FINANCIAL SUMMARY	
Budget Items	US\$
Construction and maintenance	170,000
Hygiene	170,000
Water source protection/conservation	160,000
Total Project Budget	500,000
Funds Requested	430,000

Appealing Agency:	TRIANGLE GENERATION HUMANITAIRE
Project Title:	Water and Sanitation Project in South Pyongan Province
Project Code:	DPRK-04/WS03
Sector:	Water and Sanitation
Themes:	Potable Water and Sanitation, Children, Community
Objectives:	<ul style="list-style-type: none"> ➤ To improve access to safe and reliable running water for population in 16 rural communities (including one county hospital). ➤ To improve the hygienic use of sanitary structures in targeted institutions of the communities.
Supporting CAP Objective:	Water and Sanitation Sector: Operational Objective One, Two, Three
Targeted Beneficiaries: (total # & description)	Number of beneficiaries (FRDC data): 161,683 persons (rural) Direct beneficiaries: around 26,000 persons Children: 9,000
Implementing Partners:	FDRC, MoCM, Electronic Research Centre of DPRK, Water and Hygiene Services of the Ministry of Health and Ministry of Agriculture.
Project Duration:	12 months (October 2003 to September 2004)
Funds Requested:	US\$ 450,000

Summary

A first pilot project, implemented in 2002-2003 for a period of 15 months, has benefited the water and sanitation sector in the DPRK. In collaboration with all concerned partners, many lessons have been drawn to define a more adapted and feasible project.

In the water and sanitation sector, diarrhoeal diseases contributed towards a greater morbidity in the summer months. In spite of recent efforts, a lot remains to be done to increase the quantity and quality of the water available in the rural areas. On the sanitation side, little has been done in the rural areas, evidenced by open pit latrines that are potential health hazards plus a source of diseases' vectors. Human excreta are regarded as a valuable fertiliser after composting, but the sanitation aspect of disposal and composting has clearly not been seen as a priority in the past.

The number one priority remains "to ensure adequate quantity and quality of water and safe sanitation facilities in assisted communities, including institutions (hospitals, health clinics, nurseries, kindergartens and schools) through the provision of upgraded water and sanitation facilities" and "to target whole communities rather than individual institutions within a community". Efficiency of individual projects (community level) needs to be increased by looking after all components of each system (from the water source to pumping equipment, storage and distribution to the community as a whole) rather than treating one or the other element in a larger number of networks as done in the pilot water & sanitation project.

The findings of the needs assessment conducted by Triangle GH are in line with objectives and strategies specified in the CAP document. The core of the project will concern the improvement of water supplies in 15 communities and in one county hospital, by rehabilitating the water network from pumping stations to distribution chambers (designed to supply water for a group of around 12 houses), by protecting wells as alternative sources of water and by rehabilitating sanitation structures (latrines, bathrooms) in collective institutions such as schools and health centres. As electricity shortages are a main cause of failure of the water network, solar pumping systems will be installed as a pilot project on two sites. Trainings and hygiene promotion will complete these activities.

FINANCIAL SUMMARY	
Budget Items	US\$
Provision of equipment and supplies for safe water and adequate sanitation	283,000
Support activities	30,000
Project implementation costs	137,000
Total	450,000

Appealing Agency:	CONCERN WORLDWIDE
Project Title:	Rehabilitation of Urban and Rural Water Supplies in Dokchon and Pukchang Counties
Project Code:	DPRK-04/WS04
Sector:	Water and Sanitation
Themes:	Potable Water, Sanitation
Project Objectives:	To improve access to potable water and decrease levels of water borne illnesses among target communities.
Supporting CAP Objectives:	Water and Sanitation Sector: Operational Objectives One, Two, Three.
Targeted Beneficiaries:	Estimated number of beneficiaries approximately: 16,500 Children: 3,000 Women: 3,500
Implementing Partners:	FDRC, Ministry of City Management and Ministry of Public Health.
Project Duration:	October 2003 - September 2004
Funds Requested:	US\$ 250,000

Summary

The current situation regarding water supply systems in the DPRK is that the majority of the existing systems are 30 to 40 years old and in a state of disrepair. Pumps have been lacking spare parts to properly maintain and repair them and the majority of the pipe networks are made of cast iron that has corroded over the years resulting in considerable losses of water from the networks, estimated at between 50 to 70%. The conditions of the wells and water sources have also deteriorated leaving them very vulnerable to contamination, and groundwater protection zones are practically non-existent. In the educational and health institutions the health promoters and teachers lack educational materials to promote better hygiene practices among their target groups.

The proposed project in Dokchon and Pukchang Counties aims to address these problems through the rehabilitation of existing water systems, or the construction of new ones in the urban and rural communities, improving people's access to potable water. The construction of latrines, predominantly in health and educational institutions, will improve people's sanitary conditions and the training of health workers, and the provision of educational materials will improve local institutions' capacity to promote better health and hygiene practices among the targeted communities. The project supports the CAP strategic goals by meeting people's basic water and sanitation needs through a focus on the family.

The project aims to:

- increase whole communities' access to reliable, potable water supplies;
- improve the sanitary conditions within the communities;
- improve the levels of health and hygiene promotion and education.

FINANCIAL SUMMARY	
Budget Items	US\$
Water supply rehabilitation	150,000
Sanitation activities	20,000
Education materials	15,000
Training	5,000
Programme Costs	60,000
Total	250,000

Appealing Agency:	CONCERN WORLDWIDE
Project Title:	Rehabilitation of Urban and Rural Water Supplies in Hoichang County
Project Code:	DPRK-04/WS05
Sector:	Water and Sanitation
Themes:	Potable Water, Sanitation
Project Objectives:	To improve access to potable water and decrease levels of water borne illnesses among target communities.
Supporting CAP Objectives:	Water and Sanitation Sector: Operational Objectives One, Two, Three
Targeted Beneficiaries:	Estimated number of beneficiaries approximately: 44,000 Children: 12,000 Women: 15,000
Implementing Partners:	FDRC, Ministry of City Management and Ministry of Public Health.
Project Duration:	December 2003 - November 2004
Funds Requested:	US\$ 360,000

Summary

The current situation regarding water supply systems in the DPRK is that the majority of the existing systems are 30 to 40 years old and in a state of disrepair. Pumps have been lacking spare parts to properly maintain and repair them and the majority of the pipe networks are made of cast iron that has corroded over the years resulting in considerable losses of water from the networks, estimated at between 50 to 70%. The conditions of the wells and water sources have also deteriorated leaving them very vulnerable to contamination, and groundwater protection zones are practically non-existent. In the educational and health institutions the health promoters and teachers lack educational materials to promote better hygiene practices among their target groups.

The proposed project in Hoichang County aims to address these problems through the rehabilitation of existing water systems, or the construction of new ones, in the urban and rural communities, improving people's access to potable water. The construction of latrines, predominantly in health and educational institutions, will improve people's sanitary conditions and the training of health workers, and the provision of educational materials will improve local institution's capacity to promote better health and hygiene practices among the targeted communities. The project supports the CAP strategic goals by meeting people's basic water and sanitation needs through a focus on the family.

The project aims to:

- increase whole communities' access to reliable, potable water supplies;
- improve the sanitary conditions within the communities;
- improve the levels of health and hygiene promotion and education.

FINANCIAL SUMMARY	
Budget Items	US\$
Water supply rehabilitation	157,000
Sanitation activities	35,000
Education materials	8,500
Training	7,500
Programme costs	152,000
Total	360,000

Appealing Agency:	CONCERN WORLDWIDE
Project Title:	Improvement of water quality testing through provision of training and equipment to Anti Epidemic Stations (AES) in Pukchang, Dokchon and Hoichang Counties, and Pyongyang City.
Project Code:	DPRK-04/WS06
Sector:	Water and Sanitation
Theme:	Potable Water
Project Objectives:	To increase the capacity for accurate water quality testing in the selected counties, and Pyongyang City
Supporting CAP Objectives:	Water and Sanitation Sector: Operational Objective Two
Targeted Beneficiaries:	Approximately: 3,563,000 (indirect)
Implementing Partners:	FDRC, Ministry of City Management and Ministry of Public Health.
Project Duration:	February - April 2004
Total Project Budget:	US\$ 56,000
Funds Requested:	US\$ 47,000

Summary

The current situation regarding water and sanitation sector in the DPRK remains one of serious concern with considerable difficulties in the supply of safe potable water to the general population. The situation in the water testing laboratories, known locally as AES is also of concern. Many of the consumables have ran out or expired and a lot of the equipment is old and inefficient, or in short supply due to breakages. A lack of power supply in many areas also affects the capacity of the AES' to operate.

The proposed project aims to increase the capacity of local AES' to analyse water quality in order to identify any potential health risk to local populations through their potable water. This will be achieved through the provision of water analysing equipment, consumables and laboratory accessories. In addition there will be a training component to the project to increase the capacity of local staff to take and carry out water analysis.

The project aims to:

- equip the laboratories with analytical equipment, consumables and accessories;
- train the laboratory staff in the use of all supplied items;
- update the staff in good sampling and analysis practices and procedures.

FINANCIAL SUMMARY		
Budget Items	Non-CAP Funding US\$	CAP Funding US\$
Materials and Equipment		27,000
Training Activities	1,000	17,500
Programme Costs	8,000	2,500
Total	9,000	47,000

Appealing Agency:	COOPERAZIONE E SVILUPPO ONLUS
Project Title:	Integrated water and sanitation programme in Pangyo town and Wonsan Provincial Hospital, Kangwon province
Project Code:	DPRK-04/WS07
Sector:	Water and Sanitation
Theme:	Potable water, Sanitation, Community services and health
Project Objectives:	People have access to safe drinkable water and sanitation facilities in houses and public institutions in Pangyo and in Wonsan Provincial Hospital.
Supporting CAP Objectives:	Water and Sanitation Sector: Operational Objectives One, Two, Three
Targeted Beneficiaries:	11,600 people living in Pangyo Children: 3,900 (\leq 14 years) Women: 6,500 + around 20,000 patients per year in Wonsan Provincial Hospital
Implementing Partners:	FDRC, MoCH, MoPH, County Anti-Epidemic Station and WFP
Project Duration:	November 2003 - October 2004
Funds Requested:	US\$ 450,000

Summary

In Kangwon province, given the continuous serious deterioration of water and environmental sanitation infrastructure, most of the people do not have access to safe running water neither in houses nor in public institutions, leaving them vulnerable to water borne and water related diseases.

CESVI has been carrying out water and sanitation activities in three counties of the province, through the rehabilitation of water supply systems and support of anti-epidemic stations. During the implementation of the activities, the necessity for a similar intervention in Pangyo town came up.

The extremely poor hygiene and sanitation conditions in which most of the town population live are mainly due to the inefficient functioning of the existing water supply system, to the breakdown of sewage systems, along with a scarce awareness of hygiene, environment and sanitation related issues.

Moreover, the lack of running water and the substandard conditions of the sanitation facilities in Wonsan Provincial Hospital have being brought to the attention of CESVI by the provincial FDRC chief. Having verified the extreme need of the hospital and the feasibility of the intervention, CESVI decided to include it as a component of this project.

The CESVI programme therefore includes the following main components:

- complete rehabilitation of the water supply system in Pangyo;
- rehabilitation of sanitation facilities in institutions;
- support to the county anti-epidemic station;
- awareness on hygiene, environment & sanitation issues;
- provision of water connection and improvement of sanitation facilities in Wonsan Provincial Hospital.

Training to the local technicians will be an integral part of all project activities.

FINANCIAL SUMMARY	
Budget Items	US\$
Rehabilitation of water supply system	188,971
Equipment for sanitation and hygiene	40,110
Training and awareness	10,000
Personnel (national and expatriate)	122,100
Programme Support cost	88,819
Total	450,000

HEALTH AND NUTRITION

Appealing Agency:	UNITED NATIONS CHILDREN'S FUND
Project Title:	Essential Medicines
Project Code:	DPRK-04/H01
Sector:	Health and Nutrition
Themes:	Children / Youth, Safe-motherhood, Rights of the Child
Objective:	To ensure that the most essential medicines are always available for the health services to be able to treat the highest priority illnesses for all children and women
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective One
Targeted Beneficiaries: (total # & description)	Whole population 23 million Children: 7 million (under 18 years)
Implementing Partners:	Ministry of Public Health, Provincial / County health authorities, Diakonie Emergency Aid, WHO, IFRC
Project Duration:	January – December 2004
Funds Requested:	US\$ 5,118,400

Project Outputs

- 3,060 ri level health clinics/ri hospitals and 117 county hospitals in six provinces and two cities (serving 70% of total country population) receive a basic set of vital medicines every three months.
- 24 provincial paediatric and provincial maternity referral hospitals in all provinces receive a basic set of vital medicines every three months.
- Central medical warehouse (MoPH/CMW) capacity increased to be able to complete at least 90% of planned deliveries to all provinces on time.
- ORS (oral rehydration solution) local production increased to 3 million sachets for 162 counties.
- Six basic medicines locally produced (in collaboration with Diakonie Emergency Aid).
- 50 factory technicians trained in good manufacturing practices (in collaboration with Diakonie Emergency Aid).
- 500 health staff trained in the proper diagnosis and treatment of the highest priority illnesses (diarrhoeal diseases, pneumonia).
- Standard integrated training course (IMCI) developed for health staff.

The project will increase the capacity of the health services to treat the most common, highest priority, and life-threatening illnesses for children and women. The main priority is to ensure both 12 "very vital" medicines are available in adequate quantities, all year round and that health staffs are trained in their proper use. The second priority, if adequate funding is received, is to expand the number of medicines to 22 "vital" items.

The MoPH continues to be unable to fund the cost of essential medicines and supplies for its extensive network of well-staffed hospitals and clinics. Most essential medicines are now provided by aid agencies and this will have to continue for the near future. Without external aid for medicines, the public health services would be unable to effectively treat a range of common, but life-threatening, illnesses including diarrhoea and acute respiratory infections, which together account for more than half of all child illnesses and deaths. Since the onset of the emergency, UNICEF has been the main source of essential medicines and support for training in their use. In 2003, UNICEF provided around 12,000 essential medicine kits to health facilities in six provinces and two cities of over 15 million (more than 70% of the total population) as well as to all provincial paediatric and maternity hospitals nation-wide. Health facilities are now able to treat significantly more children and women than in 2001 and 2002. UNICEF funding remains, however, insufficient to provide more than the most essential items – termed "very vital items." In a prioritisation exercise carried out by UNICEF, in collaboration with the MoPH as well as the IFRC and the WHO, 12 items are now classed as very vital. Emphasis will be placed on better quality health worker training. Although training courses on the management of most childhood problems have already been developed, training is usually given on a single topic basis, and multiple training courses are given at great additional cost. An integrated training – based on the IMCI approach - suitable for basic health workers, will be written and adopted as the official training course by the MoPH. In 2004 around 500 health workers will be trained.

The main problems to be addressed by the project in 2004 are:

- widespread shortages of essential medicines, and therefore inability of the health services to treat the most common, life threatening illnesses in children and women (unless provided by international assistance);
- the limited capacity of the MoPH's central medical warehouse storage and logistics system;
- the inadequate knowledge of health staff on use of modern medicines and current international treatment practices;
- the low quality of locally produced medicines (collaboration with Diakonie).

In 2004 the over-riding priority will be to ensure the regular availability, in adequate quantities of the 12 "very vital" items, at all health facilities and that health staff are trained in their proper use. The second priority is to expand the range of items to 22 "vital" items - only if adequate funding is received. UNICEF will support the following activities in 2004:

Provision of essential medicines to 3,201 health facilities:

Essential medicine kits will be provided to health facilities every three months to treat common priority illnesses for children and women. Essential medicines will be procured in bulk and locally repacked for cost effectiveness. Technical assistance for proper storage, packaging, and distribution at the Central Medical warehouse will be given. Priority will be to provide "very vital" medicines for the health facilities at the first level of care, the ri (group of villages) level.

Coverage will be:

- all health facilities (3,060 ri clinics / hospitals, 117 county hospitals) in the six provinces⁵⁶;
- provincial paediatric and maternity hospitals (24) in all 12 provinces and cities.

Local ORS / local production: Support will be provided for the local production of ORS – for the treatment of childhood diarrhoea. This will be in cooperation with WHO and the Diakonie Emergency Aid, a non-resident NGO, for local production of six selected essential drugs at the Pyongyang Pharmaceutical Factory and in collaboration with WHO.

Training of health staff: Technical support for updating of essential treatment protocols and guidelines as well as for training of health staff in the proper diagnosis and treatment of diarrhoeal diseases and pneumonia. Until the IMCI training course is finalised, stand-alone training will be supported.

Monitoring and Evaluation: At least six field visits conducted jointly with MoPH staff, quarterly review meetings, at least six coordination meetings with IFRC, WHO and UNFPA, one drug availability/drug use study.

Prioritisation according to project funding levels:

25% funded	50% funded	75% funded	100% funded
"Very vital" 12 medicines for 3,060 ri level clinics / ri hospitals	"Very vital" 12 medicines for 141 county and provincial hospitals	"Vital" 10 additional medicines for ri level clinics / ri hospitals	"Vital" 10 additional medicines for 141 county and provincial hospitals
Raw materials for 3 million ORS production			
Training 500 health staff			
Monitoring and supervision			
Provision of technical assistance			

⁵⁶ Ryanggang, North Hamgyong, South Hamgyong, Kangwon, South Hwanghae, North Hwanghae as well as the two cities of Nampo and Pyongyang

FINANCIAL SUMMARY	
Budget Items	US\$
Essential medicines	
Provision of basic essential drugs for maternal and child care	
a. "Very vital" medicines	2,600,000
b. "Vital" medicines	1,450,000
Raw materials and supplies and spare parts for ORS factory	250,000
Raw materials for the local production of drugs	Diakonie Emergency Aid, WHO, UNFPA
Logistics support for the distribution of drugs to remote areas	100,000
Training of health staff	30,000
Public IEC materials on home management of diarrhoea	Nutrition and Care project
Project monitoring, planning and evaluation	
Field monitoring and evaluation	20,000
Technical Assistance (International)	120,000
Project Support Cost	*
Sub-total	4,570,000
Cost recovery (see footnote)	548,400
Total	5,118,400

(* Denotes regular programme funding)

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.

Appealing Agencies:	UNITED NATIONS CHILDREN'S FUND and WORLD HEALTH ORGANIZATION
Project Title:	Expanded Programme on Immunisation (EPI)
Project Code:	DPRK-04/H02A-B
Sector:	Health and Nutrition
Themes:	Children / Youth, Rights of the Child
Objective:	Strengthen the institutional capacity of the national immunisation system (EPI) to routinely immunise 470,000 children under one with seven EPI antigens, and 480,000 pregnant women with tetanus toxin and to advance polio eradication activities.
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Four
Targeted Beneficiaries: (total # & description)	960,000 countrywide Children: 470,000 (under-one) Women: 480,000 (pregnant)
Implementing Partners:	Ministry of Public Health, Provincial / County Authorities
Project Duration:	January - December 2004
Funds Requested:	US\$ 1,299,200 (UNICEF) US\$ 320,000 (WHO)

Project outputs

- Adequate quantities of vaccines and safety devices/auto-disable syringes available for the national EPI programme to vaccinate all children under-one (470,000) and all pregnant women (480,000) countrywide.
- Cold chain equipment and transport upgraded in 25 counties.
- 400 county staff and 1,000 ri level staff trained in immunisation services and cold chain.
- Knowledge and skills of the central EPI team improved for them to be able to better plan and monitor the national EPI programme and strengthen overall vaccine management.
- Standard training materials developed.
- Cold chain equipment inventory maintained and monitoring tools developed for continuous updating of the inventory. System and means for repair and maintenance of cold chain in place.
- Polio Laboratory strengthened through providing supplies and reagents, stool testing kits and training materials.
- Timely AFP case investigation enhanced.
- AFP surveillance field guide developed and updated and training workshops for its implementation conducted.
- AFP Surveillance Coordinator trained (external) in data management and handling.

Project Description

Since 1997, UNICEF and WHO have collaborated with the government to revive routine immunisation and eradicate polio. Main support from the two agencies has been the provision of EPI vaccines, cold chain and logistic equipment, financial support for social mobilisation, capacity building and disease surveillance, as well as technical assistance. Routine immunisation coverage has increased sharply from the very low coverage levels in 1997 and 1998 when the national programme had collapsed. The 1998 national survey showed that less than 40% of children were immunised against measles and only 5% of pregnant women against tetanus. The estimated coverage of DPT3 (an indicator for EPI uptake in general) is now estimated to be over 70%. Polio eradication is on track after six years of successful polio National Immunisation Days (NIDs). No more polio immunisation days are now planned. AFP surveillance is in place and the polio laboratory in Pyongyang was accredited in 2002. The Inter-agency Coordinating Committee on EPI (ICC) and its technical working group, comprising the MoPH, UNICEF and the WHO are functioning. The continuing economic crisis means that the MoPH is unable to fund the national immunisation services. In 2003, most of the costs of the routine immunisation services were funded with external support. UNICEF and WHO funded the entire EPI vaccine requirements of the country (bundled with auto disable syringes) as well as all of the cold chain equipment and training. The DPRK's successful application to the Global Fund on Vaccines and Immunisation (GAVI) resulted in the first GAVI support to the country: US\$ 297,000 cash for immunisation system improvements, US\$ 100,000 for IEC to facilitate the introduction of hepatitis B vaccination, supply of safety devices and hepatitis B vaccine.

In 2004, a number of areas require attention:

Ensuring uninterrupted vaccine supply: In 2004, and for the foreseeable future, the entire vaccine requirements for the routine immunisation services will need to be provided through external support - until the economy improves and the country is able to gradually assume responsibility for funding. Confirmed funding for 2004 is essential to avoid vaccine shortages and non-interruption of the programme. Under funding of this CAP project will jeopardise continued gains in childhood immunisation.

Strengthening the vaccine cold chain: Funding shortfalls in past years have left some counties inadequately equipped. In 2003, priority was given to providing cold chain equipment to these counties. A UNICEF and WHO cold chain and logistics review took place in late 2001, with follow-up in May 2002. The assessment found that most requirements for refrigerators and freezers have now been met, but maintenance and repair of existing electrical cold chain equipment remain problematic. In remote areas transport of vaccines continues to be a problem. Managerial capacity regarding cold chain logistics and stock control requires improvement. Funding sought for cold chain equipment in 2004 is, therefore, significantly less than in previous appeals and emphasis will now be placed on cold chain training and technical support.

AFP (Acute Flaccid Paralysis) surveillance: The status of AFP surveillance in the DPRK has been a cause for concern, due to the lack of adequate information, to both the South-East Asia Region (SEAR) Technical Consultative Group (TCG) and the International Certification Commission for Poliomyelitis Eradication in the South-East Asia Region (ICCPE). The provincial and county levels need to be strengthened to meet polio certification requirements, with specific attention in ensuring timely collection, transportation and analysis of stool samples, encouraging prompt case investigation and advocating for improved documentation and prompt classification of cases.

Increasing and improving the quality of training: More and better quality training is needed to increase the knowledge and skills of EPI staff in all aspects of the programme. This will include overall planning and monitoring of the national programme, cold chain, vaccine handling and injection safety, AFP surveillance and the monitoring of routine coverage and vaccine preventable diseases.

Specific activities of the project will be:

- procuring of EPI vaccines (UNICEF) and auto-disable syringes (UNICEF and GAVI);
- strengthening cold chain and transport in all counties through technical support and supervision (UNICEF and WHO);
- upgrading of cold chain equipment in 25 counties and 1,000 ri clinics (UNICEF);
- strengthening disease surveillance systems, especially AFP and provision of equipment, technical support for the polio laboratory, improved surveillance for measles and neonatal tetanus (WHO);
- training of health staff on EPI management, cold chain, AFP surveillance, injection safety and practices (UNICEF-WHO);
- EPI coverage survey (UNICEF);
- maintaining a cold chain equipment inventory and develop monitoring tools and a system for maintenance and repair (UNICEF-WHO).

Monitoring and Evaluation

Support will be given to the MoPH to strengthen the monitoring of immunisation coverage, vaccine stocks management and AFP surveillance, as well as the reporting of cases of vaccine preventable diseases. Joint field visits will continue with the MoPH to monitor programme implementation as well as the distribution and utilisation of supplies. Overall programme performance will be measured by the immunisation coverage for each of the EPI antigens. Results from the national immunisation coverage survey (October 2004) will give information on provincial variations in EPI coverage and will, in 2005, enable support to be better targeted towards those provinces with low coverage. Such sub-national immunisation coverage data has never been available from surveys before.

Prioritisation according to project funding levels

	25% funded	50% funded	75% funded	100% funded
UNICEF	Vaccines for 150,000 infants and 160,000 pregnant women	Vaccines for additional 230,000 infants and 240,000 pregnant women	Vaccines for additional 90,000 infants and 80,000 pregnant women	Cold chain equipment and transport for 25 counties
	Field monitoring	Training workshops	Cold chain equipment and transport for 1,000 ri level facilities	
	Technical assistance			
WHO	Training of local team of engineers and installation of solar equipment	Establish monitoring tools for inventory	Strengthen overall vaccine management	Strengthen overall vaccine management
	Establish inventory of equipment	Strengthen Polio Laboratory	Develop updated AFP surveillance field guide and implementation	Strengthen Polio laboratory, including supplies
	Technical assistance	Operational support for timely AFP case investigations	Certification activities	External data management training for AFP Surveillance coordinator
		External data management training for AFP Surveillance coordinator	Technical assistance	
		Technical assistance		Technical assistance

Financial Summary		
Budget Items	US\$	
	UNICEF	WHO
Emergency Boosting of Routine Immunisation Coverage		
Vaccines, auto-disable syringes and safety boxes for all country	640,000	
Cold Chain equipment and transport for 25 counties and 1,000 ri clinics	250,000	
Training for 1,400 central, provincial, county health staff	50,000	
Routine coverage reporting (printing report forms, health cards)	50,000	
Cold Chain Strengthening		
Training team of local engineers and installation of solar equipment		45,000
Establishing equipment inventory and develop monitoring tools for continuous updating of the inventory		15,000
Strengthen overall vaccine management		50,000
AFP Surveillance		
Strengthening of Polio Laboratory, including supplies		50,000
Operational support to enhance timely AFP case investigation and specimen transportation to ensure rapid wild poliovirus detection		10,000
Development of updated AFP surveillance field guide and implementation through appropriate training workshops		25,000
Certification activities, including quarterly National Certification Committee meeting		20,000
External Data Management Training for AFP Surveillance Coordinator		15,000
Technical expert consultants six months per year		60,000
Project planning, monitoring and evaluation		
Field monitoring and evaluation	50,000	
Technical assistance (international)	120,000	
Project support costs	*	30,000
Sub-Total	1,160,000	320,000
Cost recovery (see footnote)	139,200	
Agency Specific Sub-Totals	1,299,200	320,000
Total		1,619,200

(* Denotes regular programme funding)

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.

Appealing Agency:	UNITED NATIONS CHILDRENS FUND
Project Title:	Emergency Nutrition Rehabilitation, Prevention of Malnutrition and the Control of Micro-nutrient Deficiencies
Project Code:	DPRK-04/H03
Sector:	Health and Nutrition
Themes:	Nutrition, Children/Youth, Rights of the Child
Objectives:	<ul style="list-style-type: none"> ➤ Support the emergency nutrition rehabilitation of 10,000 severely malnourished children in 12 paediatric hospitals, 13 baby homes and 3 counties. ➤ Reduce micro-nutrient deficiencies among 2.3 million children under five, 480,000 pregnant and 500,00 lactating women.
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives Six and Seven
Targeted Beneficiaries: (total # & description)	2.3 million children below 5 years of age, 480,000 pregnant women, 500,000 lactating women countrywide, 10,000 severely malnourished children referred to 28 health facilities, 23 million (whole population) for iodised salt, 40,000 pregnant women in Chaggang and Ryanggang provinces for iodine deficiency.
Implementing Partners:	MoPH, State Planning Commission Provincial / County health authorities, health facility and children's homes teams, WFP (for local food production)
Project Duration:	January – December 2004
Funds Requested:	US\$ 2,358,720

Project Outputs:

Nutrition rehabilitation

- Rehabilitation food provided for 10,000 severely malnourished children in 28 rehabilitation centres.⁵⁷
- 60 health staff receive refresher training in treating severe malnutrition.
- Updated protocols for severe malnutrition developed.

Malnutrition Prevention

- 2,000 additional nurseries in South Hamgyong and North Hamgyong provinces implement growth-monitoring activities for children under five.
- Protocols for improved nursery care and staff training modules developed.
- Two studies in growth monitoring best practices and feeding practices completed.
- National core training team set up and trained in infant and young child care.
- Key messages on infant and young child feeding practices, feeding the sick child, good nutrition in pregnancy and lactation disseminated nationwide.
- 12 provincial teams trained in breast-feeding practices.
- 12 provincial maternity hospitals and three county hospitals become "baby-friendly".
- One early childhood care seminar conducted for senior Government officials.

Control of micronutrient deficiencies

- At least 95% of children between 6 months to 5 years receive 2 doses of vitamin A during the year.
- At least 90% of women receive 1 dose of vitamin A within 6 weeks after delivery.
- At least 95% of all children between 2 years to 5 years de wormed twice during the year.
- Iron and folic acid supplements for pregnant and lactating women available at all health facilities nationally as part of the ante-and post-natal care programmes to reduce the high levels of anaemia.
- Multi-micronutrient supplementation plan developed and adopted.
- 40,000 pregnant women in Ryanggang and Chaggang, the two highest goiter rate provinces, receive 1 iodine dose (capsule).
- 40,000 MTs of iodised salt produced (equivalent to 100% of national human consumption needs).

⁵⁷ Countrywide: 13 baby homes, 12 pediatric hospitals and 3 county hospitals (Kosan, Kowon, Jongpyong in South Hamgyong and Kangwon provinces)

- 27,000 MTs locally produced (at WFP-UNICEF supported factories) blended foods for children and supplementary food for pregnant and lactating women fortified with mineral and vitamin pre-mix.

The nutritional emergency in the country is continuing. Although the October 2002 Government-UNICEF-WFP nutrition assessment showed an improvement compared to five years ago, 42% of children and around one third of mothers remain chronically malnourished. Severe malnutrition is at the same level of 1998 with around 70,000 children severely malnourished. Micronutrient deficiencies are a problem.

The project will support 28 hospitals and baby homes to effectively treat 10,000 severely malnourished children. A greater emphasis will be given to the prevention of malnutrition. In addition, the project will address the most critical micronutrient deficiencies, vitamin A, iron, and iodine through national supplementation and food fortification approaches. Increased attention will be given to the development and revision of national policies and operational plans for nutrition. Training for health staff and caregivers as well as focused IEC activities will support all project components. The project will provide technical assistance in nutrition to Government and external partners.

Nutrition Rehabilitation: For the estimated 70,000 severely malnourished children, medical care is essential. Severe malnutrition is a medical emergency and without proper care, many of these children will die. Nutrition rehabilitation is, therefore, a core component of this project. Unfortunately, it is not possible to successfully treat *all* of these children. The project will rehabilitate 10,000 severely malnourished children, 15% of the country's total. First, severely malnourished children are increasingly kept at home and not referred for essential treatment. Second, even if children are referred, it is not easy to ensure the minimum quality of care in all counties countrywide due to limited skills of health providers and caregivers and shortfalls in funding. The project will therefore focus on ensuring the availability of quality rehabilitation services in two centres in each of the country's nine provinces and three municipal cities (the provincial/municipal baby home and paediatric hospital) as well as in three counties, selected by UNICEF as pilot counties for integrated programming. The project will advocate for referral of all severely malnourished children to these 28 facilities for proper care. The main UNICEF inputs for this component will be equipment and supplies including fortified therapeutic milk for the acute phase of treatment, fortified rice milk blend for the second phase of treatment (joint WFP-UNICEF project) as well as record charts, protocols, guidelines and materials for training and IEC.

Prevention of Malnutrition: The project will give greater emphasis to the prevention of malnutrition by strengthening early childcare practices in institutions and in homes. Effective prevention programmes are required to reduce the incidence of severe malnutrition among children. Growth monitoring (regularly weighing children) is important for the early identification of children at risk i.e., those children who lose weight or do not gain weight. The project will strengthen growth monitoring at existing nurseries through caregiver training and the provision of growth measurement equipment. The project will expand growth monitoring to 2,000 additional nurseries. Poor nutritional status during pregnancy results in poor gestational development, low birth weight and continuation of the inter-generational cycle of malnutrition. The recent nutrition assessment highlighted the poor situation of mothers and increased emphasis will be given to care before and during pregnancy. To improve child-feeding practices, emphasis will be placed on promoting exclusive breastfeeding for the first six months of life through the dissemination of public information, training of caregivers and implementation of the "baby-friendly hospital" initiative. To prevent further "faltering" of moderately malnourished children, the project will support the local production of fortified children's food for the national supplementary feeding programme (WFP-UNICEF joint project). Main UNICEF inputs for this component will be equipment for growth monitoring (scales, "road to health" charts), materials for training, IEC materials and vitamin / mineral pre-mix for food fortification. UNICEF will continue its advocacy for government to develop a more comprehensive approach to the prevention of malnutrition.

Control of Micronutrient Deficiencies: The project will support the elimination of iodine deficiency disorders through salt iodisation. After a successful start-up in the past three years, iodisation production will be scaled up to 40,000 MTs meeting 100% of the human consumption needs for the whole country. Most iodisation equipment is already in place and main inputs will be potassium iodate and packaging materials. In the two provinces most affected by iodine deficiency, (Chaggang and Ryanggang - both in the mountainous north east of the country), iodine capsule supplements will again be provided to pregnant women. This will prevent the severe effects of iodine deficiency including involuntary abortion and cretinism. Vitamin A deficiency will be reduced through twice a year supplementation campaigns in May and October 2004 targeting all children between 6 months and 5 years of age (2.1 million) as well as women (480,000) within six weeks of delivery. In these campaigns all children between 2 years and 5 years will also receive de-worming medicine. The capacity of the country to organise mass campaigns has already been demonstrated and very high coverage is expected through this approach. As part of the national programme to reduce anaemia, multi-micronutrient supplements for the 980,000 pregnant and lactating women will be provided through antenatal and post-natal care at more than 6,000 health facilities nationally. IEC activities targeting health staff and women will support the increased use of these supplements. Support will be given for fortification of locally produced foods in 11 factories in collaboration with WFP. Main UNICEF inputs will be vitamin and mineral pre-mix for fortification of children's complementary food and for supplementary food for pregnant and lactating women in addition to the fortification of rice-milk-blend for the treatment of severely malnourished children. Provision of essential supplies, training of hospital staff and caregivers and IEC will be essential activities. The project will provide nutrition technical assistance to Government and to external partners.

Monitoring and Evaluation

Regular joint field visits will be carried out by UNICEF project staff and line-Ministry project managers to monitor end-use of supplies and equipment and to discuss general progress in implementation. Formal mid-year and end-year reviews of project progress, including compilation of indicator data, will be held.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Rehabilitation for 10,000 severely malnourished children	Iodisation of salt	Growth monitoring in 2,000 nurseries	Fortification of locally produced foods (remaining production)
Vitamin A, deworming for 2.1 million children (6 months to 5 years)	Multi-micronutrient supplements for pregnant and lactating women	IEC materials	
Iodine supplements for 40,000 pregnant women	Establishment of "baby-friendly hospitals"	Fortification of locally produced foods for children and pregnant women (part production)	
Training			
Studies			
Technical assistance			

FINANCIAL SUMMARY	
Budget Items	US\$
Nutrition rehabilitation for 10,000 severely malnourished children	
Provision of rehabilitation food (therapeutic high energy milk 100 MTs)	251,000
Provision of fortified blended food (see food fortification below)	-
Training workshops for caregivers and health staff	15,000
Printing of technical guidelines and treatment record sheets	30,000
Prevention of Malnutrition	
Growth monitoring in 2,000 additional nurseries (2,000 weighing scales, charts, height boards, record sheets)	400,000
IEC materials for public awareness campaigns on infant/young child feeding and good nutrition for women	100,000
Training staff in early child care	10,000
Studies in growth monitoring and feeding practices	15,000
Training staff in breastfeeding counseling / BFHI accreditation	30,000
Micro-nutrient Deficiencies	
Iodised salt production (potassium iodate 4 MTs, packaging materials)	250,000
Salt monitoring	10,000
Micronutrient supplementation / deworming	
Vitamin A capsules (6 million)	*
De-worming medicine (5 million)	105,000
Iron-folic acid supplements (60 million)	40,000
Iodine capsule supplementation for pregnant women (40,000)	10,000
Vitamin and mineral pre-mix for local food production (WFP-UNICEF joint project)	710,000
Project monitoring, planning and evaluation	
Field monitoring and evaluation	10,000
Technical assistance (international)	120,000
Project support costs	*
Sub-Total	2,106,000
Cost recovery (see footnote)	252,720
Total	2,358,720

(* Denotes regular programme funding)

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.

Appealing Agency	UNITED NATIONS CHILDREN'S FUND
Project Title	Safe-motherhood
Project Code	DPRK-04/H04
Sector	Health and Nutrition
Themes	Safe-Motherhood, Maternal Health
Objective	To improve the capacity of the basic health services to be able to manage life-threatening obstetric emergencies in two provinces / three pilot counties
Supporting CAP Objectives	Health and Nutrition Sector: Operational Objective Three
Targeted Beneficiaries	40,000 women of reproductive age in Kosan, Kowon, Jongpyong counties of South Hamgyong and Kangwon provinces
Implementing Partners	Ministry of Public Health, Provincial and County health authorities
Project Duration	January - December 2004
Funds Requested	US\$ 343,840

Project Outputs

- Maternal health / safe-motherhood.
- Standard training course (MoPH) on emergency obstetric care agreed (UNFPA-UNICEF-WHO collaboration).
- One maternal mortality reduction workshop organised at central level and overall national strategy reviewed (UNFPA-UNICEF-WHO collaboration).
- One national safe-motherhood manager / team (MoPH) appointed and trained in maternal mortality reduction approaches (UNFPA-UNICEF collaboration).
- One central training team (MoPH/Pyongyang maternity) set up to train in the maternal mortality reduction strategies, management of obstetric emergencies and (UNFPA-UNICEF collaboration).
- Two provincial maternity hospitals (Kangwon and South Hamgyong) upgraded and equipped to perform surgery, safe blood transfusion (WHO).
- Twenty staff of the same two maternity hospitals trained in safe delivery / to manage obstetric emergencies.
- Two provincial training teams of the same two maternity hospitals equipped with knowledge and skills to be able to serve as training grounds for their province.
- Three county hospitals (Kosan / Kowon/ Jongpyong) equipped and staff trained.
- 50 ri clinics equipped.
- Clinic level staff trained in safe-delivery, complicated delivery and referral.
- Three safe-motherhood county assessments completed.
- An inter-agency working group on safe-motherhood was established and meet monthly (initially a sub-group of the health-nutrition group) comprising UNFPA, UNICEF, WHO and key other partners.

Project Description

The project will strengthen the capacity to handle complicated deliveries and directly contribute to reduce maternal death. Given the national scale of the problem and the limited resources available, the geographic scope of the project will be limited and will be focused on training of staff. International assistance has so far been largely limited to the supply of medical equipment for delivery and surgery and an increased emphasis must now be given to a more comprehensive approach including advocacy, policy and strategy, inter-agency coordination, and institutional capacity building. Operational support in 2004 will therefore be limited in order to lay the foundation for expansion and wider impact in the following years.

Women's health and nutritional status continues to be poor. Recent surveys have found that around one third of young mothers are malnourished and anaemic. Maternal health services are not as effective as they should be. Although ante-natal services are frequently used, quality of care is low. Positively, almost all deliveries occur in a health facility. Unfortunately when emergency complications do arise, most frequently around the time of delivery, life-saving emergency obstetric care is not readily available and is of low quality. Shortages of the necessary essential medicines and equipment, limited transportation for referral as well as inadequate health worker

skills are barriers. The MoH estimates 1996 maternal mortality at approximately 110 per 100,000 live births, double the average recorded number of deaths since the late 1980s. Current rates are thought to be even higher.

UNICEF has initiated a programme to systematically re-equip health facilities with essential delivery equipment. Over 160 county hospitals (78% of all accessible counties) have been partially equipped since 1999 and a smaller number of clinics have been (250) - equipped with basic delivery kits. This includes equipment provided by the non-resident NGO, Caritas, which has been logistically managed by UNICEF. Essential medicines have been provided through the UNICEF Essential Drugs project and tetanus toxin immunisation through the UNICEF EPI project, both funded from the CAP. Support has been given to improve the quality of ante-natal care by increasing tetanus toxin immunisation and the supply of iron and folic acid tablets to reduce anaemia during pregnancy. Awareness creating activities have focussed on safer-motherhood and maternal health, particularly on care during pregnancy. Health worker training in emergency obstetric care has been given.

In spite of this progress, much more needs to be done. The project will support the development of a more comprehensive national strategy, greater awareness of the extent of the problem and ways to reduce maternal death. The project will have a limited operational component designed to lay the foundation for expansion in subsequent years. Operational support will be limited to three counties (in two provinces) which will serve as training grounds for an integrated approach to child survival and development as well as, in collaboration with partners, the provincial maternities.

UNICEF will collaborate closely with UNFPA, which is also working towards maternal mortality reduction in the DPRK.

Monitoring and Evaluation

- At least six field visits conducted jointly with MoPH staff.
- Quarterly review meetings held.
- Regular inter-agency collaboration meetings.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Standard training course	Upgrading of one provincial maternity	Upgrading of one additional provincial maternity	Upgrading of one additional county hospital
Training of central teams	Upgrading of one county maternity	Upgrading of one additional county maternity	20 additional clinics
National workshop	Equipping 15 clinics	Additional 15 clinics	
Provision of technical assistance			

FINANCIAL SUMMARY	
Budget Items	US\$
Standard training course (MoPH) on emergency obstetric care	*
Maternal mortality reduction national workshop	4,000
Training of central teams including overseas study and technical assistance	20,000
Upgrading of two provincial maternity hospitals (Kangwon and South Hamgyong)	120,000
Upgrading of three county hospitals (Kosan, Kowon, Jongpyong)	80,000
Equipping of 50 clinics	10,000
Provincial, county, ri staff training	3,000
Project planning, monitoring and evaluation	*
County assessments	*
Supervision, monitoring and evaluation	10,000
Technical Assistance (International)	60,000
Project Support Cost	*
Sub-total	307,000
Cost recovery (see footnote)	36,840
Total	343,840

* Denotes UNICEF regular programme funding

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Early Detection and Control of Diseases Outbreaks, including SARS
Project Code:	DPRK-04/H05
Sector:	Health and Nutrition
Theme:	Health
Objectives:	<ul style="list-style-type: none"> ➤ Enhance the capacity for early detection and response to disease outbreaks ➤ Strengthen SARS preparedness, with special attention to hospital infection control and barrier nursing techniques
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Two
Targeted Beneficiaries: (total # & description)	163 counties hospitals, covering 18,000,000 population
Implementing Partners:	MoPH, Provincial / County Authorities, IFRC and NGOs
Project Duration:	January – December 2004
Funds Requested:	US\$ 964,600

Summary

The SARS outbreak highlighted the vulnerability of the health care system in the DPRK. The possible reoccurrence in the future of SARS, or outbreaks of other diseases of public health significance, suggest the need to support emergency preparedness for control of communicable diseases. The international experience of SARS outbreak demonstrated that effective containment requires a number of important steps including disease surveillance, timely diagnosis, prompt and effective isolation of suspected patients, tracing and quarantining of contacts. More focus is therefore urgently needed on building the capacity and skills in communicable disease control and disease surveillance. Public health laboratories need reagents and basic equipment to diagnose influenza, SARS, salmonellas, dysentery, cholera and other entero-pathogens. Health personnel will be trained on recognition of SARS and other communicable disease. Nurses trained and practicing barrier-nursing techniques are essential for prevention of spreading of diseases to the community. The current status of health facilities, the lack of proper isolation units, scarcity of protective equipment, medicines, vaccine and consumables suggest that an outbreak of SARS and other epidemic prone diseases in the DPRK could have very serious consequences. WHO, will through this project, increase the preparedness and capacity to handle disease outbreaks, and therefore limit the potential negative impact on the population of outbreaks and epidemics.

Prioritisation according to project funding levels

	25% funded	50% funded	75% funded	100% funded
WHO	Training of core team on barrier nursing practices	Operational support for timely outbreaks investigations and response	50% of supplies and consumables	Support to improve water and sanitation facilities in selected hospitals
	25% of supplies and consumables		Strengthening of diseases outbreaks notification, investigation and response	
	Technical assistance	Strengthening of nursing practices in hospital infection control and case management		Technical assistance

FINANCIAL SUMMARY	
Budget Items	US\$
Strengthening of diseases surveillance, including procurement of cholera and enteric bacteriology kits, influenza kits, SARS kits and other laboratory reagents and equipment	250,000
Provision of supplies, consumables and equipment for hospital hygiene and infection control	400,000
Upgrading and construction of isolation facilities in hospitals in cooperation with NGOs and Ministry of Public Health	150,000
Training in barrier nursing and hospital infection control	30,000
Technical assistance (international)	60,000
Field monitoring and evaluation	20,000
Project support costs	54,600
Total	964,600

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Strengthen the Control of Malaria, HIV/AIDS and Tuberculosis
Project Code:	DPRK-04/H06
Sector:	Health and Nutrition
Theme:	Health
Objectives:	<ol style="list-style-type: none"> 1. Contain the malaria epidemic 2. Increase the awareness and knowledge of the population and health personnel on prevention HIV AIDS 3. Strengthen diagnosis and treatment of tuberculosis in children
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Five
Targeted Beneficiaries: (total # & description)	Total population of 22 million people
Implementing Partners:	MoPH, UNICEF, NGOs and IFRC
Project Duration:	January - December 2004
Funds Requested:	US\$ 777,000

Summary

Vivax malaria re-emerged in 1998 and rapidly spread as an epidemic from the southern parts of the DPRK. It is now prevalent in eight provinces and two municipalities. In 2001, a dramatic increase in malaria incidence was particularly noticed in Kaesong and the malaria incidence almost doubled in South Hwanghae, North Hwanghae and in Kangwon provinces with a total of 300,000 cases reported. Strong measures were taken by national health authorities to contain the malaria epidemic with the support from WHO and other international organisations. The number of malaria cases reported in 2002 was reduced with about 20% compared with previous year. In 2003, a further vast reduction has taken place, suggesting that the number of cases in 2003 is about 30% of the 2002 level. This is a very positive development, and would be seen as result of control efforts of the last two-three years, in particular making anti-malarial drugs available at the community level and vector control in high-risk areas. It is now vitally important that the work to combat malaria continues, with emphasis placed on prompt diagnosis & treatment and vector control. Should the crucial support provided now stop, the positive work achieved so far will quickly be reversed.

HIV/AIDS is currently not a major problem in the DPRK. Screening of blood donors has not detected any HIV positive cases. But risk factors, such as the lack of awareness among the population, unsafe blood and injection practices, exist. A national strategic plan for prevention and control of HIV AIDS was developed by the Government in 2003, and will be further refined through a national workshop supported by WHO and other international organisations. The production of IEC material, training of health personnel and awareness campaign for the public on HIV and AIDS will be important programme activities. The activities will be coordinated through the UN and Red Cross Country Theme Group on HIV/AIDS, presently chaired by WHO.

Recent years have seen a dramatic increase in tuberculosis case notifications from 38/100,000 population in early 1990's up to 220/100,000 at the end of 2002. There were an estimated 47,000 TB cases in 2002. DOTS has been introduced through a phased expansion during 1998 - 2003. DOTS should cover the whole country by the end of 2003. The sputum conversion and treatment cure rates are high, i.e. 90% and 87% respectively, in line with the global targets. With an increase of TB in the country, more children are also affected. Diagnosis and treatment of children with tuberculosis is more difficult than adults, and WHO would like to improve the capacity so all children affected by TB can receive prompt and effective treatment.

Prioritisation according to project funding levels

	25% Funded	50% Funded	75% Funded	100% Funded
MALARIA	Anti malarial drugs Laboratory consumables 50 microscopes 500 L of insecticides 10,000 mosquito nets Technical assistance	1,000 L of insecticides 10,000 mosquito nets Technical assistance Development of health education materials	10,000 mosquito nets 500 L of insecticides Technical assistance	20,000 mosquito nets Technical Assistance
HIV / AIDS	Social marketing of condoms Development and printing of IEC Materials for the public and health personnel	Training of health personnel on HIV prevention strategies	Country Assessment and situation analysis of HIV/AIDS Production and printing of IEC Materials HIV prevention	
TUBERCULOSIS	Training of health personnel in paediatric hospitals on diagnosis and treatment of tuberculosis in children 25% Diagnostic tools for tuberculosis in children	25% Diagnostic tools for diagnosis of tuberculosis in children Development and printing of clinical guidelines on paediatric tuberculosis	25% Diagnostic tools for diagnosis of tuberculosis in children Epidemiological study on tuberculosis in children	25% Diagnostic tools for diagnosis of tuberculosis in children

FINANCIAL SUMMARY	
Budget Items	US\$
Malaria Activities	
Anti-malarial drugs (chloroquine and primaquine)	70,000
Slides, lancets and laboratory consumables for diagnosis of malaria	30,000
Insecticides	50,000
Binocular Microscopes for use with sunlight and electricity	70,000
Mosquito nets	200,000
Health education materials on malaria prevention and control to be distributed among the population of malaria affected areas	10,000
Training of laboratory technicians engaged in examination of blood slides on malaria and seminars/workshops for provincial and county Epidemiologists/Parasitologists/ Entomologists, engaged in malaria control activities	20,000
Technical assistance by WHO experts for entomology and vector control (two months), Laboratory Specialist (one month) and malaria control (two months)	75,000
HIV/AIDS	
Social marketing of condom and condom promotion	30,000
Country Assessment and situation analysis of HIV/AIDS	10,000
Production and printing of IEC materials HIV prevention for public and health personnel	20,000
Training of health personnel on HIV prevention strategies	20,000
Tuberculosis	
Diagnostic tools for diagnosis of tuberculosis in children	60,000
Training of health personnel in paediatric hospitals on diagnosis and treatment of tuberculosis in children	20,000
Epidemiological study on tuberculosis in children	10,000
Development and printing of clinical guidelines on paediatric tuberculosis	10,000
Monitoring, Evaluation and Reporting	30,000
Programme Support costs	42,000
Total	777,000

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Strengthening of health services at community level
Project Code:	DPRK-04/H07
Sector:	Health and Nutrition
Theme:	Community Services
Objective:	To enable clinics and hospital, close to where people live, to provide the most essential health services
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective One
Targeted Beneficiaries: (total # & description)	1,000 ri-clinics and 20 county hospitals, reaching approximately 2.4 million people
Implementing Partners:	MoPH, UNICEF, IFRC and NGOs
Project Duration:	January - December 2004
Funds Requested:	US\$ 2,438,000

Summary

For most of the population, the ri-clinics and ri-hospitals is the first level of health care, including for deliveries and antenatal care. The country has a high doctor/patient ratio with a household doctor at the community level serving approximately 600 people. However, the ri clinics have few medical supplies, equipment, or basic drugs. This project aims at strengthening the ri-level clinics and ri-hospitals by supplying 1,000 of them with basic medical equipment, as well as basic consumables, in order to improve the quality of basic health care. This will include providing sterile conditions for natal care and during deliveries and injection safety. Additionally, 20 county hospitals will receive equipment in order to improve the important referral function between the ri and the county hospital (complicated deliveries, surgical essential operations, etc). The project is also directed at providing training in injection practices, sterilisation procedures, use of equipment and supplies as well as training in diagnosis and treatment of common ailments and diseases. The training will take place in the same areas where the kits are distributed. This project has shown to be very effective, reaching out the most needed essential items for basic medical services close to where people live, and provide an important boost to health workers at the community level. The content of the kits has been revised in 2003 in cooperation with NGOs and the kits are therefore fully adapted to the DPRK situation.

Prioritisation according to project funding levels

25% Funded	50% Funded	75% Funded	100% Funded
Basic equipment to 250 clinics	Basic equipment to 250 clinics	Basic equipment to 250 clinics	Basic equipment to 250 clinics
Equipment to five county hospitals	Training of medical staff at 250 ri clinics	Equipment to five county hospitals	Equipment to five county hospitals
Training of medical staff at 250 ri clinics	Equipment to five county hospitals		

FINANCIAL SUMMARY	
Budget Items	US\$
Basic medical kits for 1,000 ri-hospitals/clinics	1,480,000
Medical kits for 15 county hospitals	675,000
Supply of syringes, needles and other medical consumables for ri-clinics that already received the kit previous years to ensure injection safety	100,000
Training of doctors and other health personnel at 500 clinics	15,000
Monitoring, evaluation and reporting	30,000
Programme Support Cost	138,000
Total	2,438,000

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Essential medicines for vulnerable groups
Project Code:	DPRK-04/H08
Sector:	Health and Nutrition
Theme:	Mental Health
Objectives:	<ul style="list-style-type: none"> ➤ To ensure essential medicines for treatment of epilepsy, mental health and other vulnerable groups with special medical problems. ➤ To enhance attention and capacity in the society to deal with special vulnerable groups having special medical problems. ➤ To increase local production of most essential medicines in cooperation with UNICEF and Diakonie Emergency Aid
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective One
Targeted Beneficiaries: (total # & description)	20,000 people in targeted vulnerable groups and 2,000,000 people through provision of raw materials for local production of essential medicines
Implementing Partners:	MoPH, UNICEF, Diakonie Emergency Aid, IFRC
Project Duration:	January - December 2004
Funds Requested:	US\$ 747,300

Summary

Shortages of essential medicines continue to affect a large part of the population of the DPRK. A limited number of essential medicines continue to be provided by UNICEF, IFRC, and a number of international non-resident NGOs. However, so far, life-saving medicines to treat patients with special medical problems such as children and adults suffering from epilepsy, diabetes, heart and vascular diseases and other potential life-threatening conditions are not provided by international organisations. It is estimated that 0.5—0.8% of the population (110,000 - 170,000 people) suffer from epilepsy that require anti-epileptic medicines. The objectives of this project are to provide essential and potential life-saving medicines for these particular vulnerable groups. The List of Essential Medicines suggested for use by international agencies in the DPRK, prepared by WHO, UNICEF and IFRC, has included these medicines. A new drug manual in Korean, based on the WHO Model Formulary, was prepared and distributed in 30,000 copies throughout the country in 2003. The Drug Manual includes information of all pharmaceuticals on the List of Essential Medicines in the DPRK. This project is complementary to the activities of UNICEF and IFRC in the area of essential medicines. Apart from essential medicines, WHO will provide training for health workers with special focus on how these conditions can be treated without access to sophisticated diagnostic facilities. This will initially focus on health personnel at national and provincial levels. In addition, support will be given for local production of selected essential medicines at the Pyongyang Pharmaceutical Factory, in collaboration with the UNICEF and Diakonie Emergency Aid.

FINANCIAL SUMMARY	
Budget Items	US\$
Medicines for epilepsy and vulnerable groups with special medical problems	500,000
Training of health personnel for diagnosis and treatment of epilepsy	10,000
Booklet on community based management of epilepsy in Korean	10,000
Technical assistance	15,000
Raw materials for the production of essential medicines at the Pyongyang Pharmaceutical Factory	150,000
Monitoring and evaluation	20,000
Programme support costs	42,300
Total	747,300

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Upgrading Blood Transfusion Services
Project Code:	DPRK-04/H09
Sector:	Health and Nutrition
Theme:	Safe Motherhood
Project Objective:	To increase access to safe blood in Pyongyang and three provinces
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Nine
Targeted Beneficiaries:	50,000 recipients of blood and staff at blood centres
Implementing Partners:	MoPH
Project Duration:	January - December 2004
Funds Requested:	US\$ 372,200

Summary

The life saving attribute of blood has been appropriately recognised. While saving countless numbers of lives, blood transfusions can transmit a number of infections. Approximately 5-10% of HIV infection worldwide is transmitted through blood transfusions. The goal of any blood transfusion service is to prevent transmissions of HIV, HBV, HCV, syphilis and other bacterial and viral infections. This is only possible through recruitment of safe donors, testing of donated blood and avoiding unnecessary transfusions. Although HIV/AIDS is currently not a problem in the DPRK, unsafe blood transfusions would be one of the major risk factors should the disease occur in the country. The upgrading of the blood transfusion services in the DPRK is seen as an essential part of making blood transfusions safer, not only for HIV/AIDS, but also for other transmittable diseases.

The BTS in the DPRK lacks basic infrastructure, human and financial resources. It is difficult to meet the desired expectations because of inadequate resources and material, weak laboratory support for screening of blood for transfusion of transmissible infections as well as blood group serology, inappropriate clinical use of blood and poor quality management. WHO started upgrading the BTS in the DPRK in 2002 at the National Blood Centre (NBC) in Pyongyang and the Provincial Blood Centre in South Hamgyong with support from ECHO. This project will be completed by the end of 2003. The funds requested under this project supplement and expand the existing project to two other provinces. For the moment, there are no other agencies supporting work within blood transfusions safety in the DPRK.

This project, therefore, aims to provide blood bags, blood bank equipment, as well as training of medical technicians who undertake blood transfusion work. The activities in 2004 will build on the experience of the existing project and further expand this programme to two more provinces.

Prioritisation according to project funding levels

25% Funded	50% Funded	75% Funded	100% Funded
Consumables for 25,000 blood transfusions	Equipment for one additional provincial blood centre	Consumables for 25,000 blood devices	Equipment for one additional provincial blood centre
Standards for calibration Technical Assistance	Technical Assistance		Technical assistance

FINANCIAL SUMMARY	
Budget Items	US\$
Blood bags, transfusions sets and other consumables	125,000
Equipment for two additional provincial blood centre and supplementary equipment for National Blood Centre	130,000
Training of staff at provincial blood centres and production of training material	25,000
Technical Assistance	50,000
Monitoring, Evaluation and Reporting	20,000
Programme Support Costs	22,200
Total	372,200

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Improving laboratory services at local level
Project Code:	DPRK-04/H10
Sector:	Health and Nutrition
Themes:	Safe-motherhood, Elderly, Mental Health,
Objectives:	To increase the ability of ri-clinics and county hospitals to diagnose common medical conditions through improved essential laboratory services
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives One, Two, Five
Targeted Beneficiaries: (total # & description)	The county hospitals and ri-level clinics serve a population of 1 million, with an estimated 50,000 direct beneficiaries of improved laboratory services
Implementing Partner:	MoPH
Project Duration:	January - December 2004
Funds Requested:	US\$ 233,200

Summary

The ri and county level clinics and hospitals are an increasingly important part of the health services, as the transport problems have made it difficult to access referral hospitals. Health care is therefore mainly delivered at ri and county level. Doctors rely on clinical diagnosis, as simple laboratory facilities are not available. This means common conditions, such as urinary tract infections, anaemia, or parasites in the stools, might not be detected. To improve the quality of health care, it is important to provide basic laboratory facilities at the county and ri level. This project will assist 10 county hospitals and 20 ri level clinics to improve laboratory and diagnostic facilities. Essential laboratory equipment and consumables will be provided to county level hospitals. Improved diagnostic services would include diagnosis of anaemia (haemoglobin) and blood sugar levels, leading to improved antenatal care. For ri level clinics, improved laboratory services will include urine, stool and simple blood screening, including diagnosis of malaria, and introduction of haemoglobin colour scale. The hemoglobin colour scale will be introduced to a larger number of ri-clinics and hospitals. The equipment provided will be adapted so it can work under the current power situation, as most clinic and hospitals do not have regular electricity supply. In addition to the equipment, a WHO laboratory expert will conduct training for laboratory personnel to update their knowledge and improve the quality of laboratory work. This will ensure proper use of the new equipment. A review will be done at the end of the project period.

Prioritisation according to project funding levels

25% Funded	50% Funded	75% Funded	100% Funded
Three county hospitals and five ri level clinics	Three county hospitals and five ri level clinics	Two county hospitals and five ri level clinics	Two county hospitals and five ri level clinics
Training of staff	Training of staff	Training of staff	Training of staff
Introduction of haemoglobin colour scale	Monitoring and Evaluation	Monitoring and Evaluation	Monitoring and Evaluation

FINANCIAL SUMMARY	
Budget Items	US\$
County level equipment and consumables	75,000
Ri level equipment and consumables	50,000
Introduction of hemoglobin color scale	25,000
Training of hospital and clinic staff	20,000
Technical assistance	30,000
Monitoring, Evaluation and Reporting	20,000
Programme Support Costs	13,200
Total	233,200

Appealing Agency:	UNITED NATIONS POPULATION FUND
Project Title:	Strengthening of obstetric care at community level
Project Code:	DPRK-04/H11
Sector:	Health and Nutrition
Themes:	Safe Motherhood and Family Planning
Objective:	Improved capacity to provide basic obstetric services at community level
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives One and Three
Targeted Beneficiaries: (total # & description)	110,000 women of reproductive age at 200 ris/communities
Implementing Partners:	MoPH, UNICEF, WHO, IFRC
Project Duration:	January – December 2004
Funds Requested:	US\$ 378,000

Summary

The ri-clinics and ri-hospitals are the first level of health care. Very limited medical supplies, equipment, and basic drugs are available at the primary care level. Only limited transportation is available compelling the population to seek medical facilities close to their homes. Ante-natal care and most deliveries take place at the ri-level. Although a high priority is given to regular health care during pregnancy and the extensive ri clinic/section doctor system means that antenatal care checks are common while the quality of antenatal care is low. Simple equipment for ante-natal assessment, including for anaemia testing, is often not available. Iron supplementation during pregnancy and lactation is not yet national policy. The RH survey in three provinces, supported by UNFPA in 2002 indicated that the prevalence of anaemia during pregnancy is 30%. On the positive side, a trained worker attends almost all deliveries, but when complications during pregnancy or childbirth arise, the capacity of the health services to respond is poor with basic items usually not available and the skills of staff uncertain. As a result, maternal deaths have almost doubled since the early 1990s.

The development of standard guidelines on reproductive health, which were subsequently adopted as national guidelines for service delivery, is one of the most significant achievements of the UNFPA's current programme. The next country programme, starting in 2004 from regular resources, will contribute to increased utilisation of high-quality reproductive health (RH) services by women and men in three selected provinces. This proposed project is directed at strengthening the ri-level clinics and ri-hospitals by supplying them with the comprehensive midwifery kits, as well as other basic medical equipment, essential drugs and supplies, and testing kits, so that medical staff can treat patients. This project will complement UNFPA's country programme to respond to the emergency needs at the community level.

IEC materials will be developed in collaboration with UNICEF and the implementing agencies supported by UNFPA through its regular programme. Training material and activities will introduce gender perspective into the programme. The MoPH will implement the project in cooperation with the UNFPA, which will also monitor and evaluate the progress of the project. UNFPA will work closely with all major agencies (e.g. UNICEF, WHO, WFP, IFRC) in the sector to ensure complementarity, avoid overlap and strengthen inter-agency collaboration. Close cooperation will also be sought with UNICEF and WHO for technical backstopping of the project.

FINANCIAL SUMMARY	
Budget Items	US\$
Midwifery kits and basic medical equipment (for 200 ris)	160,000
Essential drugs, contraceptives and commodities (for 200 ris)	120,000
Development and production of IEC material by six implementing agencies	Regular Programme
Development and production of IEC material in collaboration with UNICEF and WHO	-
Training	30,000
Monitoring and evaluation	14,000
Project support	36,000
Sub Total	360,000
Indirect programme costs 5%	18,000
Total	378,000

Appealing Agency:	UNITED NATIONS POPULATION FUND
Project Title:	Improving Maternal Health
Project Code:	DPRK-04/H12
Sector:	Health and Nutrition
Themes:	Safe Motherhood and Family Planning
Objective:	Reduced maternal mortality ratio and improved women's health status in four selected areas.
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives One and Three
Targeted Beneficiaries: (total # & description)	4,500 pregnant and nursing women and 17,000 other women of reproductive age
Implementing Partners:	MoPH, UNICEF, WHO
Project Duration:	January – December 2004
Funds Requested:	US\$ 294,000

Summary

Unfavourable obstetric outcomes are frequently the result of a combination of delays in seeking medical attention, in referral, and treatment after arrival in a health facility (UNFPA). The absence of age-disaggregated analysis of infant mortality presents a significant gap given that the number of deaths during the neonatal period is an indicator of poor maternal health and lack of care during pregnancy and delivery⁵⁸. Peri-natal mortality (death after 22 weeks gestation up until 7 complete days after birth) can be used as an indicator of the quality of antenatal and obstetric services. A trained worker attends almost all deliveries but when complications during pregnancy or childbirth arise, the capacity of the health services to respond is poor, as basic items are usually not available and the skills of staff uncertain. As a result, maternal deaths have almost doubled since the early 1990s.

The development of standard guidelines on reproductive health, subsequently adopted as national guidelines for service delivery, is one of the most significant achievements of the UNFPA's current programme. The next country programme, starting in 2004 from regular resources, will contribute to increased utilisation of high-quality RHS by women and men in three selected provinces. This proposed project will focus on four county/provincial areas⁵⁹ and will complement UNFPA's country programme to respond to the emergency needs. To improve maternal health in four counties/provinces, supply of essential RH/FP drugs, equipment and contraceptives are badly needed. The project will also improve the capacity for diagnosis and treatment of STIs. The emphasis is given to training of health personnel, on the management of life threatening complications during pregnancy and child-birth, use of modern techniques and treatment methods in the area of RH/FP and STIs, as well as prevention and awareness on HIV/AIDS. Training material will be produced in the collaboration with UNICEF. Given the lack of public transportation, logistics support will be provided to support community efforts in assisting pregnant women needing timely referral of high-risk pregnancies. The MoPH will implement the project in co-operation with the UNFPA, which will also monitor and evaluate the progress of the project. The UNFPA will work closely with all major agencies (WHO, UNICEF, WFP, IFRC) in the sector to ensure complementarity, avoid overlap and strengthen inter-agency collaboration.

FINANCIAL SUMMARY	
Budget Items	US\$
RH/FP Medical equipment	100,000
Essential RH/FP drugs, contraceptives and commodities	90,000
Logistics support for referral	56,000
Development and production of IEC material in collaboration with UNICEF and WHO	-
Training	12,000
Monitoring and evaluation	8,000
Project support	14,000
Sub Total	280,000
Indirect programme costs 5%	14,000
Total	294,000

⁵⁸ <http://www.worldbank.org/data/wdi2002/worldview.htm>

⁵⁹ Selected areas to be identified after detailed assessment.

Appealing Agency:	HANDICAP INTERNATIONAL - BELGIUM
Project Title:	Support to Disabled People including Orthopaedic Services and Rehabilitation in Hamhung
Project Code:	DPRK-04/H13
Sector:	Health and Nutrition
Themes:	Disabled
Objective:	Assist disabled people to achieve or recover part or all of their autonomy, including through the provision of orthopaedic services, support to the Hamhung Orthopaedic Hospital and the capacity building of the KASD.
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Eight
Targeted Beneficiaries: (total # & description)	1,000 people for orthopaedic and rehabilitation services 655, 000 people with disabilities for wider survey and inventory *data available is not accurate enough to target specific numbers of women and children
Implementing Partners:	KASD – The Korean Association for Support to the Disabled has the role for coordinating and facilitating support to the disabled. Hamhung Orthopaedic Factory – The factory is the host for the workshop and physio centre Hamhung Orthopaedic Hospital – National hospital for orthopaedic interventions, especially difficult or specialised cases.
Project Duration:	January 2004 – December 2004
Total Project Budget:	US\$ 700,000
Funds Requested:	US\$ 425,000

Summary

In the sector of orthopaedics, the difficult economic situation and the isolation of the country have seriously hindered the production of orthopaedic devices and the provision of rehabilitation services. In 2001, in partnership with the KASD, HIB initiated an Orthopaedic Workshop and Physio Centre at the Hamhung Orthopaedic Factory based on updated technology using polypropylene and appropriate physiotherapy techniques. Results to date have been impressive in terms of the quality of devices produced and services provided. However, due to budget shortages in the MoPH, external support for the supply of raw materials and consumables will be required to allow the workshop to continue production of an estimated 1,000 devices in 2004. In addition to the provision of raw materials, the project would also provide for the continued training of 18 orthopaedic technicians and four physio-assistants in order to consolidate existing knowledge and deepen skills.

Due to the poor conditions at the nearby Hamhung Orthopaedic Hospital (the national centre), some rehabilitation work would be undertaken, combined with the provision of some essential materials (i.e. consumables as opposed to technical devices).

The KASD was established in 1998 and is the coordinating body in charge of representing the interests of people with disabilities and restructuring the rehabilitation sector in the country, in close cooperation with the institutions concerns. Support to the KASD would allow them to pursue work in the key areas such as an updated survey of disabled people in the country, a national inventory of infrastructures and services available to the disabled, publication of documents, drafting of regulations related to the new Law for the Protection of the Disabled, and distribution of wheelchairs.

FINANCIAL SUMMARY	
Budget Items	US\$
Support for Orthopaedic Workshop and Physio-Centre	450,000
Support for Emergency Rehabilitation of Hamhung Orthopaedic Hospital	100,000
Support for KASD Direct Activities	150,000
Total Project Budget	700,000
Funds Requested	425,000

Appealing Agency:	ADVENTIST DEVELOPMENT AND RELIEF AGENCY, SWITZERLAND
Project Title:	County Hospital Health and Rehabilitation: An integrated approach
Project Code:	DPRK-04/H14
Sector:	Health and Nutrition
Themes:	Nutrition, Safe motherhood, Water Supply & Sanitation
Objective:	Strengthen three County Hospitals to be able to provide essential services to the population, with an emphasis on maternal and child health and communicable diseases.
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives One, Two, Four, Ten
Targeted Beneficiaries: (total # & description)	Hospitals in Kowan, South Hamgyong Province (88,400), Kosan, Kanwon Province (102,230) and Chongpyong South Pyongan Province (166,530). Children: 71,660 Women: 186,480
Implementing Partners:	UNICEF, WHO, FDRC, MFA, MoPH & county health authorities.
Project Duration:	January – December 2004
Total Project Budget:	US\$ 545,300 (inc. UNICEF US\$ 95,300 & WHO US\$ 146,200 resources)
Funds Requested:	US\$ 303,800

Summary

An integrated approach to strengthening the local health care system is needed to ensure that essential services are available. This project focuses on strengthening the ability of county level hospital system through rehabilitation of the hospital infrastructure, basic medical equipment, medical supplies, health education, training and technical support. Integral to this approach is the development of facilities for infection control to reduce the impact of disease outbreaks (such as SARS) and improve hospital infection control. This project supports facilities required to provide access to improved basic and emergency obstetric care services. It utilises the combination of technical, personnel and resources available through ADRA, UNICEF and WHO to provide a comprehensive package designed to assist county level hospitals to provide basic medical care. The benefit of this collaboration will be an opportunity to create synergy between UN agencies and NGOs in the DPRK that is identified and documented. Main project activities include: rehabilitation of operating theatres, isolation wards and maternity / paediatric wards, provision of medical equipment and medicine; support to UNICEF nutrition rehabilitation activities, and health education and training to focused on hospital infection & isolation facilities and emergency obstetric care.

This project aims to:

- strengthen control of communicable diseases building the capacity of the hospital to reduce the spread of infectious diseases;
- increased the capacity of hospitals and staff through awareness programmes to improve personal hygiene;
- reduce the incidents of water-borne and sanitation-related diseases in the hospitals;
- support the UNICEF emergency nutrition rehabilitation programme at county level;
- strengthen hospital training, equipment and materials to train staff in issues related to safe motherhood and reproductive health.

FINANCIAL SUMMARY	
Budget Items	US\$
Personnel (includes health professional and engineering support	88,500
Component 1 – Hospital rehabilitation and renovation	125,900
Component 2 – Medical equipment, medicine and nutrition supplies	222,000
Component 3 – Health education and training	23,800
Monitoring and Evaluation	10,800
Support and Logistics	43,600
Indirect programme costs at standard ADRA rate of 5%	25,700
Contingency	5000
Total Project Budget	545,300
UNICEF and WHO resource contributions	241,500
Funds Requested	303,800

Appealing Agency:	SAVE THE CHILDREN - UK
Project Title:	Rehabilitation of Children's Institutions in Three Provinces- North Pyongan, Kangwon and South Hamgyong
Project Code:	DPRK-04/H15
Sector:	Health
Themes:	Health and Nutrition, Rights of Children
Project Objectives:	Children in six counties are able to have their rights to access appropriate and improved standards of care and health provision maintained
Supporting CAP Objective:	Health and Nutrition Sector – Operational Objective Nine
Targeted Beneficiaries:	Approximately 12 institutions and 2,000 children (< 7 years of age) in Pakchon, Unjon, Wonsan City and Hamhung
Implementing Partners:	Flood Damage Rehabilitation Committee (FDRC) at provincial. Country local, and Pyongyang levels; cooperative farms
Project Duration:	9 months
Funds Requested:	US\$ 214,000

Summary

In the DPRK the freezing winters expose small children who are considered to be the most vulnerable members of the community to increased morbidity, particularly from cold-related medical conditions. The majority of these children spend most of the day in institutions, so it is essential that the environment in which they live is conducive to their development. The conditions in many of the kindergartens and nurseries are generally poor with inadequate insulation and heating; windows and doors are ill fitting or broken. The kitchen, bathrooms and toilets are also very often dark and cold and in poor repair.

There is another group of state institutions where children spend their entire formative years – the state child welfare system, comprising of baby homes, kindergartens and boarding schools. Despite the fact that the state has full responsibility for these children, the conditions in many, particularly in terms of hygiene and sanitation need improvement.

Ideally, the windows and doors should be replaced but the projects being implemented in the current funding period have faced enormous difficulties in the importation process as the Government of the DPRK determined that only the windows and doors manufactured in county were to be used. The price of the locally manufactured windows is 70% higher than those from China and thus contravenes normal and accepted tendering procedures. Therefore, until open tendering is accepted and importation accepted, windows and doors will not be considered as part of the project – much to the detriment of the children.

The project aims to:

- provide support for the improvement of kitchens, wash rooms and latrines;
- provide blankets, mattresses and clothes;
- provide kitchen utensils and soap;
- provide education play materials.

FINANCIAL SUMMARY	
Budget Items	US\$
Mattresses, blankets, clothes and education play materials	80,000
Rehabilitation work	84,000
Programme costs	50,000
Total	214,000

N.B. Costs are estimates only until needs assessment completed

Appealing Agency:	SAVE THE CHILDREN - UK
Project Title:	Strengthening of community based health services in three provinces- North Pyongan, Kangwon and South Hamgyong
Project Code:	DPRK-04/H16
Sector:	Health
Theme:	Children / Youth, Rights of the Child
Project Objectives:	Children in 6 counties are able to have their rights to access basic quality health care and provision maintained
Supporting CAP Objective:	Health and Nutrition Sector – Operational Objective One & Ten
Targeted Beneficiaries:	Approximately 50 institutions in 6 counties
Implementing Partners:	Flood Damage Rehabilitation Committee (FDRC), MoPH, WHO
Project Duration:	January – December 2004
Funds Requested:	US\$ 663,584

Summary

For the majority of the population, the first access point to the health delivery system is at the ri level at either ri clinics or hospitals. The doctor /patient ratio is high 1/600 but the facilities at the community level are limited in their response due to limited supplies and poor infrastructure.

The most vulnerable in the community- mothers and children – are dependant on the ri clinics for PHC but one third of mothers are anaemic and malnourished and several critical but basic care practices are inadequate – infant feeding and weaning and treatment of anaemia and diarrhoea are examples.

Provision of basic clinic kits as per the lists provided by WHO will be a key component as well as renovation of the fabric of the clinics. Running water is often not available and it is hoped that collaboration with resident organisations with water and sanitation expertise will be possible to ensure renovations are of a high standard without additional external support.

Collaboration with both WHO and UNICEF is essential for technical inputs for improving the care practices for Maternal and Child Health (MCH). SC-UK has permission for the following initiatives in the counties of Hamhung and Tuchon in the province of South Hamgyong: needs assessment of the health sector, training to a Hamhung nursing school, provision of material developed by the WHO and provision of teaching equipment needs in the health sector in South Hamgyong, both Hamhung and Tanchon and support for training of piloting training materials developed by WHO will be provided to the nursing school in Hamhung as well as provision of teaching equipment.

The project aims to:

- provide support for the renovation /improvement of clinics;
- provide basic ri level clinics kits- conforming to the list developed by MoPH and WHO;
- support training of health personnel- primarily nurses and midwives;
- support the nurse training school in Hamhung;
- provide soap.

FINANCIAL SUMMARY	
Budget Items	US\$
Basic medical kits	80,000
Rehabilitation work	500,000
Training costs and equipment	18,000
Programme costs	65,584
Total	663,584

* The concept for this proposal has been agreed by FDRC and discussed with both WHO and UNICEF. A detailed proposal will be developed after the planned needs assessment to Hamhung and Tanchon, South Hamhung Province is completed (October 2003).

Appealing Agency	PREMIÈRE URGENCE
Project Title	Improved IV Fluid Production
Project Code	DPRK-04/H17
Sector	Health
Themes	Technical and Health formation
Project Objective	Strengthen the capacity of the health system to be able to deliver essential services in health facilities by training DPRK technicians and pharmacists in IV fluid production.
Supporting CAP Objectives	Health
Targeted Beneficiaries	Provincial and county hospitals (Technicians and pharmacists - 5 people)
Implementing Partners	MoPH, FDRC
Project Duration	2 weeks
Funds Requested	US\$ 29,000

Project Description

As stated in the sector analysis, many health practices and standards in health and medicine are outdated, and there is a gap in knowledge in many areas of public health, nutrition and modern health care. Medical education has also been suffering because of lack of financial resources, and limited access to international information resources. The assistance and presence of international agencies in recent years has provided a better opportunity for dialogue on technical health issues. In 2002 and 2003, Première Urgence has worked with the MoPH to improve basic health response in hospitals through restoration of IV fluid production. A key supporting element of this activity is the capacity building of pharmacists and technicians to have a deepened understanding of IV fluid production. In 2004, Première Urgence intends to conduct a study tour to France for five technicians and pharmacists to observe and learn about contemporary issues in IV fluid production.

The project aims to:

- Increase participant's medical knowledge. This will be achieved by participating in lectures by French doctors on IV fluid utilisation, French pharmacists about IV fluids production and by French technicians about production problems. Formal lectures will be supported by visits to Libourne hospital and the IV fluids production laboratory of Libourne (UFCH).
- Increase participant's technical understanding of IV fluid production. This will be achieved through Discussion with fabrication engineers, and a lecture on maintenance problems. Participants will visit the distillations factory and autoclaves factory n La Rochelle.
- Increase participant's understanding of NGOs

Participants will visit the Première Urgence office in Paris, and hold discussions with relevant staff in order to increase their understanding of NGOs.

Financial Summary	
Budget Items	US\$
Costing of budget activities will occur after detailed assessment in late 2003/early 2004	29,000
Total	29,000

Appealing Agency	PREMIÈRE URGENCE
Project Title	Rehabilitation of IV fluids production in provincial and county hospitals.
Project Code	DPRK-04/H18
Sector	Health
Themes	Health, Safe Motherhood
Project Objective	Strengthen the capacity of the health system to be able to deliver essential services in health facilities by providing an uninterrupted supply of IV fluids, through the rehabilitation of safe IV fluids and the training of laboratory staff.
Supporting CAP Objectives	Health and Nutrition Sector: Operational Objectives One
Targeted Beneficiaries	Provincial and County Hospitals (location to be determined).
Implementing Partners	MoPH, FDRC
Project Duration	January – December 2004
Funds Requested	US\$ 1,200,000

Summary

As stated in the sector analysis, the economic constraints over the past decade have gradually reduced the ability of the Government to respond to the severe health and nutrition problems facing the country. Health facilities are frequently without modern medicines, functioning equipment, heating or water. Very limited resources have been given to health services at the community level. After many years of little or no exposure to contemporary international developments in modern medicine and nutritional science, the knowledge of health workers needs to be updated. Hospitals have either endeavoured to meet the critical requirement of IV fluid for the treatment of illnesses through the local manufacturing of IV fluid, which is generally unsafe, or have simply gone without. This will have most certainly contributed to an increase in morbidity and mortality.

The overarching objective of this programme is to improve basic health response in hospitals through restoration of IV fluid production. The specific objectives include the improvement of quality and quantity of IV fluids, and the provision of technical and medical training for laboratory staff of the targeted medical structures. Drawing on experience gained in previous ECHO funded project in 2002 and 2003 Première Urgence will undertake a detailed assessment for this project early in 2004, utilising the results of the monitoring on the current programme of IV fluids production.

The project aims to:

- provide support for the improvement of basic health services through the rehabilitation of hospital laboratories, installation of IV fluid production line, distribution of raw materials, and training of personnel;
- incorporate capacity building and up grading of knowledge in the project through a training programme dedicated to technical and medical staff.

Financial Summary	
Budget Items	US\$
Costing of budget activities will occur after detailed assessment in late 2003/early 2004. This figure is a planning figure based on current programme costs.	1,200,000
Total	1,200,000

Appealing Agency:	AFMAL
Project Title:	Support to Maternal and Women's Health Services in Kangwon Province
Project Code:	DPRK-04/H19
Sector:	Health and Nutrition
Themes:	Nutrition, Safe motherhood
Objective:	Reduced maternal mortality rate and improved women's health status in Kangwon Province
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objectives One and Three
Targeted Beneficiaries: (total # & description)	Direct beneficiaries approximately 2,000 pregnant women (catchment area of hospital estimated to be in excess of 200,000 women)
Implementing Partners:	FDRC, MoPH & Provincial health authorities.
Project Duration:	January – December 2004
Funds Requested:	US\$ 240,000

Summary

Maternal and health care services for women continue to be inadequate due to chronic shortages of medical supplies, equipment and poor maintenance of buildings. The service is further constrained by the lack of opportunities for health workers to develop skills and update knowledge on current RH, safe motherhood and child-care practices. In September 2003, AFMAL arrived in the DPRK and commenced a technical emergency operation in the North Hamgyong Province. This project aims to strengthen the provision of maternal and women's health service. Pending further assessments, AFMAL intends to work with the Kangwon provincial maternity hospital and continue to strengthen the maternal and women's health service provision. Also, planned is the extension of this support from the provincial hospital to three county hospitals within the province.

The project is in line with the health sector objectives of strengthening the capacity and the capability of the health services to provide access to improved basic and emergency obstetric care services to health facilities.

Project Outcome

The project would envisage the following outcomes:

- an increase in the number of patients treated;
- a reduction in the number of deaths due to poor sterilisation methods;
- a reduction in the number of deaths due to old diagnostic equipment.

FINANCIAL SUMMARY	
Budget Items	US\$
Costing of budget activities will occur after a detailed assessment in late 2003/early 2004. This figure is a realistic planning figure based on similar projects undertaken in DPRK in the last couple of years.	240,000
TOTAL	240,000

N.B. Costs are estimates only until needs assessment completed

FOOD AID

Appealing Agency:	WORLD FOOD PROGRAMME
Project Title:	Emergency Operation 10141.2
Project Code:	DPRK-04/F01
Sector:	Food Aid
Themes:	Nutrition, Rights of the Child, Gender, Rural and Urban Relief and Rehabilitation
Objective:	<ul style="list-style-type: none"> - Save lives by preventing food shortages from developing into famine conditions. - Maintain and/or improve the nutritional status of young children and other vulnerable groups.
Supporting CAP Objective:	Sector: Food Aid Operational Objective: Provide a nutritional safety-net aid for designated vulnerable target groups affected by food shortages through the provision of food.
Targeted Beneficiaries: (total # & description)	6.5 million Pre-school age boys – 703,352; pre-school age girls – 793,141; school-age boys – 536,778; school-age girls – 605,303; men – 1,407,325; women – 2,467,501
Implementing Partners:	Flood Damage Rehabilitation Committee of the Government of DPRK (co-ordination), WFP, UNICEF (supply vitamin/mineral mix), FAO and SDC (technical advice FFW projects) and NGOs (supply inputs local food production, complementing FFW projects)
Project Duration:	January – December 2004
Total Project Budget:	US\$ 189,425,026
Funds Requested:	US\$ 189,425,026

Summary

Since 1995 WFP has delivered more than 3.7 million tons of food aid, mostly cereals, to the DPRK. For 2003, under emergency operation 10141.1, the provision of 513,000 tons of food aid was approved to assist 6.4 million people at a total cost to WFP of US\$ 203.8 million. However, pipeline shortages have seriously constrained WFP's activities periodically during the year when distributions had to be suspended for 3 million core beneficiaries. Resources constraints have also led to a significant reduction in the food allocated to FFW activities.

Food Aid Needs and the Targeting of Food Assistance

This Emergency Operation will target a total of 6.5 million beneficiaries, categorised as follows:

Orphanages (All - accessible counties)	Children Caregivers	7,587 1,855
Pregnant / Nursing Women * (All - accessible counties)		297,955
Nurseries * (90% enrolment rate - all accessible counties)	Children (6 months – 4 years) Caregivers	983,734 89,431
Kindergartens * (90% enrolment rate - all accessible counties)	Children (5 – 6 years) Caregivers	505,172 33,678
Primary Schools * (all children, at 90% enrolment rate, in accessible counties receive biscuits; PDS dependants in accessible counties also receive a cereal ration)	Children (7 – 10 years) Caregivers	1,142,081 67,180
Pediatric Hospitals * (70% of total beds in all hospitals)	Pediatric inpatients (6 months – 16 years) ** Accompanying mothers Caregivers	(21,101) 21,101 1,328
Pediatric wards in County hospitals * (50% of total beds in pediatric wards)	Pediatric inpatients (6 months – 16 years) **	(45,810)
Elderly Persons * (50% of PDS dependants – accessible counties)		709,553
Low Income households 15% of Low Income PDC dependants in 17 most urbanised counties		366,634
Food for Work	Participants Dependants	725,000 1,450,000
Disaster Contingency		111,111
TOTAL		6,513,400

(*) Excludes those resident in central Pyongyang.

(**) These beneficiaries are not added to the total as they are counted in their respective age groups in other institutions.

The food assistance requirements for these groups in the period from January to December 2004 are estimated at 484,446 MTs

Monitoring

WFP Emergency Officers collect essential information on the overall food situation of visited counties and food security of vulnerable groups. The introduction of Focus Group Discussions with various groups of beneficiaries in mid-2002 and their subsequent expansion during the course of 2003 have further enhanced the scope and quality of the information gathered. Checking consignment notes that accompany delivered food commodities, Emergency Officers ascertain whether counties and institutions have received their allocation in accordance with agreed distribution plans. Monitoring data are recorded in a database that is systematically analysed and underpins programming decisions. Other incremental improvements in 2003 include a significant decrease of cancellations of monitoring visits to almost zero in 2003, the introduction of 4 monitoring visits a day (from 3 visits/day in 2002) and wider access to Public Distribution Centres, further successful testing of the medical evacuation system, a greater degree of mobility for staff living in remote sub-offices and the installation of satellite TV in all five sub-offices. The visa issuance process for new staff and visiting missions has also been improved.

While these advances are encouraging, it is nonetheless essential that in this critical period of economic transition, further improvements are made. WFP remains highly concerned about the plight of the population living in inaccessible counties, for example, as it has no way of assessing the impact of economic reforms on them. A greater degree of access to, and information on, state shops and consumer markets is also required in order to enhance vulnerability analyses and monitor the evolution of prices and availability of basic foodstuffs as the economic transition advances. In August 2001, the Government committed to providing WFP with a full list of beneficiary institutions. It has yet to do so despite repeated assurances that the list was under preparation.

FINANCIAL SUMMARY		
Budget Item	MTs	US\$
Cereals	400,422	72,075,960
Vegetable Oil	17,162	12,356,640
Pulses	39,494	13,625,430
Sugar	8,991	2,292,705
DSM (Plain Dried Skim Milk)	10,721	18,225,700
CSB (Corn Soya Blend)	7,655	2,028,575
Total Commodities	484,445	120,605,010
External Transport		41,177,825
Internal Transport (LTSH)		3,875,560
Other Direct Operational Costs (ODOC)		1,390,000
Total Direct Operational Costs (DOC)		167,048,395
Total Direct Support Costs (DSC)		9,984,340
Indirect Support Costs (ISC)		12,392,291
TOTAL		189,425,026

Appealing Agency:	WORLD FOOD PROGRAMME
Project Title:	Special Operation (SO) Essential Support to Local Food Production, Port Operations and Food for Work
Project Code:	DPRK-04/F02
Sector:	Food Aid
Themes:	Nutrition, Rights of the Child, Gender, Essential Repairs, Rural and Urban Relief and Rehabilitation
Objectives:	<ul style="list-style-type: none"> ➤ To maintain and/or improve the nutritional status of young children and other vulnerable groups. ➤ To achieve cost-effective local production of nutritious and fortified foods. ➤ To ensure timely and efficient delivery of humanitarian assistance in a cost-effective manner. ➤ Ensure the effectiveness of FFW projects through the provision of essential non-food items.
Supporting CAP Objective:	Sector: Food Aid Operational Objective: Provide a nutritional safety-net aid for designated vulnerable target groups affected by food shortages through the provision of food.
Targeted Beneficiaries: (total # & description)	6.5 million pre-school age boys – 703,352 ; pre-school age girls – 793,141; school-age boys – 536,778; school-age girls – 605,303; men – 1,407,325; women – 2,467,501
Implementing Partners:	Flood Damage Rehabilitation Committee of the Government of DPRK (co-ordination), WFP, UNICEF (supply vitamin/mineral mix), IFAD (complementing FFW projects), NGOs (supply inputs local food production, complementing FFW projects) and Port Authorities (co-ordination food aid delivery)
Project Duration:	January – December 2004
Total Project Budget:	US\$ 1,030,425
Funds Requested:	US\$ 1,030,425

Summary

1. Local Production of Blended Foods, Biscuits and Noodles (Cost: US\$ 182,000)

Acute malnutrition remains high among young children, indicating a shortage of fortified complementary foods for the weaning period. Eighteen WFP-supported factories are projected to produce some 70,000 MTs of enriched blended food, noodles and biscuits in 2004. WFP provides basic food ingredients, packaging materials, and contributes to a Spare Parts Fund through its EMOP. UNICEF and NGOs supply a vitamin-mineral premix. Government contributes facilities, power supply and workforce. Minor capital investments are needed to enhance the capacity of LFP factories to produce increased quantities of blended foods. There will also be increased flexibility to substitute constituent commodities as their scarcity, or abundance, dictates. Warehousing capabilities will be strengthened and the purchase of new equipment to further augment production capacity is envisaged. Six trucks will be procured to assist with the transportation of raw and processed food. Training will be organised for factory and FDRC staff.

2. Port Operations (Cost: US\$ 249,000)

The bulk of WFP food aid arrives through ports; a small percentage arrives by rail. With WFP's 2004 EMOP planned at about 484,000 MTs, high throughput volumes will place considerable strain on the main ports – which are already in poor condition. Funds will be used for tarpaulins and pallets, allowing open-air storage when no warehousing is immediately available. Funding is also sought for the maintenance of grabs in order to minimise losses during the off-loading of grain from ships. Warehouse space will be leased in the vicinity of three key ports (Nampo, Hungnam and Chongjin), enabling direct management and control of storage of small strategic volumes. These strategic stores will allow the steady and timely discharge, as well as safe storage of WFP supplied commodities pending their final delivery.

3. Non-Food Items to Support FFW Projects (Cost: US\$ 599,425)

FFW activities include stream excavation, river embankment construction, micro dam construction for irrigation purposes, reforestation and soil conservation activities, construction/rehabilitation of drinking water supply facilities and tertiary (dirt) roads construction/rehabilitation. Most FFW activities are conducted under difficult working conditions. The Government contributes most non-food-items, but faces budgetary constraints. Requested inputs include agricultural tools/equipment, gloves, boots, hygienic items and cement. These will increase the effectiveness of projects, improve productivity of the participants, ensure safer working conditions, and enhance the participation of women. Cement will solely be provided in support of small-scale water supply and sanitation improvement projects. Only part of the cement needed will be met through the SO, while the balance (about half) of requirements are to be provided by the local counterpart. Training will be organised for FDRC staff, aiming to strengthen their programming and implementation capacities, and also introduce new types of activities, especially those benefiting urban areas.

FINANCIAL SUMMARY	
Budget Items	US\$
Local Food Production	182,000
Port Operations	249,000
Food for Work	599,425
Total	1,030,425

Appealing Agency:	DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION
Project Title:	Feeding of Kindergarten Children in North Pyongan Province
Project Code:	DPRK-04/F03
Sector:	Food Aid
Themes:	Nutrition, Rural and Urban Relief
Objective:	Fully support of children in 551 kindergartens in seven counties of North Pyongan with 300g cereals, 40g pulses, 25g oil and 100g High Energy Biscuits daily for 240 days (10 months).
Supporting CAP Objective:	Food Aid Sector: Operational Objective One
Targeted Beneficiaries: (total # & description)	33,228 children, age 5-6
Implementing Partners:	FDRC on central and local levels, ADRA, WFP
Project Duration:	October 2003 – September 2004
Total Project Budget:	US\$ 1,478,000
Funds Requested:	US\$ 1,478,000

Summary

The seven targeted counties in North Pyongan (Sinuiju, Uiju, Tongrim, Kusong, Kujang, Hyangsan and Unsan) are characterised as some of the most vulnerable counties in North Pyongan. According to the nutrition survey of 2002 the children of the kindergartens are still in need of food aid. Before 2003, these kindergartens were supported by WFP according to international food aid recommendations for the DPRK. The shortage of resources and the urgent need of the vulnerable provinces in the Northeast, forced WFP to stop the food aid for kindergartens in the North Pyongan province. To close this gap, Deutsche Welthungerhilfe/ German Agro Action will support the children with 300 g cereals, 40g pulses, 25g oil and 100g "High Energy Biscuits", to meet their daily needs. In the first two months, the central bakery in Pyongyang, which is under project-administration of ADRA, will be modernised and renovated for the production of high quality fortified biscuits. Deutsche Welthungerhilfe/German Agro Action will provide input and training.

The project aims to increase the capacity of the production services; the personnel of the bakery will be trained by DWHH/GAA and ADRA. Furthermore, DWHH/GAA will import cereals, pulses and oil. The food aid commodities will be stocked up in central store houses of the seven counties, which will be identified by local FDRC. The monthly distribution of the cereals, pulses, oil and the fortified biscuits to the kindergartens will be done on behalf of the central and local FDRC in cooperation with Deutsche Welthungerhilfe/German Agro Action. The distribution will start in December 2003 and end in September 2004.

The staff of the 551 kindergartens will prepare from the 30g cereals and 40g pulses the traditional food for each child and distribute 100g of fortified biscuits to each child daily. The 25g oil will be used for fortifying home-grown vegetables on a daily base. Through this, DHH/GAA will assist FDRC in training the staff of the kindergartens. The monitoring of the kindergartens in these seven counties will be done in cooperation with WFP.

FINANCIAL SUMMARY	
Budget Items	US\$
Food aid commodities	1,184,600
Support costs production fortified biscuits	78,123
Transport and quality control	52,777
Monitoring, evaluation, training	162,500
Total	1,478,000

AGRICULTURE

Appealing Agency:	FOOD AND AGRICULTURE ORGANIZATION
Project Title:	Support to the Double Cropping Programme (Spring and Main Crops Production), 2004
Project Code:	DPRK-04/A01
Sector:	Agriculture
Themes:	Food Security, Nutrition, Training
Objective:	To improve crop production through fertiliser distribution, support to soil fertility management and reduced post-harvest losses
Supporting CAP Objective:	Agriculture Sector: Operational Objective 5
Targeted Beneficiaries: (total # & description)	380 cooperative farms (190,000 households) located in North & South Pyongan, Pyongyang, North & South Hwanghae Provinces. Children: 380,000. Women: 300,000
Implementing Partners:	MoA: central, county, cooperative farm authorities and FAO
Project Duration:	March - December 2004
Funds Requested:	US\$ 1,100,000

Summary

The main cereal crops in the DPRK are paddy rice and maize. In the lowlands, these are planted in sequence with winter/spring wheat, barley and potatoes: a "double cropping" initiative that has achieved results during the past five seasons, despite the high demand for mineral fertilisers.⁶⁰ Given the success rate of this project in providing additional food during the lean season, FAO again appeals for support. The provision of fertiliser, through the CAP, is particularly important given the uncertainty associated with bilateral donations. Double Cropping is complemented by SFM activities as Conservation Agriculture, promoting environmentally sound organic techniques (green manure cover crops) initiated in 2002-03. Maize and paddy seedlings are propagated in March, and transplanted in May and June. The Government provides the required quantities of seed and arranges its timely distribution to the beneficiary farms. Inputs need to arrive to coincide with the spring planting season.

Post harvest losses for rice were conservatively estimated at 15% (actual figure could be above 20%), primarily due to the unreliable power supply at threshing centres. This project will partially alleviate the impact of the energy problem, and raises efficiency levels of post-harvest techniques by re-equipping 50 cooperative farms with threshing machinery.⁶¹ The project aims to continue the development of an IPM strategy, including the strengthening of pest and damage assessment capacities and decision-making based on actual field needs. Cooperative farm management and MoA County Committees will be strengthened through capacity building initiatives, supported by distribution of information on recommended fertiliser use and organic composting. The project will be monitored, assessed and evaluated by the FAO Programme Coordinator, and by FAO technical experts, including coordination and collaboration with MoA staff.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
G/Manure Seed	G/Manure Seed	G/Manure Seed	G/Manure Seed
Threshers, 25%	Threshers, 50%	Threshers, 75%	Threshers, 100% and
Fertiliser, 33%	Fertiliser, 50%	Fertiliser, 66%	Fertiliser 100% of requirement
Training	Training	Training	Training

⁶⁰ Yields were on average 2 times higher. Some farms reported increased yield of even 2.5 times.

⁶¹ Compact mobile fuel-powered machines to be provided. This project relates to other FAO longer-term undertakings such as equipping a Soil Testing facility in South Pyong'an Province and a Conservation Agriculture operation in three provinces.

FINANCIAL SUMMARY	
Budget Items	US\$
Fertiliser inputs (Urea, 2,250 MTs NPK, 2,250 MTs)	860,000
Green manure and legume seeds	20,000
Mobile threshing equipment, for 50 cooperative farms	100,000
IPM training, including training materials	50,000
Project support/ technical expertise	70,000
Total	1,100,000

Appealing Agency:	FOOD AND AGRICULTURE ORGANIZATION
Project Title:	Support to Horticultural Crops Production, 2004
Project Code:	DPRK-04/A02
Sector:	Agriculture
Themes:	Nutrition
Objective:	To support horticultural crop production through the provision of plastic sheeting, tools and construction of improved seed potato storage
Supporting CAP Objective:	Agriculture Sector: Operational Objective Six
Targeted Beneficiaries: (total # & description)	100 cooperative farms (50,000 households) located in North & South Pyongan, Pyongyang, North & South Hwanghae Provinces Children: 100,000 Women: 80,000
Implementing Partners:	MoA: central, county, cooperative farm authorities and FAO
Project Duration:	March - December 2004
Funds Requested:	US\$ 1,060,000

Summary

Korean and Chinese cabbage is the staple horticultural field crops produced in the above provinces. It is usually planted twice annually and yields about 40 MTs/ha using farmyard manure and compost. Cabbage is supplemented by considerable quantities of tomatoes, cucumbers, radish, onions, spinach, eggplant, chilli peppers, garlic and lettuce grown in the community gardens of cooperative farms and in greenhouses, with scope for establishing/strengthening school gardens. Vegetables are consumed by rural communities and contribute towards food security as complement to grains and tubers. Yields can be increase and project support would permit surplus vegetables (also fruits like apples, pears, persimmons) to be made available in urban centres, where they are also much sought after by urban families, restaurants and hotels. While the local procurement of vegetable seed rarely presents difficulties, some commodities such as plastic sheeting and tools (including specialised tools/equipment for fruit trees) are in short supply and need to be imported.

One of the main production constraints is the lack of winter storage for certain seeds, such as potato seeds. Due to low sub-zero temperatures from December to March, considerable amounts of seeds have been lost. At present, cooperative farm households either store potato seeds in their homes, or in covered pits. However, neither method is suitable or efficient. The construction of underground cellar-bunkers, each with a capacity of 50 MTs, has proven to be a successful means of storage. Therefore, the project aims to replicate this model, improving upon its design and efficiency as a weatherproof facility for winter storage (FAO).

The project includes a training component to address horticultural crops propagation techniques and winter potato storage. The Government contribution will consist of providing quantities of seed and arranging for its timely distribution to the beneficiary farms also the transport of imported inputs. Project performance will be assessed, monitored and evaluated by the FAO Programme Coordinator based in Pyongyang and by FAO technical experts, in coordination and collaboration with MoA staff.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Plastic sheeting, 33%	Plastic sheeting, 50%	Plastic sheeting, 75%	Plastic sheeting, 100%
Tools, equipment	Tools, equipment	Tools, equipment	Tools, equipment
Building materials	Building materials	Building materials	Building materials
Training	Training	Training	Training

FINANCIAL SUMMARY	
Budget Items	US\$
Plastic sheeting, for nursery seedbeds, community and school gardens	560,000
Tools and equipment, community and school gardens	100,000
Construction materials, for seed potato storage	300,000
Training	30,000
Project Support/ technical expertise	70,000
Total	1,060,000

Appealing Agency:	FOOD AND AGRICULTURE ORGANIZATION
Project Title:	Support to Double Cropping of Main and Winter Crops Production, 2004
Project Code:	DPRK-04/A03
Sector:	Agriculture
Themes:	Nutrition
Objective:	To improve crop production through the provision of fertiliser and reduced post-harvest losses
Supporting CAP Objective:	Agriculture Sector: Operational Objective Five
Targeted Beneficiaries: (total # & description)	380 cooperative farms (190,000 households) located in North & South Pyongan, Pyongyang, North & South Hwanghae Provinces. Children: 380,000; Women: 300,000
Implementing Partners:	MoA: central, county, cooperative farm authorities and FAO
Project Duration:	March - December 2004
Funds Requested:	US\$ 1,100,000

Summary

The main summer cereal crops in the DPRK are paddy rice and maize, followed by winter/spring cereals wheat, barley, and by potatoes. This "double cropping" initiative has achieved results during the past five seasons, despite the high demand for mineral fertilisers.⁶² Given the success rate of this project in providing additional food during the lean season, FAO again appeals for support. The provision of fertiliser, through the CAP is particularly important, as supply through some bilateral donations is uncertain. Success of Double-Cropping is dependent upon the timeliness of inputs arriving at either nursery seedbed preparation time or the critical sowing period soon after harvesting of the previous crop in the rotation/sequence. The Government contributes the required quantities of seeds, and arranges its distribution to the beneficiary farms. Wheat is sown in October, while barley is sown in March. Maize and paddy seedlings are propagated in seedbeds from March and transplanted in May and June. Timing for the arrival of all requested inputs is crucial.

Post harvest losses for rice were conservatively estimated at 15% (actual figure could be above 20%) primarily due to the unreliable power supply at threshing centres. This project will partially alleviate the impact of the energy problem, and raises efficiency levels of post-harvest techniques by re-equipping 50 cooperative farms with threshing machinery.⁶³ The project relates to other FAO longer-term undertakings such as equipping a Soil Testing facility in South Pyongan Province and a Conservation Agriculture operation in three provinces. A further aim of the project is to continue the development of an IPM strategy, which includes strengthening of pest and damage assessment capacities and decision-making based on actual needs. It foresees increased training and capacity building opportunities for cooperative farm management and MoA County Committee personnel by funding visits and/or study-tours and encouraging increased linkages. The project will be monitored, assessed and evaluated by the FAO Programme Coordinator, and by FAO technical experts, including coordination and collaboration with MoA staff.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Threshers, 25%	Threshers, 50%	Threshers, 75%	Threshers and Fertilisers 100% of requirement
Fertiliser 33% of requirement	Fertiliser 50% of requirement	Fertiliser 66% of requirement	Training
Training	Training	Training	

FINANCIAL SUMMARY	
Budget Items	US\$
Fertilisers input (Urea, 2,250 MTs, NPK, 2,250 MTs)	860,000
Mobile threshing equipment, for 50 cooperative farms	100,000
Training, including IPM and Conservation Agriculture training	70,000
Project Support/ technical expertise	70,000
TOTAL	1,100,000

⁶² Yields were on average 2 times higher. Some farms reported increased yield of even 2.5 times.

⁶³ Compact mobile fuel-powered machines to be provided.

Appealing Agency:	DEUTSCHE WELTHUNGERHILFE/GERMAN AGRO ACTION
Project Title:	Introduction of the Multiplication and Distribution Management System of Winter Wheat Seed in North Pyongan Province, DPRK
Project Code:	DPRK-04/A04
Sector:	Agriculture
Theme:	Nutrition
Objectives:	Improving the availability and quality of winter wheat seed in the province of North Pyongan
Supporting CAP Objective:	Agriculture Sector: Operational Objective One
Targeted Beneficiaries: (total # & description)	2,100 families on 3 cooperative farms
Implementing Partners:	Local cooperative farms, county and provincial authorities, MoA, FDRC
Project Duration:	July 2004 – June 2005
Funds Requested:	US\$ 250,000

Summary

Deutsche Welthungerhilfe/German Agro Action has already implemented a winter wheat multiplication project in South Hwanghae Province. This project receives a high acceptance from cooperative farms and local authorities. These three project cooperatives are able to supply winter wheat seed for the cultivation of 2,500 ha in September 2003. DWHH/GAA intends to replicate the winter wheat multiplication in three counties of North Pyong'an.

The targeted counties in the eastern part of North Pyong'an can be characterised by limited resources in agricultural potential, less favourable infrastructure and extreme climatic conditions in the mountainous areas. The project will be implemented as an additional component of an integrated agricultural approach to improve the livelihood of the rural population of North Pyongan.

The project aims to improve sustainable multiplication of winter wheat in cooperative farms in North Pyong'an Province by supplying a high quality winter wheat seed, agricultural inputs and machines. The distribution of agricultural inputs will improve quality and increase production of winter wheat. To achieve a high quality of winter wheat seeds different seed processing technologies, seed cleaner, seed dresser, seed packing etc., will be introduced to the cooperatives. Besides establishing the necessary seed technology, seed processing warehouses are either rehabilitated or newly constructed. Additionally, local authorities are assisted to improve their capacity in the inspection of field multiplication, seed testing and certification. A short-term consultant and DWHH/GAA staff will conduct training in the principles of winter wheat cultivation as well as multiplication and maintaining of winter wheat. Moreover, technicians of the cooperatives will visit seed multiplication cooperatives of South Hwanghae Province and receive on-farm training by provincial seed experts.

The cooperatives will multiply winter wheat on 50 ha per cooperative in 2004. An average harvest of 4mts/ha will count a total harvest of 600 MTs. After processing and cleaning a total of 480 MTs of winter wheat seed will be available for distribution to other cooperatives of North Pyongan in 2005. These cooperatives will be able to produce winter wheat for human consumption at approximately 2,400 ha.

FINANCIAL SUMMARY	
Budget Items	US\$
Winter wheat multiplication	100,000
Equipment of seed production and processing	120,000
Seed testing and certification	30,000
Total	250,000

Appealing Agency:	TRIANGLE GÉNÉRATION HUMANITAIRE
Project Title:	Rehabilitation of Tree Nurseries
Project Code:	DPRK-04/A05
Sector:	Agriculture
Theme:	Nutrition
Objectives:	Promote the utilisation of new techniques and material to increase production of fodder and fuel wood in deforested sloping area of Hwanju, Jaeryong and Pakchon.
Supporting CAP Objective:	Agriculture Sector: Operational Objective Three
Targeted Beneficiaries: (total # & description)	317,272 people
Implementing Partners:	FDRC, Ministry of Land and Environment
Project Duration:	January – December 2004
Funds Requested:	US\$ 210,000

Summary

The economic situation in the DPRK has induced energy shortages and pushed the rural communities to use the forests as essential sources of fuel wood. One of the consequences of this drastic practice has been increased cultivation, which has deforested marginal lands and led to slope destabilisation and loss of fertile topsoil.

The major floods in 1997 highlighted this serious matter and caused government to pronounce its Forest Policy. Tree nurseries follow this policy in propagating appropriate tree species for reforestation purposes. Unfortunately, many nurseries do not have the necessary resources to implement programmes.

This project aims to provide technical assistance and inputs to tree nurseries. This support will emphasise work already undertaken by the government in its efforts to combat soil erosion and deforestation. This project will also guide tree nursery workers to more personal initiatives, technical exchanges and experimentation.

The second phase⁶⁴ of the “Forestry and Environmental Protection” programme was implemented in 2002-03, it is important to secure the progress made, in the hope of improving and ensuring long-term sustainability of those earlier operations.

Activities planned are inspired from positive lessons learned in 2003. Following visits and discussions with tree nursery managers, it seems important to focus our actions on supporting the production of useful wood (fuel wood and fodder) with protecting soil and the environment, providing new knowledge and encouraging experimentation and personal initiatives through a Study Tour in China. Other activities include in-country visits to other tree nurseries, in collaboration with Concern Worldwide, an Irish NGO also implementing similar projects in South Pyongan province, and providing basic equipment, such as irrigation systems, tractors, plastic sunshade nets and greenhouses, in order to optimise production, working conditions and to increase the survival rate of young saplings.

FINANCIAL SUMMARY	
Budget Items	US\$
Nurseries inputs	110,000
Strengthen and support to nurseries assisted in the 2003 programme the last programme	20,000
Study Tour in China	10,000
Educational support	5,000
Project implementation costs	65,000
Total	210,000

⁶⁴ First phase was completed in 2002 in Daedong county, South Pyongan (UN-OCHA NGO funding mechanism) and another part achieved in Unryul, Mundok and Sunchon counties, South Pyongan

Appealing Agency:	CONCERN WORLDWIDE
Project Title:	Support to quality potato/ wheat production
Project Code:	DPRK-04/A06
Sector:	Agriculture
Themes:	Nutrition
Objective:	To achieve quality potato/wheat seed production, through the provision of necessary equipment, seeds, technical support, and appropriate industry links to cooperative (and/or multiplication and foundation) farms in South Pyongan province.
Supporting CAP Objective:	Agriculture Sector: Operational Objective Two
Targeted Beneficiaries: (total # & description)	Estimated beneficiaries on four cooperative farms = approximately 14,000 and provision of seed to support farming in surrounding farms
Implementing Partners:	Cooperative farms, Multiplication and foundation farms, Provincial FDRC. Provincial Ministries of Agriculture (or equivalent bodies), Central FDRC
Project Duration:	January – December 2004
Funds Requested:	US\$ 220,000

Summary

This project aims to assist in the multiplication of good quality seeds to improve food security in targeted areas. The DPRK suffers from a lack of certified wheat and potato seed. Quality seeds multiplication is hampered by weak support to farm multiplication sites and lack of contract with international seed bodies and international accreditation. Currently quality seeds must be procured from outside the DPRK. This is currently not an option for cooperative farms and thus only poor quality wheat/potatoes can be grown. Attempts at seed multiplication are further hampered by limited machinery/equipment available.

This will be achieved through the provision of necessary equipment, seeds, technical support, and appropriate industry links to the cooperative farms working with farm workers and technicians at county and provincial level at the Academy of Agricultural Science.

FINANCIAL SUMMARY	
Budget Items	US\$
Seed	50,000
Machinery	50,000
Other support equipment	30,000
Exposure visits	10,000
Personnel costs	20,000
Project support	60,000
Total	220,000

Appealing Agency	CONCERN WORLDWIDE
Project Title	Fuelwood, Fodder Production and Slope Land Management in North and South Pyongan Provinces
Project Code	DPRK-04/A07
Sector	Agriculture/ Environment/ Energy
Themes	Heating/ Cooking energy and fodder production and environmental protection
Objective	Sustainable production of fuel wood, fodder and protection of crops against soil and water erosion
Supporting CAP Objective:	Agriculture Sector: Operational Objective Four
Targeted Beneficiaries	400,000 people living in both rural and urban areas, requiring fuel wood and fodder for heating, cooking and protection of crops and environment. Children: 200,000 Women: 100,000
Implementing Partners	Flood Damage Rehabilitation Committee (FDRC) and the Ministry of Land Management and Environmental Protection (MoLMEP) will cooperate
Project Duration	January - December 2004
Funds Requested	US\$ 227,000

Project Description

The DPRK has experienced flooding, damage to infrastructure, soil degradation, and loss of fertile topsoil and crop damage as a consequence of excessive cutting of forest cover. Deforestation is accelerating at a rapid rate adding to the ongoing energy and food crisis. Large areas of land have been cleared for fuel wood and fodder requirements, especially during the winter month resulting in heating/cooking energy and fodder shortages. The inability of people to feed domestic animals resulted in the loss of domestic food production and in the illness/death of animals. The long, cold winters combined with the scarcity of fuel and heating resources create health problems, especially for the most vulnerable groups in the population.

Land Management officials have been encouraging the production of fuel wood and fodder, especially on cooperative farms, to supplement trees grown in county nurseries. The demand for fuel wood and fodder exceeds the supply. Erosion damage with the loss of fertile topsoil from hills and slopes is recognised as a serious environmental problem with crops losses reported every year on sloping land due to erosion.

As part of its recent response to basic human needs, Concern Worldwide will support the production of fuel wood and fodder in ten counties of South and North Pyongan Provinces. Also, Concern will assist communities to build contour terraces on sloping land to protect both crops below, and infrastructure (houses, schools, kindergartens, roads etc). This effort will be supplemented by a training component. Concern will provide inputs such as seeds, tools, irrigation equipment, mini tractors, pesticides, fertiliser, etc. to improve the current situation. The experience of the past three years shows that good relations and cooperation with the MoLMEP has developed. Concern can now efficiently implement the propagation of 35-40 million saplings for out-planting on denuded hills, mountains, roadsides, and around houses.

This project aims to:

- produce 80,400 m³ of fuel wood and 14,000 m³ of fodder;
- protect agricultural crops and increase yields by 5%;
- reduce infrastructure damage caused by erosion by 30% and stabilise the fertile topsoil on 4,000 ha of sloping land;
- contribute to creating an improved living environment with fuel wood, fodder and inter-forestry plants such as medicine herbs, wild mushrooms, fodder and berries etc, for the inhabitants of these counties;
- support 17 cooperative farms to improve management and decrease mortality rate of saplings and trees.
- improve the health of people and animals through provision of heating/cooking energy and fodder.

FINANCIAL SUMMARY	
Budget Items	US\$
Inputs	110,000
Training in-country and study tour	18,000
Support costs	42,000
Programme costs	57,000
Total	227,000

EDUCATION

Appealing Agency:	UNITED NATIONS CHILDREN'S FUND
Project Title:	Basic Education
Project Code:	DPRK-04/E01
Sector:	Education
Themes:	Education, Children / Youth, Rights of the Child
Objective:	Improve and sustain the quality of the learning environment for primary school and kindergarten pupils with a focus on the most disadvantaged, identified based on the best available information
Supporting CAP Objective:	Education Sector: Operational Objectives One to Four
Targeted Beneficiaries: (total # & description)	645,000 girls/boys in primary schools and kindergartens in the more vulnerable east-northeast of the country. 5,000 children in branch schools and children's homes in all provinces
Implementing Partners:	Ministry of Education / Provincial and County authorities
Project Duration:	January – December 2004
Funds Requested:	US\$ 924,000

Summary

Project Outputs:

- 650,000 primary and pre-school year kindergarten school children receive textbooks (8 and 3 books respectively).
- 650,000 schoolchildren in the same schools, kindergartens and children's homes receive a set of essential basic school materials (pencils, eraser, ruler, note-books).
- National EFA plan finalised and adopted (UNICEF-UNESCO).
- Two studies completed - in textbook production and in learning achievement.
- 200 primary school teachers trained in new teaching methods and student learning assessment.
- Education annual report on key education indicators prepared (in collaboration with UNESCO).

Project Description:

The overall aim of the project is to improve the quality of the learning environment for primary and kindergarten school children with a focus on the most disadvantaged, identified on the basis of the best available information. UNICEF is currently the only resident agency providing support to basic education.

Since the onset of the emergency, UNICEF has supported the provision of school materials and textbooks, teacher training and education video production. Unfortunately, low funding frequently prevented full implementation of all planned activities. In 2003, the onset of SARS in the region delayed a number of planned in-country consultancies, trainings and studies on key aspects of education quality. It is anticipated that these will be completed in early 2004.

The project aims to:

- increase the availability of basic learning materials – textbooks and writing materials. Specifically, the project will target the 1,894 primary schools (out of the total of around 4,886 primary schools countrywide) and 5,128 kindergartens (out of 14,000 kindergartens countrywide) in the four most vulnerable northeast provinces, as well 200 remote branch schools and 26 children's homes in all provinces.
- increase the capacity of the MoE to be able to prepare its long-term education sector development plan. This will be through the provision of technical assistance in education with a focus on improving the quality of education.

Monitoring and Evaluation:

Regular joint field visits will be carried out by UNICEF project staff and line-Ministry project managers to monitor the end-use of supplies and equipment and to discuss general progress in implementation. Formal mid-year and end-year reviews of project progress, including compilation of indicator data, will be held.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Basic school materials for 300,000 children	Basic school materials for 350,000 additional children	Textbooks for an additional 300,000 children	Textbooks for an additional 150,000 children.
Field monitoring	Textbooks for 200,000 children		
Textbook study			
Learning assessment study			

Financial Summary	
Budget Items	US\$
Textbooks and basic school materials for 650,000 children in 1,894 priority disadvantaged schools	
Provision of printing paper (683 MTs) for 4.1 million textbooks	460,000
Provision of basic school materials: 5.9 million pencils, 0.65 million rulers, 1.7 million erasers Notebooks – made from scrap paper from textbook printing at no cost	285,000
EFA national seminar	*
Learning assessment study	*
Textbook printing study	30,000
Training in new teaching methods and learning assessments	*
Education information annual report	*
Project monitoring, planning and evaluation	
Field monitoring and evaluation	10,000
Project support (international / national)	40,000
Sub-total	825,000
Cost recovery at 12% (see footnote)	99,000
Total	924,000

(* Denotes regular programme funding)

Note: Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.

COORDINATION

Appealing Agency:	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Project Title:	Coordination of Humanitarian Programme in 2004
Project Code:	DPRK-04/CSS01
Sector:	Coordination and Support Services
Theme:	Support Services
Objectives:	Support and improve coordination mechanisms and develop humanitarian and development information exchange through the management of the HDRC.
Project Duration:	January – December 2004
Funds Requested:	US\$ 379,984

Summary

OCHA will continue to support the Humanitarian Coordinator to ensure the effective and well-coordinated provision of humanitarian assistance to the DPRK in the following activities: servicing assistance coordination mechanisms, assessing and addressing humanitarian needs, and humanitarian advocacy and information dissemination. In addition, OCHA will manage the NGO Funding Mechanism, which provides bridging and seed funds for NGOs whilst supporting capacity building efforts of local institutions and communities. The coordination of humanitarian assistance will be achieved through a multi-faceted approach that addresses some of the constraints that restrict effective coordination, whilst value adding to successful existing mechanisms. OCHA will continue to manage the Humanitarian Development Resource Centre (HDRC) within its Office. The role of the HDRC will be enhanced through improved information management systems to meet the information needs of humanitarian stakeholders including the Government, resident and non-resident humanitarian organisations, as well as non-resident humanitarian stakeholders.

FINANCIAL SUMMARY	
Budget Items	US\$
Personnel costs	228,536
Operating costs	95,883
Communication / security costs	11,850
Sub-total	336,269
13% Programme support costs	43,715
Total	379,984

Appealing Agency:	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
Project Title:	NGO Funding Mechanism – Emergency Relief Assistance
Project Code:	DPRK-04/CSS02
Sector:	Coordination and Support Services
Theme:	Emergency Response Funds / Capacity Building
Objective:	To promote the presence and capacity of international NGOs to assist in the humanitarian response whilst building the capacity of DPRK institutions and communities to evolve better coping mechanisms to the current crisis.
Implementing Partners:	International NGOs resident in the DPRK and DPRK Government Institutions
Project Duration:	January - December 2004
Total Project Budget:	US\$ 220,000 (10% minimum input from NGO)
Funds Requested:	US\$ 200,000

Summary

The NGO Funding Mechanism clearly supports the strategy of the CAP by seeking to support rehabilitation and development activities whilst directly meeting the immediate humanitarian emergency needs. The NGO Funding Mechanism supports NGOs in any of the following activities:

- capacity building of the DPRK institutions, associations and communities to evolve better coping mechanisms to the current humanitarian crisis;
- feasibility studies and or pilot projects that assist in identifying viable approaches in meeting the goals and objectives of the CHAP;
- reviews and/or evaluations of programmes in order to improve the accountability of the humanitarian response;
- Quick Impact Projects (QIPs) to meet urgent identified needs;
- capacity building of international NGOs in order to improve their capacity to respond the emergency.

The Fund is a field-driven process, flexible and responsive to the needs of NGOs in the DPRK. As a bridging mechanism, the NGO fund has successfully supported a number of ongoing NGO programmes in various sectors, encouraging innovative approaches by resident NGOs. Project activities will be based on the strategy, as detailed in the CHAP that are designed to meet agreed sector objectives.

Given the positive experience and the continuing needs of NGOs operating in the country, it is proposed to continue the funding arrangement in order to promote the presence of NGOs, whilst at the same time seeking to build the capacity of communities and institutions to cope with the humanitarian crisis. By supporting evaluation and assessments, the fund will also contribute to the creation of a learning environment in the DPRK.

The Fund will continue to be administered and monitored by the OCHA Office in the DPRK.

Appealing Agency:	FOOD AND AGRICULTURE ORGANIZATION
Project Title:	Support to the coordination of emergency, rehabilitation and recovery interventions in Agriculture / Food Security, 2004
Project Code:	DPRK-04/CSS03
Sectors:	Agriculture, Forestry, Environment, Fisheries
Themes:	Coordination. Project monitoring and evaluation. Training, frame-work review/development. Identification of future needs.
Objectives:	To coordinate FAO agriculture/food security short- and medium-term activities and provide technical expertise to Government. To facilitate information exchange/ liaison with other agencies, NGOs and donors and to strengthen FAO's field programme in supporting gradual transition and linkage between emergency relief and rehabilitation/ development
Implementing Partners:	FAO in collaboration with relevant Government authorities. UN and other international agencies/ organisations.
Project Duration:	January - December 2004
Funds Requested:	US\$ 250,000

Summary

Agriculture, including field crop and horticultural production, livestock and fisheries development and environmental protection, is one of the priority areas for ongoing sustainable recovery in the DPRK. The sector provides the direct livelihood base for a considerable portion of the rural communities on cooperative farms. FAO has collaborated with other humanitarian partners and supported emergency and medium-term agricultural operations aimed at increasing food production. This also involved the design in 1998, in conjunction with UNDP, of a coherent and prioritised recovery programme (AREP), within the existing Government framework.

While in the past FAO monitored operations and coordinated emergency activities through ad-hoc consultancy missions, as of 2003, an FAO Programme Coordinator has been fielded. The Government and FAO agreed to establish a more continuing FAO presence in the DPRK in order to enhance coordination among partners (including ministries and institutes, provincial and county level agricultural management committees, cooperative farms management) also resident UN organisations and NGOs, bilateral aid agencies and donors providing emergency assistance to the agriculture sector and linkages to development projects aiming towards increased food security. This post has been funded in an initial period of one year. The incumbent arrived in time for the main agricultural cropping season in 2003. (FAO)

Coordination and technical assistance is particularly important in developing a mechanism to link short-term agricultural assistance for increased food security with a longer-term agricultural production strategy framework to provide for training and capacity building, complementary to inputs' support. The presence of an FAO international Programme Coordinator has already enhanced coordination mechanisms, and is seen by the UN system as an integral part of strengthening the coherence of the humanitarian and development response.

FINANCIAL SUMMARY	
Budget Items	US\$
Personnel (1 post)	187,000
Travel, in-country and within the region	20,000
Training	19,000
Operating Expenses	12,000
Support costs	12,000
Total	250,000

ANNEX I.

DONOR RESPONSE TO THE 2003 APPEAL

**Table I : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**

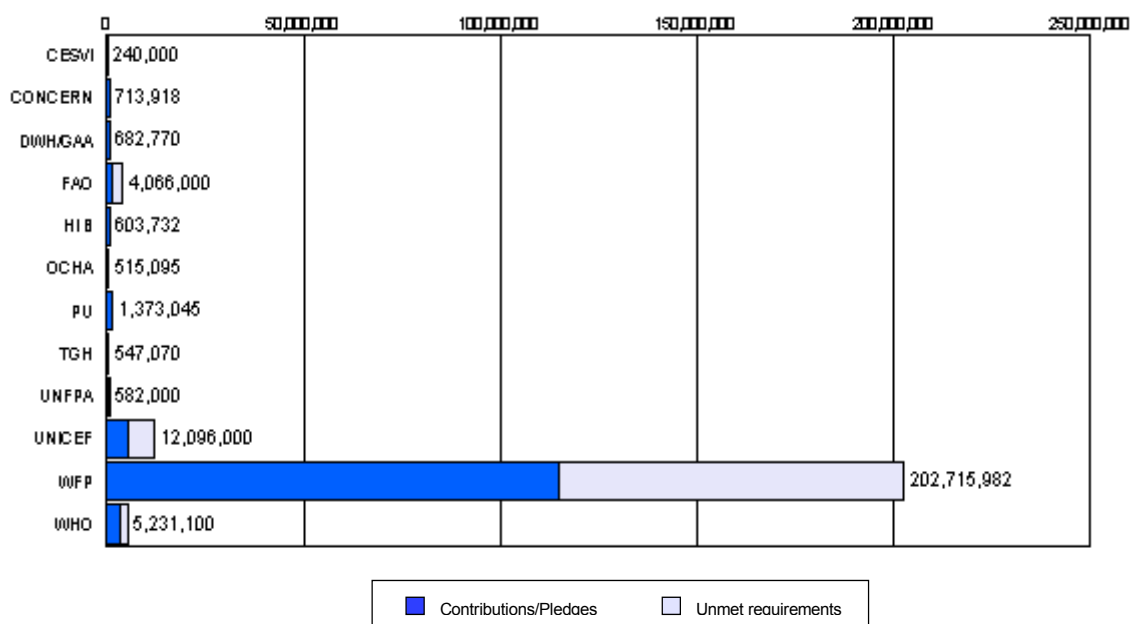
Summary of Requirements and Contributions
By Appealing Organisation
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements	Revised Requirements	Contributions	Pledges	Carryover	Total Resources Available	Unmet Requirements	% Covered
CESVI	960,000	240,000	240,000	0	0	240,000	0	100.00%
CONCERN	930,000	713,918	713,918	0	0	713,918	0	100.00%
DWH/GAA	790,000	682,770	682,770	0	0	682,770	0	100.00%
FAO	4,066,000	4,066,000	1,363,650	0	0	1,363,650	2,702,350	33.54%
H I B	450,000	603,732	603,732	0	0	603,732	0	100.00%
OCHA	577,980	515,095	233,751	0	0	233,751	281,344	45.38%
PU	1,115,000	1,373,045	1,373,045	0	0	1,373,045	0	100.00%
TGH	1,327,000	547,070	547,070	0	0	547,070	0	100.00%
UNFPA	582,000	582,000	0	301,866	0	301,866	280,134	51.87%
UNICEF	12,096,000	12,096,000	5,426,375	0	0	5,426,375	6,669,625	44.86%
WFP	197,166,595	202,715,982	114,692,550	0	0	114,692,550	88,023,432	56.58%
WHO	5,231,100	5,231,100	3,259,615	0	0	3,259,615	1,971,485	62.31%
GRAND TOTAL	225,291,675	229,366,712	129,136,476	301,866	0	129,438,342	99,928,370	56.43%

**Revised UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**

Updated financial summary
By Appealing Organisation



**Table II : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**

Donor breakdown of Contributions through Appealing Organisation
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Part A - Non food

Donor	Channel	Project Code	Sector/activity	Amount US\$
Denmark	UNICEF	DPRK-03/E01	Basic education priorities	157,497
Denmark	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	104,998
Denmark	UNICEF	DPRK-03/H04A	Expanded programme on immunisation (EPI)	52,499
Denmark	UNICEF	DPRK-03/WS01	Water and environmental sanitation and hygiene education	454,256
European Commission	CESVI	DPRK-03/H18	Support for improving living conditions of young children in the nurseries of Munchon and Wonsan, Kangwon province	240,000
European Commission	CONCERN	DPRK-03/H16	Rehabilitation of children institution in South Pyongan	280,000
European Commission	DWH/GAA	DPRK-03/E02	Improved insulation of about 38 schools and a number of kindergartens within two counties in North Pyongan province	448,852
European Commission	HI B	DPRK-03/H14	Orthopaedic services and rehabilitation of people with disabilities in Hamhung	603,732
European Commission	PU	DPRK-03/H12	Support to five hospitals through basic rehabilitation of facilities and provision of medical supplies and equipment	257,787
European Commission	PU	DPRK-03/H13	Rehabilitation of IV fluids production in provincial and county hospitals	1,115,258
European Commission	TGH	DPRK-03/H17	Light rehabilitation of health structures and schools in 8 cooperative farms in South Pyongan	313,152
European Commission	UNFPA	DPRK-03/H05	Strengthening of obstetric care at community level	301,866
European Commission	UNICEF	DPRK-03/H01	Essential drugs	1,037,192
European Commission	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	362,663
European Commission	WHO	DPRK-03/H07	Strengthening of health services at community level (county hospitals)	997,720
European Commission	WHO	DPRK-03/H11	Upgrading blood transfusion services	521,921
Finland	FAO	DPRK-03/A01	Support to the double cropping programme (main and winter crops, 2003)	352,302
Finland	UNICEF	DPRK-03/E01	Basic education priorities	112,935
Finland	UNICEF	DPRK-03/WS01	Water and environmental sanitation and hygiene education	209,994
Korea, Republic of	UNICEF	DPRK-03/H01	Essential drugs	210,526

Korea, Republic of	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	184,211
Korea, Republic of	UNICEF	DPRK-03/H04A	Expanded programme on immunisation	105,263
Korea, Republic of	WHO	DPRK-03/H10	Strengthen the control of malaria, HIV/AIDS and other communicable diseases of public health importance (US\$ 28,930 in cash; US\$ 671,070 - in kind)	700,000
New Zealand	WFP	DPRK-03/F02-04	Special Operations - support to food for work projects; support to local food production; essential support to port operations	201,149
Norway	UNICEF	DPRK-03/H01	Essential drugs	167,102
Norway	UNICEF	DPRK-03/H04A	Expanded Programme on Immunisation	104,998
Norway	UNICEF	DPRK-03/WS01	Water and environmental sanitation and hygiene education	289,860
Norway	WHO	DPRK-03/H07	Strengthening of health services at community level	350,000
Norway	WHO	DPRK-03/H08	Improving laboratory services at local level - pilot project	100,000
Norway	WHO	DPRK-03/H10	Strengthen the control of malaria, HIV/AIDS and other communicable diseases of public health importance	117,719
Private/NGO/Intl	CONCERN	DPRK-03/A05	Improved household food security - South Pyongan	200,000
Private/NGO/Intl	UNICEF	DPRK-03/H01	Essential drugs	104,998
Private/NGO/Intl	UNICEF	DPRK-03/H01	Essential drugs	600,000
Private/NGO/Intl	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrients deficiencies	100,000
Private/NGO/Intl	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	209,996
Private/NGO/Intl	UNICEF	DPRK-03/H04A	Expanded programme on immunisation (EPI)	75,337
Private/NGO/Intl	UNICEF	DPRK-03/H04A	Expanded Programme on Immunisation	200,000
Private/NGO/Intl	WFP	DPRK-03/F02-04	Special Operations - support to food for work projects; support to local food production; essential support to port operations	19,169
Sweden	CONCERN	DPRK-03/A06	Sustainable production of fodder and fuel wood in South Pyongan province	233,918
Sweden	DWH/GAA	DPRK-03/A04	Strengthening food security and livelihood of families of three selected cooperatives in North Pyongan (Phase I)	233,918
Sweden	FAO	DPRK-03/A01	Support to the double cropping programme (main and winter crops, 2003)	1,011,348
Sweden	OCHA	DPRK-03/CSS01	Coordination of humanitarian assistance	233,751
Sweden	TGH	DPRK-03/A07	Forestry and environmental protection in South Pyongan and South Hwangae provinces (4 counties)	233,918
Sweden	UNICEF	DPRK-03/H01	Essential drugs	314,994

Sweden	UNICEF	DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	162,058
Sweden	UNICEF	DPRK-03/H04A	Expanded programme on immunisation (EPI)	104,998
Sweden	WHO	DPRK-03/H07	Strengthening of health services at community level	472,255
Total non food				14,966,110

Part B - Food aid

Donor	Food type	Food (MTs)	Amount US\$
Australia	Wheat flour	5862	1,764,706
Canada	Beans	5055	2,482,758
Canada	canned Fish	1096	1,719,900
Canada	Wheat flour	616	165,272
Denmark	Vegetable Oil	673	769,231
European Commission	Various	41756	9,916,493
Finland	Sugar	506	215,285
Finland	Sugar	1099	359,768
Germany	Wheat flour	14725	3,229,279
Italy	Various	10293	2,973,240
Italy	Wheat flour	14185	3,428,571
Korea, Republic of	Maize	100000	15,632,152
Luxembourg	Wheat flour	2000	438,593
Norway	Wheat flour	3806	869,565
Poland	Sugar	42	15,000
Private/NGO/Intl		pipeline adjustment	27,912,743
Private/NGO/Intl	Sugar	61	21,932
Private/NGO/Intl	Wheat flour	44	10,513
Private/NGO/Intl	Wheat flour	60	13,472
Russian Federation	Wheat flour	40467	10,000,000
Sweden	Wheat flour	4440	1,069,108
Switzerland	Wheat flour	1547	350,000
United States	DSM	9170	17,320,839
United States	Sugar	78	33,712
United States	Various	31000	13,760,100
Total food aid			114,472,232

Grand total

129,438,342

**Table III : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**
Listing of Project Activities - By Sector
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
AGRICULTURE						
DPRK-03/FAO	Awaiting allocation/confirmation	FAO	0	0	0	0
DPRK-03/A07	Forestry and environmental protection in South Pyongan and South Hwangae Province (4 counties)	TGH	200,000	233,918	233,918	0
DPRK-03/A05	Improved household food security - South Pyongan	CONCERN	200,000	200,000	200,000	0
DPRK-03/A04	Strengthening food security and livelihood of families of three selected cooperatives in North Pyongan (Phase I)	DWH/GAA	220,000	233,918	233,918	0
DPRK-03/A02	Support to potato production, including improved potato seed storage, double cropping programme, 2003 within AREP	FAO	912,000	912,000	0	912,000
DPRK-03/A01	Support to the double cropping programme (main and winter crops 2003) within AREP	FAO	1,969,000	1,969,000	1,363,650	605,350
DPRK-03/A03	Support to the double cropping programme (spring and main crops 2003) within AREP	FAO	1,185,000	1,185,000	0	1,185,000
DPRK-03/A06	Sustainable production of fodder and fuel wood in South Pyongan Province	CONCERN	200,000	233,918	233,918	0
Sub total for AGRICULTURE			4,886,000	4,967,754	2,265,404	2,702,350
COORDINATION AND SUPPORT SERVICES						
DPRK-03/CSS01	Coordination of humanitarian programme in 2003	OCHA	377,980	315,095	233,751	81,344
DPRK-03/CSS02	NGO funding mechanism	OCHA	200,000	200,000	0	200,000
Sub total for COORDINATION AND SUPPORT SERVICES			577,980	515,095	233,751	281,344
EDUCATION						
DPRK-03/E01	Basic education priorities	UNICEF	845,250	845,250	270,432	574,818
DPRK-03/E02	Improved insulation of 60 primary schools in the province of North Pyongan (Kusong, Taechong, Dongrim)	DWH/GAA	350,000	448,852	448,852	0
Sub total for EDUCATION			1,195,250	1,294,102	719,284	574,818
FOOD						
DPRK-03/F01	Emergency assistance for vulnerable groups, Emergency Operation (EMOP) DPR Korea No. 10141.1 (Revision of requirements is based upon the information from WFP/Rome)	WFP	195,538,595	201,087,982	114,472,232	86,615,750
DPRK-03/F02-04	Special operation (SO 10029.0) DPR Korea - (a) Support to food for work projects (b) Support to local food production (c) Essential support to port operations (Revision of requirements is based upon the information from WFP/Rome)	WFP	1,628,000	1,628,000	220,318	1,407,682
DPRK-03/F03	Special operation (SO) DPR Korea - (b) Support to local food production (Requirements included in DPRK-03/F02-04)	WFP	0	0	0	0
DPRK-03/F04	Special operation (SO) DPR Korea - (c) Essential support to port operations (Requirements included in DPRK-03/F02-04)	WFP	0	0	0	0
Sub total for FOOD			197,166,595	202,715,982	114,692,550	88,023,432
HEALTH						
DPRK-03/WHO	Awaiting allocation	WHO	0	0	0	0
DPRK-03/H02	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	UNICEF	2,016,000	2,016,000	1,123,926	892,074
DPRK-03/H01	Essential drugs	UNICEF	4,646,250	4,646,250	2,434,812	2,211,438

**Table III : UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**

Listing of Project Activities - By Sector
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
DPRK-03/H09	Essential medicines for vulnerable groups	WHO	424,000	424,000	0	424,000
DPRK-03/H04A	Expanded Programme on Immunisation (EPI)	UNICEF	1,480,500	1,480,500	643,095	837,405
DPRK-03/H04B	Expanded Programme on Immunisation (EPI)	WHO	339,200	339,200	0	339,200
DPRK-03/H08	Improving laboratory services at local level - pilot project	WHO	206,700	206,700	100,000	106,700
DPRK-03/H17	Light rehabilitation of health structures and schools in 8 cooperative farms in South Pyongan Province	TGH	372,000	313,152	313,152	0
DPRK-03/H03	Maternal and child health priorities	UNICEF	598,500	598,500	0	598,500
DPRK-03/H14	Orthopaedic services and rehabilitation of people with disabilities in Hamhung	HI B	150,000	603,732	603,732	0
DPRK-03/H15	Orthopaedic services and rehabilitation of people with disabilities in northern areas	HI B	300,000	0	0	0
DPRK-03/H16	Rehabilitation of children institutions in South Pyongan Province	CONCERN	280,000	280,000	280,000	0
DPRK-03/H13	Rehabilitation of IV fluids production in provincial and county hospitals	PU	830,000	1,115,258	1,115,258	0
DPRK-03/H06	Rehabilitation of reproductive health and family planning services	UNFPA	295,000	295,000	0	295,000
DPRK-03/H10	Strengthen the control of malaria, HIV/AIDS and other communicable diseases of public health importance	WHO	1,378,000	1,378,000	817,719	560,281
DPRK-03/H07	Strengthening of health services at community level	WHO	2,342,600	2,342,600	1,819,975	522,625
DPRK-03/H05	Strengthening of obstetric care at community level	UNFPA	287,000	287,000	301,866	(14,866)
DPRK-03/H18	Support for improving living conditions of young children in the nurseries of Munchon and Wonsan, Kangwon Province	CESVI	240,000	240,000	240,000	0
DPRK-03/H12	Support to five hospitals through basic rehabilitation of facilities and provision of medical supplies and equipment	PU	285,000	257,787	257,787	0
DPRK-03/H11	Upgrading blood transfusion services	WHO	540,600	540,600	521,921	18,679
Sub total for HEALTH			17,011,350	17,364,279	10,573,243	6,791,036
MULTI-SECTOR						
DPRK-03/UNICEF	Awaiting allocation/confirmation	UNICEF	0	0	0	0
Sub total for MULTI-SECTOR			0	0	0	0
WATER AND SANITATION						
DPRK-03/WS07	Adequate livelihood for farming families through improved health on 13 rural cooperatives in North Pyongan	DWH/GAA	220,000	0	0	0
DPRK-03/WS05	Improved water supply systems, sanitation facilities and hygiene, environment and sanitation awareness in children institutions of Popdong county	CESVI	200,000	0	0	0
DPRK-03/WS04	Integrated water and sanitation intervention in the county hospital of Chonnae town, Kangwon Province	CESVI	100,000	0	0	0
DPRK-03/WS03	Integrated water and sanitation programme in Sepho town, Kangwon Province	CESVI	420,000	0	0	0
DPRK-03/WS02	Rehabilitation of potable water supplies system and sanitation facilities in South Pyongan	TGH	755,000	0	0	0
DPRK-03/WS06	Rehabilitation of rural water supplies in South Pyongan	CONCERN	250,000	0	0	0
DPRK-03/WS01	Water and environmental sanitation and hygiene education	UNICEF	2,509,500	2,509,500	954,110	1,555,390
Sub total for WATER AND SANITATION			4,454,500	2,509,500	954,110	1,555,390
Grand Total:			225,291,675	229,366,712	129'438'342	99,928,370

**Table IV: Additional Humanitarian Assistance to
Korea, Democratic People's Republic of
Outside of the Framework of the UN Consolidated Inter-Agency Appeal
as of 13 October 2003**

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

Page 1 of 3

Date	Donor	Channel	Description	Value US\$
20-Feb-03	Canada	RC/Canada	IFRC Appeal	326,797
Subtotal for Canada				326,797
13-Jun-03	European Commission		Reduce risk of spreading disease among the populations of potential high risk zones in DPRK	294,464
14-May-03	European Commission	UN Agencies, NGOs and Red Cross	Humanitarian aid plan to support the health sector in DPRK	3,814,280
Subtotal for European Commission				4,108,744
4-Apr-03	Italy	Bilateral	Humanitarian activities in the education, health and nutrition in Kangwon province (heating coal, education materials and constructions materials)	415,290
Subtotal for Italy				415,290
30-Apr-03	Private/NGO/Intl	21 CUSO	180,000 bags of hardtack	197,562
20-Mar-03	Private/NGO/Intl	Americares	19 MTs of 'Ensure Nutrition Bars' for pregnant and nursing women	238,734
18-Aug-03	Private/NGO/Intl	Americares	Provision of medicines to three DPRK hospitals; the Pyongyang Medical University Hospital; South Pyongan and North Hwanghae Pediatric Hospitals	3,000,000
18-Sep-03	Private/NGO/Intl	Bilateral	To help fund a training programme for two hospital technicians from the Pyongnam Area Hospital in North Korea	37,000
30-Apr-03	Private/NGO/Intl	Eugene Bell	Surgical operation supplies	15,000
31-Mar-03	Private/NGO/Intl	Eugene Bell	Anti-tuberculosis drugs, X-ray medical equipments and agricultural materials	1,077,461
30-May-03	Private/NGO/Intl	Eugene Bell	70 kinds of medical supplies, children's wear, noodles	1,552,159
4-Apr-03	Private/NGO/Intl	FALU/WFP	600 mt of sugar	162,600
4-Apr-03	Private/NGO/Intl	FALU/WFP	100 mt of dry skimmed milk	196,900
22-Apr-03	Private/NGO/Intl	FAO	Forest protection project (Ryanggang-FAO/TCP/DRK/2904)	434,000
31-Mar-03	Private/NGO/Intl	GAPCK	110,000 pieces of choco-pie	7,976
31-Mar-03	Private/NGO/Intl	Good Neighbours Inc	26 heads of milk cow, 4 heads of cattle, 62 tons of assorted feeds, production facilities for milk	59,898
31-Jan-03	Private/NGO/Intl	Good Neighbours Inc	100 tons of wheat flour, medical appliances, construction materials	99,709
28-Feb-03	Private/NGO/Intl	Good Neighbours Inc	Construction materials and equipments, examination equipments	338,668
30-May-03	Private/NGO/Intl	Good Neighbours Inc	Equipments and materials for hospital	515,705
30-Apr-03	Private/NGO/Intl	Good Neighbours Inc	Experimental equipments for hospital, 1,000 rolls of vinyl wrapper, 13,000 hatchery eggs, 61.6 tons of feed for poultry, medical supplies for poultry	616,769
30-Jun-03	Private/NGO/Intl	Good Neighbours Inc	200 tons of cement, 1,000 tons of dry milk, equipments and construction materials for hospital	2,416,476
28-Feb-03	Private/NGO/Intl	ICF	5,000 rolls of vinyl resin	152,000
30-Jun-03	Private/NGO/Intl	ICF	1,000 tons of fertilizer, sowing machines	313,896
30-Apr-03	Private/NGO/Intl	ICF	Agricultural medicines, corn seeds	464,636
31-Mar-03	Private/NGO/Intl	JTS-Korea	100 tons of wheat flour	19,940

**Table IV: Additional Humanitarian Assistance to
Korea, Democratic People's Republic of
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as of 13 October 2003**

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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31-Jan-03	Private/NGO/Intl	JTS-Korea	120 tons of wheat flour	25,951
30-Jun-03	Private/NGO/Intl	JTS-Korea	14 tons of dry milk, 14 tons of sugar, 38 tons of rice	39,933
28-Feb-03	Private/NGO/Intl	JTS-Korea	100 tons of wheat flour, 12 tons of corn, 38 tons of rice, 2 tons of footwear	62,404
30-Apr-03	Private/NGO/Intl	JTS-Korea	384 tons of fertilizer, 14 tons of dry milk, vynil wrapper	117,764
31-Mar-03	Private/NGO/Intl	KCFSNK	100 carts of wheelchair	17,056
28-Feb-03	Private/NGO/Intl	KCFSNK	100 tons of wheat flour, 5 tons of dry milk supplies for children	1,821,901
30-Apr-03	Private/NGO/Intl	KCFSNK	100 tons of wheat flour, 5 tons of dry milk, clothes	1,872,756
30-May-03	Private/NGO/Intl	KCFSNK	100 tons of wheat flour, 5 tons of dry milk, children's wear	2,414,433
31-Jan-03	Private/NGO/Intl	KCFSNK	100 tons of wheat flour, production facilities for dry milk, medical supplies	2,920,599
30-Jun-03	Private/NGO/Intl	KCFSNK	100 tons of wheat flour, 5 tons of dry milk, clothes, playthings	3,828,698
28-Feb-03	Private/NGO/Intl	KFHI	19 tons of dry milk	346,778
30-Apr-03	Private/NGO/Intl	KFHI	Children's wear	749,586
28-Feb-03	Private/NGO/Intl	Korean Sharing Movement	Interior materials	46,820
30-Jun-03	Private/NGO/Intl	Korean Sharing Movement	500 pieces of bedsheets, 2 refrigerators, agricultural equipments	53,360
30-Apr-03	Private/NGO/Intl	Korean Sharing Movement	Agricultural machines, 3,000 rolls of vinyl wrapper, cooling devices	295,724
31-Mar-03	Private/NGO/Intl	Korean Sharing Movement	5,000 sets of glasses, clothes, 440 tons of wheat flour, medical supplies	488,562
31-Jan-03	Private/NGO/Intl	Korean Sharing Movement	50 tons of sugar, 30 tons of cotton yarn, 120 tons of printing paper, 400 tons of dry milk	920,800
30-May-03	Private/NGO/Intl	Korean Sharing Movement	780,000 binds of dried laver, 24 kinds of medical supplies	2,152,169
31-Mar-03	Private/NGO/Intl	KRCAK	Clothes and non-food items	50,680
30-Apr-03	Private/NGO/Intl	KRCAK	4.8 tons of dry milk, 300 tons of wheat flour	100,920
30-Jun-03	Private/NGO/Intl	KWF	Equipments and construction materials for hospital	31,263
30-May-03	Private/NGO/Intl	KWF	1 million eggs	83,333
30-Jun-03	Private/NGO/Intl	KWF	Medical instruments and raw materials for bread	108,464
31-Mar-03	Private/NGO/Intl	KWF	Raw materials for bread, 10 tons of dry milk, baby supplies	155,558
28-Feb-03	Private/NGO/Intl	KWF	145 tons of wheat flour, 250,000 pairs of socks, medical equipments	200,780
31-Mar-03	Private/NGO/Intl	KWF	300,500 young trees, 5,000 sets of school things, clothes	345,303
31-Jan-03	Private/NGO/Intl	KWF	Medical appliances	636,440
30-Apr-03	Private/NGO/Intl	KWF	Medical equipments, clothesand agricultural machines	733,957
30-Apr-03	Private/NGO/Intl	Medical Aids for Children of DPRK	Production equipments for Chinese medicines, materials for medicines	42,233
30-Jun-03	Private/NGO/Intl	Medical Aids for Children of DPRK	Medical supplies	70,042
30-May-03	Private/NGO/Intl	NACF	10.5 tons of bean seeds, agricultural medicines and fertilizers	17,611
31-Jan-03	Private/NGO/Intl	NCCA	Equipment and materials of egg-raising farm	14,426
31-Mar-03	Private/NGO/Intl	NCNIADC	Seed potatoes, agricultural materials	221,051
30-Apr-03	Private/NGO/Intl	OB	Agricultural medicines and corn seeds	9,468
30-Jun-03	Private/NGO/Intl	OB	36 tons of wheat flour	10,332
31-Mar-03	Private/NGO/Intl	OB	36 tons of wheat flour, clothes	99,131

**Table IV: Additional Humanitarian Assistance to
Korea, Democratic People's Republic of
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as of 13 October 2003**

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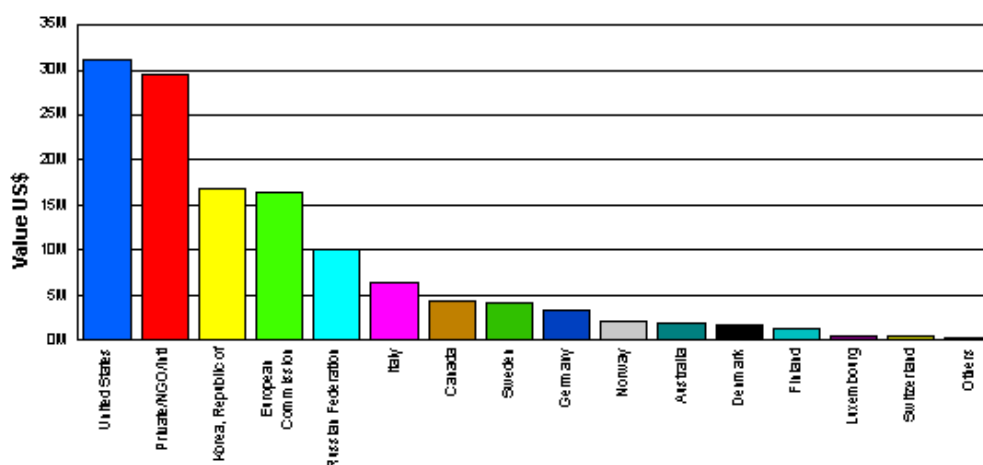
31-Jan-03	Private/NGO/Intl	OB	11 tons of dry milk	125,546
30-May-03	Private/NGO/Intl	OB	300 rolls of vinyl wrapper, clothes, 36 tons of wheat flour	151,257
30-May-03	Private/NGO/Intl	OCK	Construction materials	22,000
31-Mar-03	Private/NGO/Intl	OCK	Construction materials	25,320
30-Apr-03	Private/NGO/Intl	OCK	Construction materials	25,320
30-Jun-03	Private/NGO/Intl	OCK	60 tons of bean, 20 tons of bean oil, medical supplies	167,830
31-Jan-03	Private/NGO/Intl	OCK	Production facilities for dry milk, medicines, etc	508,828
28-Feb-03	Private/NGO/Intl	OCK	5 million tablets of anthelmintic medicine, clinical diagnosis equipments	2,104,059
30-Apr-03	Private/NGO/Intl	OKBM	30 tons of wheat flour and 500 pieces of bag	10,370
30-May-03	Private/NGO/Intl	OKBM	400 rolls of vinyl wrapper	20,240
30-Jun-03	Private/NGO/Intl	OKBM	30 tons of wheat flour, 16,200 liters of bean oil	31,591
28-Feb-03	Private/NGO/Intl	OKBM	30 tons of wheat flour, living necessities	179,360
30-Apr-03	Private/NGO/Intl	RC/Korea	200 tons of paper, medical supplies and sports shoes	709,537
31-Jan-03	Private/NGO/Intl	RC/Korea	701,500 sets of underclothes for winter	2,946,300
20-Mar-03	Private/NGO/Intl	Rotary Club of Shanghai	In kind - Solar oven for Pyongyang orphanage	12,500
30-Apr-03	Private/NGO/Intl	SNKC	500,000 young salmons, construction materials	177,810
4-Feb-03	Private/NGO/Intl	UNFPA	Essential RH medicines, medical equipment, IEC materials, capacity building	800,000
4-Apr-03	Private/NGO/Intl	UNICEF/FALU	In kind - 13,095 new born bundles kits, 4,299 infant-sized and 1,186 adult comforters distributed through ri-clinics and county and maternity hospitals in the east coast provinces	420,000
30-Apr-03	Private/NGO/Intl	World Vision Korea	Equipments and materials for potato growing	160,562
Subtotal for Private/NGO/Intl				41,621,805
28-Jan-03	Sweden	AFSC	Agriculture activities	175,439
22-Apr-03	Sweden	FAO	Technical assistance in support of agricultural relief operations in the DPRK (Government/FAO request)	253,535
Subtotal for Sweden				428,974
21-Feb-03	Switzerland	ADRA	Milkproducts	103,676
5-Apr-03	Switzerland	ADRA	Swiss dairy products	157,664
6-Jan-02	Switzerland	SHA	Agrarian project	356,115
Subtotal for Switzerland				617,455
Grand Total:				47,519,065

**Table V: UN Consolidated Inter-Agency Appeal for
DPR of Korea 2003**
Major donors by contributions
(carry over not included)
13-October-2003

Donor	Value US\$	% of funding
United States	31,114,651	24.04%
Korea, Republic of	16,832,152	13.00%
European Commission	16,396,636	12.67%
Russian Federation	10,000,000	7.73%
Italy	6,401,811	4.95%
Canada	4,367,930	3.37%
Sweden	4,070,266	3.14%
Germany	3,229,279	2.49%
Norway	1,999,244	1.54%
Australia	1,764,706	1.36%
Denmark	1,538,481	1.19%
Finland	1,250,284	0.97%
Luxembourg	438,593	0.34%
Switzerland	350,000	0.27%
Others	216,149	0.17%
Private/NGO/Intl*	29,468,160	22.77%
Grand Total:	129,438,342	100%

*) This includes unearmarked or broadly earmarked donor contributions which have been allocated by UNHCR to this appeal, as well as contributions from private and other non-government donors.

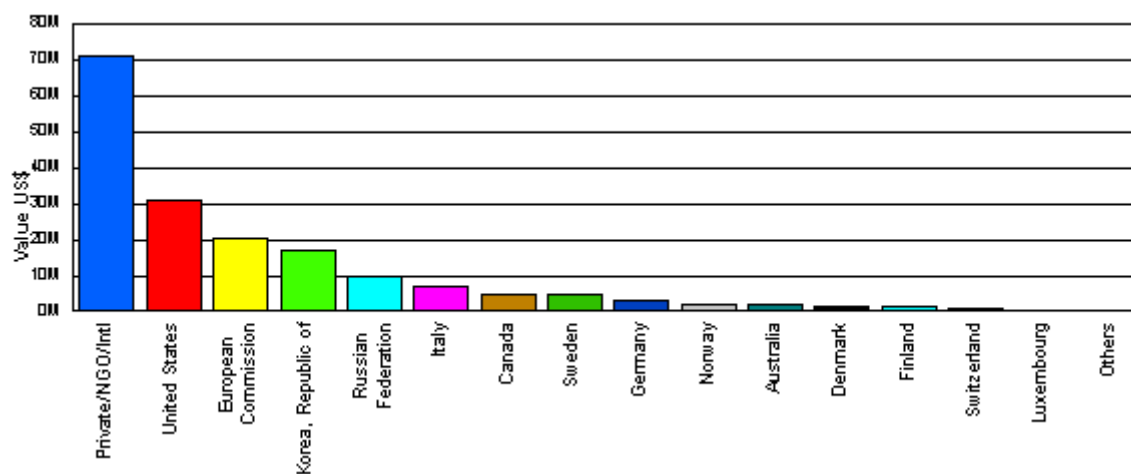
Major donors by contributions
(carry over not included)



**Table VI: Total Humanitarian Assistance for
DPR of Korea 2003**

Major Donors by Total Contributions*
(carry over not included)
13 October 2003

Donor	Value US\$	% of funding
Private/NGO/Intl	71,089,965	40.17%
United States	31,114,651	17.58%
European Commission	20,505,380	11.59%
Korea, Republic of	16,832,152	9.51%
Russian Federation	10,000,000	5.65%
Italy	6,817,101	3.85%
Canada	4,694,727	2.65%
Sweden	4,499,240	2.54%
Germany	3,229,279	1.82%
Norway	1,999,244	1.13%
Australia	1,764,706	1.00%
Denmark	1,538,481	0.87%
Finland	1,250,284	0.71%
Switzerland	967,455	0.55%
Luxembourg	438,593	0.25%
Others	216,149	0.12%
Grand Total:	176,957,407	100%



* includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)

ANNEX II.

2003 CAP MONITORING MATRIX

Goal 1. To meet the people's basic needs and rights, and work towards self-reliance.
Goal 2. To strengthen the foundation, and build capacities, for future development that ultimately leads to economic recovery.
Goal 3. To build the capacity of communities, institutions and families to offset vulnerabilities, in recognition that the family is the community's basic cell.

SUMMARY OF PROGRESS TOWARDS CHAP OBJECTIVES

Summary: International agencies have completed 23% of the humanitarian objectives for 2003. A further 63% have been partially completed. Although 13% of the objectives will not be achieved, the fact that substantial progress has been made towards 86% of the objectives is a considerable achievement, which validates that commitment of agencies and donors to the CHAP process.

Food Security. The objective of providing a nutritional safety net to vulnerable population groups has been partially achieved. While, on average, WFP has been able to provide food assistance to some 5.5 million beneficiaries, as compared to the programmed target of 6.4 million beneficiaries, the various beneficiary groups have received irregular food supplies due to pipeline shortages and delays in deliveries. The major distribution cuts for WFP core beneficiaries occurred in January-February and July, affecting children in nurseries and kindergartens, primary school children, pregnant and nursing women, elderly persons and caregivers.

Water and Sanitation. Although only UNICEF has implemented 2003 activities in the sector, activities in other target areas are ongoing using carry over funds from 2002 programme. NGO activities in the sector continued using carry over ECHO funds. An expected contribution by ECHO in the 4th quarter will reinforce achievements within the sector.

Health and Nutrition. Six of the nine objectives in the sector are partially achieved. Good progress was made towards strengthening national immunisation system and National Blood Transfusion service. Essential medicines are being regularly delivered to 162 counties. Low level of funding meant that only five or six very vital drugs were provided. The objective of strengthening health services to improve basic and emergency obstetric care was partially achieved by UNFPA activities in 3 County Hospitals. Considerable progress was achieved in advancing the rights of the disabled.

Education. The Education sector is poorly funded compared to 2002. UNICEF, using CAP and non-CAP funding, partially achieved two sector objectives. Overall result was that students received fewer textbooks and writing materials than planned and books were not provided at the start of the school year in April. Education information system set up (UNESCO-UNICEF) again using non-CAP funds. An Education For All seminar (Government-UNESCO-UNICEF), the first ever, was completed and was an opportunity for policy and strategy dialogue.

Agriculture. Sound progress towards achieving seven of the eight sector objectives. NGOs achieved four of the sector objectives that they had committed to support in 2003.

SUMMARY SHEET – STATUS OF CAP SECTOR OBJECTIVES

SECTOR	REPORTED FUNDING BY SECTOR US\$	COMPLETED OBJECTIVES	PARTIALLY COMPLETED OBJECTIVES	NOT ACHIEVED OBJECTIVES	TOTAL PLANNED OBJECTIVES
Agriculture	2,265,404	4	3	1	8
Food	114,692,550	0	3	0	3
Education	719,284	1	3	1	5
Health	10,573,243	3	5	1	9
Water and Sanitation	954,110	0	4	1	5
Total:	129,438,342	8	18	4	30
Percentage	56%	26%	60%	13%	100%

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
AGRICULTURE		
<p>#1. To improve food security at the household level in South Pyongan Province by strengthening the capacity of the household and cooperative farms to increase food production and income through the upgrading of the farmer's knowledge and capacity.</p> <p>Indicators to measure progress: Provision of household agriculture sets to each cooperative farm household. Completion of pilot activities on Integrated Pest Management (IPM) and ISFM. Increase in farm production and farm income in 2003 compared to 2002.</p>	DPRK-03/A05	Partially Achieved. Activities not conducted at the household level, but at the farm level. Pilot IPM activities undertaken through OCHA NGO Funding Mechanism. Improved Soil fertility management ideas explored.
<p>#2. To increase the production of fodder and fuel wood in South Pyongan Province, through the provision of training and input support to 14 cooperative farms.</p> <p>Indicators to measure progress: Number of staff on 14 cooperative farms trained in improved forestry practices. Increased area of non-agricultural land under forestry contributing to the protection of soils on hill/sloping lands. Project has initiated awareness, and the process towards action, for erosion control and land-use management.</p>	DPRK-03/A06	Achieved. Supporting CAP activity in final stages of implementation.
<p>#3. To reduce erosion and increase crop production on marginal lands in South Pyongan and South Hwangae Provinces through a reforestation programme that leads to the adoption of sustainable agro-forestry practices.</p> <p>Indicators to measure progress: Rehabilitation of four county level tree nurseries. Number of staff trained in improved production and transplantation methods. Adoption of agro-forestry techniques into county level land management.</p>	DPRK-03/A07	Achieved. Supporting CAP activity in final stages of implementation.
<p>#4. To strengthen household food security through integrated programme by combining land management, technical training and capacity building on three cooperative farms in North Pyongan.</p> <p>Indicators to measure progress: Provision of inputs for plant production, small animal husbandry, food processing, and food storage. Rehabilitation of cooperative drinking water systems. Adoption of improved land and natural resource management practices.</p>	DPRK-03/A04	Achieved. Supporting CAP activity in final stages of implementation.
<p>#5. Provide support to increased potato production on 50 cooperative farms, through improved potato seed storage supported by the provision of 1,150 MTs of fertiliser and 10 MTs of fungicide.</p> <p>Indicators to measure progress: Construction of potato seed storage facilities on 50 cooperative farms. Quantity of fertiliser and fungicide provided.</p>	DPRK-03/A02	Not Achieved. No funding for supporting activities.

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
<p>#6. To improve soil fertility management on 1,400 cooperative farms through training of farm staff in green manure and IPM, supported by the provision of green manure seeds and equipment.</p> <p>Indicators to measure progress: Number of farm workers trained in IPM and green manuring. Adoption of IPM and green manuring practices into farm management.</p>	DPRK-03/A01	Partially achieved. IPM has been reactivated at all levels, most especially on cooperative farms county and provincial plant protection stations. IPM training provided for 110 MoA, AAS, CPPS and cooperative farm engineers and work teams. This operation has received positive donor response, internal and external to the CAP, and is being diffused for the protection of cereal and vegetable crops. Government has endorsed the IPM strategy by discouraging use of toxic pesticides. Green manure seed (Hairy Vetch) provided to ten farms. Outside the CAP framework there are a number of agencies working towards a similar objective: SDC, ACAIR and FAO TCP.
<p>#7. To provide support to the Double Cropping Programme (Spring, Main and Winter Crops) through the provision of 11,200 MTs of fertiliser in order to increase production by an additional 348,883 MTs.</p> <p>Indicators to measure progress: Provision of 11,200 MTs of fertiliser. Increased agricultural production of 348,883 MTs⁶⁵.</p>	DPRK-03/A01 DPRK-03/A03	Achieved. FAO Project initiated April 2003. 5,295 MTs of fertiliser provided to 458 cooperative farms for 12,442 ha under Double Cropping, on which 75,047 MTs of rice and maize produced. Outside CAP Project EU-AidCo provided 60,818 MTs of urea for 2003 season (purchased 2002). RoK provided 100,000 MTs in 2003 (from 300,000 MTs announced in 2002).
<p>#8. Under the leadership of FAO and UNDP, a mechanism will be developed to clearly link the CAP and non-CAP agricultural programmes and projects into an integrated coherent framework that ensures limited humanitarian relief programmes complement and reinforce development programmes.</p> <p>Indicators to measure progress: FAO and UNDP produce an integrated coherent coordination framework by the end of 2003, which is endorsed by the Agricultural Sector Working Group.</p>	Not specified	Partially achieved. No sector coordination meetings held by UNDP and/or FAO in 1 st half of the year. No action yet taken to produce an integrated coherent coordination framework by lead agencies. A FAO programme coordinator was fielded during 3rd quarter to support and develop coordination mechanisms, and provide support to humanitarian and development activities. Outside CAP framework SDC has hosted 'Green Table' meetings to promote discussion and sharing of technical information within sector.
FOOD		
<p>#1. Provide a nutritional safety-net aid for designated vulnerable target groups affected by food shortages through the provision of food.</p> <p>Indicators to measure progress: Number of people reached out of 6.4 million vulnerable individuals (female/male). Improved nutrition status of target population as compared with November 1998 (female/male).</p>	DPRK-03/F01 DPRK-03/F04	Partially achieved. Despite breaks in the supply of some commodities, a nutritional safety net has been provided to 5.5 million vulnerable people (as compared to the programmed target of 6.4 million).
<p>#2. Produce, in a cost-effective manner, nutritious and fortified noodles, biscuits, CSM, CMB, and RMB.</p> <p>Indicators to measure progress: Approximately 50,000 MTs of fortified noodles, biscuits, CSM, CMB, and RMB produced. Percentage production against planned target.</p>	DPRK-03/F01 DPRK-03/F03	Partially achieved. Despite pipeline breaks and funding shortfalls fortified food was distributed to 2.8 million young children and pregnant and nursing women thereby reducing malnutrition and micro-nutrient deficiencies. During the first eight months more than 28,800 MTs was produced. Based on average production of 3,600 MTs per month (January to August), WFP Local Food Production is likely to fall short of the 52,000 MTs target by almost 20%.
<p>#3. Undertake a FFW programme that assists economic recovery through rehabilitation projects.</p> <p>Indicator to measure progress: Number of projects implemented.</p>	DPRK-03/F01 DPRK-03/F02	Partially achieved. Due to resource constraints, a number of planned FFW projects have been reduced. Planned food allocation for FFW activities was reduced from 65,000 MTs to 48,000 MTs, or by 26 %.

⁶⁵ Based on favourable climatic conditions.

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
EDUCATION		
<p>#1. Print 4.1 million textbooks for 650,000 children in primary school (eight books each) and pre-school year kindergartens (three books each) in 1,894 primary schools (39% of the country's total) and in 5,128 kindergartens (36% of the country's total) in the four vulnerable provinces of Ryanggang, North Hamgyong, South Hamgyong and Kangwon as well as for 200 remote branch schools and 26 children's homes (orphanages and boarding schools) around the country.</p> <p>Indicators to measure progress: Number of textbooks printed and distributed. Percent of children receiving books as planned.</p>	DPRK-03/E01	Partially achieved. Because of under-funding, only 3 million textbooks printed instead of 4.1 million (75% of planned). 100% of target students / schools received materials but in reduced quantities. Schools received later than planned, well into the academic year.
<p>#2. Provide a set of basic school materials (pencils, eraser, ruler, and notebooks) for 650,000 children in the same priority schools, kindergartens and children's homes.</p> <p>Indicators to measure progress: Percent of children receiving a basic set of materials as planned.</p>	DPRK-03/E01	Partially Achieved. Because of under-funding, only one-third to one-half quantities of student materials provided. 100% schools/students received materials but reduced quantities. Schools received later than planned, well into the academic year.
<p>#3. Train 500 primary school teachers in new teaching methods and student learning assessments.</p> <p>Indicators to measure progress: Percent of teachers trained in new teaching methodology (male/female).</p>	DPRK-03/E01	Not Achieved. Postponed to 2004 because SARS restrictions prevented in-country technical consultancies and the studies needed as a first step.
<p>#4. Set up a basic national education information system in 2003.</p> <p>Indicators to measure progress: National school survey completed and analysed. Availability of gender disaggregated data.</p>	DPRK-03/E01	Achieved. EMIS set up after training and hardware provision (UNESCO-UNICEF). Education information report forms / indicators revised including disaggregated data girls/boys. National data collection and analysis (all provinces) expected end-year for completion early 2004.
<p>#5. Improve the quality of the learning environment through the emergency rehabilitation of 63 primary schools.</p> <p>Indicators to measure progress: Physical rehabilitation completed. Increased attendance rate.</p>	DPRK-03/E01 DPRK-03/E002 DPRK-03/H17	Achieved. Three schools through UNICEF co-operation using WES funds for water and sanitation rehabilitation and education funds for physical rehabilitation – both non-CAP funding. 60 schools through NGO (GAA) cooperation (CAP funding). Cannot yet measure impact on attendance.
HEALTH AND NUTRITION		
<p>#1. Strengthen the capacity of the health system to be able to deliver essential services, with an emphasis on the treatment of priority women and child illnesses, in health facilities in 163 counties. This will be achieved by providing an uninterrupted supply of essential drugs, additional basic medical equipment, and medical supplies, which will be supported by training in their proper use.</p> <p>Indicators to measure progress: Percentage of health institutions in 117 counties receiving adequate and uninterrupted quantities of drugs (excluding ORS). Percentage of health institutions in 163 counties receiving adequate and uninterrupted quantities of ORS. Percentage of health institutions receiving basic medical equipment and supplies (1,200 ri-clinic kits and 15 county hospital kits). Percentage of health workers trained on proper case management of diarrhoea, and acute respiratory infections. Number of households received Information, Education, Communication (IEC) materials on treatment of women and child diseases.</p>	DPRK-03/H01 DPRK-03/H03 DPRK-03/H07 DPRK-03/H09 DPRK-03/H12 DPRK-03/H13 DPRK-03/H18	Partially Achieved. Excellent progress in ensuring regular deliveries of essential medicines to health facilities in 163 counties. Local production of ORS also increased. Funding constraints mean only five or six "very vital" medicines could be provided. Less than 100 health staff trained in critical illnesses and much more needs to be done in training in 2004. Over 100,000 families received basic facts for life books containing essential good practices for children and women. Larger number of families received key messages through mass media (TV / radio) but numbers cannot be estimated.

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
<p>#2. Strengthen the capacity of health services to provide access to improved basic and emergency obstetric care services to health facilities in 155 counties.</p> <p>Indicators to measure progress: Percentage of planned health facilities in 155 counties, which have been equipped with basic delivery, gynaecological and operating room equipment, and other essential supplies. Percentage of health workers trained in emergency obstetric care, life-saving skills, and reproductive health.</p>	DPRK-03/H03 DPRK-03/H05 DPRK-03/H06 DPRK-03/H08 DPRK-03/H12 DPRK-03/H13	Not Achieved. Due to very low funding for UNICEF, and an absence of funding for UNFPA and WHO related activities, it is unlikely this objective will be achieved or partially achieved in 2003. This places approximately 400,000 pregnant women at increased risk of maternal mortality and infant mortality.
<p>#3. Strengthen the institutional capacity of the national immunisation system (EPI) to routinely immunise 470,000 children under-one with seven EPI antigens, and 480,000 pregnant women with tetanus toxin and to advance polio eradication activities.</p> <p>Indicators to measure progress: Percentage of children under one year and pregnant women immunised, by antigen. Percentage of target counties equipped with adequate cold chain equipment. Percentage of planned vaccines and cold chain supplies provided. Reported AFP surveillance rate. Percentage of health workers trained on EPI, cold chain management, and AFP surveillance.</p>	DPRK-03/H04A-B	Partially Achieved. Despite low funding, UNICEF and WHO made good progress towards strengthening national immunisation system. Good technical co-operation seen. Routine immunisation coverage (full) expected to be around 75%. Polio eradication on track. Coverage surveys still needed to verify Government reported coverage of near 100%.
<p>#4. Support the emergency nutrition rehabilitation of 10,000 severely malnourished children in 12 paediatric hospitals and 13 baby homes and three counties, using approved protocols, through the provision of uninterrupted supplies of rehabilitation materials and training. This support will be enhanced by carrying out growth monitoring through the provision of measurement tools, guidelines, recording charts, and training for caregivers in 1,000 additional nurseries.</p> <p>Indicators to measure progress: Percentage of institutions carrying out effective nutrition rehabilitation. Percentage of planned quantities of therapeutic milk and other rehabilitation supplies provided. Percentage of institutions carrying out growth monitoring of children <5 years. Percentage of institutions with health providers trained on nutrition rehabilitation and percentage care-givers trained on growth monitoring.</p>	DPRK-03/H02	Fully Achieved. Around 10,000 severely malnourished children treated in 25 centres (of 28 planned) and despite late funding essential therapeutic foods were always available mainly because of significant ECHO funding for this objective. Should be noted however that 10,000 children treated is only 15% of the estimated 70,000 severely malnourished children in the country, the majority of whom are not referred for the special care needed for their survival. Growth monitoring expanded to additional nurseries as planned but quality of growth monitoring and use of results is poor.
<p>#5 Reduce micronutrient deficiencies among 2.2 million children under five and 420,000 pregnant and lactating women, through the provision of Vitamin A, iron supplementation, and iodised salt. Other micronutrient deficiencies will be addressed through the local production and distribution of fortified complementary and supplementary food, to children and pregnant and lactating women.</p> <p>Indicators to measure progress: Percentage of children under-five, and lactating women within six weeks after delivery, receiving adequate vitamin A supplementation. Percentage of pregnant and lactating women receiving iron/multivitamins supplementation Percentage of iodised salt produced per planned production target. Production of fortified food CSB, CMB, RMB, HEB, and noodles locally against the needs and production capacity. Distribution of fortified food to 2 million children under seven and 250,000 pregnant and lactating women.</p>	DPRK-03/H02	Partially Achieved. Vitamin A supplementation targets fully met with DPRK again achieving highest child supplementation in the region – because of the success of the national child health days. Post-delivery vitamin A coverage at over 50% and increasing following adoption of new protocols by the MoPH. Iodised salt production maintained at 20,000 MT the same as last year but only 70% of planned target this year. Review of iodised salt production constraints completed and a plan for boosting production and household consumption will be prepared by end year. Local food production continues. Target of reaching all pregnant and lactating women in accessible counties with fortified foods not achieved due to shortfalls in WFP pipeline.

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
<p>#6. Strengthen the institutional capacity of the KASD to coordinate assistance for people with disabilities, including the provision of training in improved orthopedic services to 40 technicians, in order to provide improved assistance to 2,500 disabled people.</p> <p>Indicators to measure progress: Percentage of 2,500 disabled people assisted. Percentage of 40 technicians manufacturing improved devices. Enlargement of KASD's mandate from mobility impairment to other disabilities.</p>	DPRK-03/H14	<p>Achieved. Approximately 3185 people were assisted either by receiving a prosthetic device or by receiving a wheelchair or crutches. Target has been exceeded (127% of expected results). 2485 people benefited from the distribution of wheelchairs and crutches. 18 technicians or 45% are manufacturing devices for the reasons explained in the sections above (ie dropping of project DPRK 03/H15 which foresaw the training of 12 technicians and the transfer of staff, etc from the Hamhung workshop). Enlargement of KASD's mandate from mobility impairment to other disabilities was fully achieved with the approval of the new law related to people with disabilities (June 2003). KASD's mandate has been expanded from mobility impairment to other disabilities and to assisting line-ministries (labour, culture/sport, education and health) in drafting regulations for the implementation of the new law.</p> <p>Outside CAP framework, the ICRC established a orthopaedic workshop in Songrim in collaboration with the National Red Cross in 2002. From that workshop, an estimated 500 prosthetic devices and 459 walking aids have been delivered so far this year (2002). 16 technicians and 3 physio assistants have also received ongoing training.</p>
<p>#7. Strengthen the control and surveillance of communicable diseases, in particular malaria by prompt diagnosis and treatment, through vector control by supplying 100,000 units of chemically impregnated bed-nets, and screens for windows and doors.</p> <p>Indicators to measure progress: Percentage of malaria case reduction per 1000 people in high-risk areas. Number of malaria cases reported (male/female). Number of units of chemically impregnated bed-nets, and screens for windows and doors, procured and delivered to high risk areas. Percentage of families in high-risk areas supplied with impregnated bed-nets, and screens for windows and doors.</p>	DPRK-03/H10	Partially Achieved. Excellent progress towards the control and surveillance of communicable diseases, in particular malaria. MoPH, with support of WHO, are improving preparedness measures for SARS.
<p>#8. Strengthen the BTS by improving facilities, providing equipment and improved technical procedures to the National Blood Bank and three provincial blood centres, including supplying disposable blood bags and other consumables for 50,000 transfusions.</p> <p>Indicators to measure progress: Percentage of facility improvement completed. No of blood centres provided with upgraded equipment. Percentage of blood bags provided. Percentage of blood transfusion in the project areas undertaken with disposable blood bags.</p>	DPRK-03/H11	Partially Achieved. WHO is making considerable progress towards strengthening National Blood Transfusion Service.
<p>#9. Improve living conditions for patients and staff in 13 health institutions, and approximately 400 children's institutions, during the winter 2002/2003, through provision of essential relief items and emergency rehabilitation works.</p> <p>Indicators to measure progress: Number of child institutions rehabilitated. Number of health institutions rehabilitated.</p>	DPRK-03/H12 DPRK-03/H17 DPRK-03/H16 DPRK-03/H18	Achieved. Despite considerable implementation difficulties, living conditions have been improved for patients and staff in 13 health institutions, and approximately 400 children's institutions.

Sector Objectives and Indicators to measure progress:	Supporting Project Activity	Achievement of Sector Objective
WATER AND SANITATION		
<p>#1. Ensure adequate quantity and quality of water and safe sanitation facilities in assisted communities, including institutions (hospitals, health clinics, baby homes, nurseries, kindergartens, and schools) through the provision of upgraded water and sanitation facilities.</p> <p>Indicators to measure progress: Percent of targeted communities with upgraded water supply systems. Percent of households in targeted communities with access to upgraded water supply systems. Percent of institutions within targeted communities with upgraded water supply systems. Percent of institutions within targeted communities with upgraded sanitation facilities. Percent of institutions within targeted communities with adequate washrooms and hygiene materials. Percent of institutions receiving training on basic sanitation / hygiene practices,</p>	DPRK-03/WS01 DPRK-03/WS02 DPRK-03/WS03 DPRK-03/WS04 DPRK-03/WS05 DPRK-03/WS06 DPRK-03/WS07	Partially Achieved. Mixed progress due to late funding for UNICEF, most funds arriving in the second half of the year as well as postponement of new NGO projects because of their project cycles.
<p>#2. Develop the capacity of targeted communities and local water authorities to be able to plan, implement, maintain and monitor water supply and sanitation systems in their areas of responsibility by incorporating capacity building and upgrading of knowledge in programmes.</p> <p>Indicators to measure progress: Number of technical needs assessments carried out and implemented. Number of functioning water supply systems and sanitation facilities. Percent of community leaders, water managers and technicians trained in improved planning, implementation, and water supply and sanitation systems. Percent of local water authorities equipped and able to test water quality.</p>	DPRK-03/WS01 DPRK-03/WS03 DPRK-03/WS04 DPRK-03/WS05 DPRK-03/WS06 DPRK-03/WS07	Partially Achieved. Mixed progress. See comments above. Two new county water assessments completed during the year (UNICEF) and additional on-the job technical transfer contributed.
<p>#3. Increase the basic hygiene and disease prevention knowledge and practices of all households, caregivers, and decision-makers in accessible counties. This will be achieved through the dissemination of basic IEC package on hygiene promotion and disease prevention using standard messages and suitable for use by all partners active in the sector developed and disseminated through all available channels.</p> <p>Indicators to measure progress: KAP study carried out. Percent of institutions and communities receiving information materials. Percent of population receiving information (mass media, materials). Reduction of waterborne diseases reported in health institution statistics.</p>	DPRK-03/WS01 DPRK-03/WS03 DPRK-03/WS05 DPRK-03/WS06 DPRK-03/WS07	Partially Achieved. Over 100,000 families received hygiene information through dissemination of facts for life messages. Also disseminated to key Ministries and all local authorities at provincial and county levels. Impact on improving practices cannot yet be assessed until surveys are completed end 2003 (UNICEF three counties) and in October 2004 (UNICEF nationally).
<p>#4. Increase the capacity of the MoCM to set national water and sanitation standards, plan, monitor and evaluate sector progress through policy dialogue and the provision of technical advice.</p>	DPRK-03/WS01	Partially achieved. UNICEF joint technical assessments in two additional counties contributed as well as 11 joint UNICEF-MoCM field visits during the year. Overseas study visits (China) also contributed.
<p>#5. Improved MoCM capacity to set national water and sanitation standards, plan, monitor, and evaluate sector progress.</p> <p>Indicators to measure progress: National standards on daily water consumption available. Number of joint field visits made with central managers/technicians. Institutional assessments completed. County water and sanitation assessments and rehabilitation plans completed in piloted counties. Assessments of provincial water treatment stations in the disadvantaged regions. Government-led coordination mechanism for all sector stakeholders adopted and at least two coordination meetings held during the year.</p>	DPRK-03/WS01	Not Achieved. Low funding of UNICEF programme undermines capacity of agency to increase MoCM capacity. Without substantial increase in UNICEF funding this objective is unlikely to be achieved.

ANNEX III.
2003 CAP PROGRESS REPORT – PROJECT ACTIVITIES

SUMMARY TABLE – STATUS OF CAP SECTOR ACTIVITIES						
SECTOR	REPORTED FUNDING BY SECTOR US\$	COMPLETED PROJECTS	PARTIALLY COMPLETED PROJECTS	POSTPONED PROJECTS	CANCELLED PROJECTS	TOTAL PLANNED PROJECTS
Agriculture	2,265,404	3	2	1	1	7
Food	114,692,550	0	4	0	0	4
Education	719,284	1	1	0	0	2
Health	10,573,243	4	11	3	1	19
Water and Sanitation	954,110	0	1	0	6	7
Total:	129,438,342	8	19	4	8	39
Percentage	56%	21%	49%	10%	21%	100%

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
AGRICULTURE				
DPRK-03/A01 FAO	Support to the double cropping programme (main and winter crops 2003) within AREP	Appeal - 1,969,000 Funding – 1,363,650 Deficit 605,350	Partially completed	Project initiated April 2003. 5,295 MTs of fertiliser provided to 458 cooperative farms for 12,442 ha under Double Cropping, on which 75,047 MTs of rice and maize produced.
DPRK-03/A02 FAO	Support to potato production, including improved potato seed storage, double cropping programme, 2003 within AREP	Appeal - 912,000 Funding – 0 Deficit – 912,000	Postponed	No funding received. Too late to launch potato production, as part of Double Cropping. 25,000 targeted households have continued food insecurity due to insufficient seed, and other critical inputs. Inadequate storage facilities means avoidable post harvest losses not reduced – this could still be addressed if funding available. FAO seeking resources for potato seed storage facilities.
DPRK-03/A03 FAO	Support to the double cropping programme (spring and main crops 2003) within AREP	Appeal - 1,185,000 Funding – 0 Deficit – 1,185,000	Cancelled	No funding received. Too late to initiate Spring crops production, as part of Double Cropping. Given the favourable climatic condition opportunity cost requires importing incremental grain worth approximately US\$ 30 million. The two double cropping programmes partially overlap, therefore inputs provided for DPRK-03/A01 FAO were applied to the main projects.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
DPRK-03/A04 DWH/GAA	Strengthening food security and livelihood of families of three selected cooperatives in North Pyongan (Phase I)	Appeal - 220,000 Funding – 233,918 Deficit - 0	Completed	Rehabilitation of multiplication and management system for winter wheat seed in 8 counties of South Hwanghae province. Project assisted three cooperative farms to improve the food security of 2,100 households through sustainable land use practices.
DPRK-03/A05 Concern	Improved household food security - South Pyongan	Appeal - 200,000 Funding – 200,000 Deficit - 0	Completed	Project commenced in January 2003. Project in final stage of implementation. Food security for 14,000 beneficiaries on four cooperative farms has been maintained. Inputs provided include plastic sheeting, seeds, food processing equipment etc.
DPRK-03/A06 Concern	Sustainable production of fodder and fuel wood in South Pyongan Province	Appeal - 200,000 Funding – 233,918 Deficit - 0	Partially completed	Continuing on from previous projects Concern has produced 90,000m ³ of fuel wood in 2003 satisfying the heating/cooking requirements for 52,000 people (13,000 families) as direct beneficiaries of the project in South Pyongan province. This directly impacted on people's well being during winter months, especially for more vulnerable groups in the population. Project on target to be completed in the 4 th quarter of 2004.
DPRK-03/A07 TGH	Forestry and environmental protection in South Pyongan and South Hwangae Province (4 counties)	Appeal - 200,000 Funding – 233,918 Deficit - 0	Completed	Early funding received allowed implementation of project to start in the first quarter of 2003. Scope of project reduced from 5 to 3 tree nurseries in line with FRDC priorities. Project will be completed by end 2003. Activities strengthen the capacity of tree nurseries and to provide enough healthy saplings in order to reforest marginal land South Pyongan and South Hwanghae Provinces.
FOOD AID				
DPRK-03/F01 WFP	Emergency assistance for vulnerable groups, Emergency Operation (EMOP) DPRK No. 10141.1	Appeal - 195,538,595, Approved budget – 201,087,982 Funding * – 86,559,490 Pipeline Adjustment * – 27,912,743 Deficit * – 86,615,749	Partially Completed	Pipeline shortages seriously impacted WFP's activities during the first quarter of 2003 and again in July 2003. In both instances, nearly 3 million nursery, kindergarten and primary school children, as well as pregnant and nursing women, elderly and caregivers did not receive their planned rations. From 1 August, using cereals loan from the Government, WFP was able to resume distributions to all VGF beneficiaries. Apart from direct VGF, further contributions are required to continue operating Local Food Production factories. They produce enriched blended food, biscuits and noodles that constitute a vital nutritional support to malnourished young children and pregnant and nursing women. FFW is another important EMOP component. FFW projects aim to increase food security at the household level by creating employment opportunities for unemployed/ underemployed industrial workers, as well as for state farmers during four months of diminished agricultural activity. These projects help protect and increase agricultural production through flood control, reforestation and similar activities. The resources constraints have already led to a significant reduction in the food allocation in support of FFW activities. To meet the needs of targeted beneficiary groups during the period November 2003 - March 2004, and considering carry-over/pipeline adjustments, additional pledges are required for WFP's planned delivery of 484,000 MTs of food mostly cereals.
DPRK-03/F01 WFP	Special operation (SO) DPRK - (a) Support to FFW projects	Appeal - 554,000 * Funding – 0 ⁶⁶ Deficit – 554,000	Partially Completed	(*) Approved SO budget totals US\$ 3,959,545 for period 1/1/01 – 31/12/03. Funds appealed for under CAP refer to additional requirements for 2003. Essential NFIs (shovels, hoes, stretchers and soap) have been procured that will strengthen the implementation of FFW projects in the autumn season, ensuring safe work conditions for FFW participants, including large numbers of women. Improved quality of the works undertaken will contribute to more effective disaster mitigation and agricultural rehabilitation.

⁶⁶ Contributions totalling US\$ 220,318 were received in 2003 in support of the three SO components.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
DPRK-03/F01 WFP	Special operation (SO) DPRK - (b) Support to local food production	Appeal - 724,000 * Funding - 0 Deficit - 724,000	Partially Completed	(*) Approved SO budget totals US\$ 3,959,545 for period 1/1/01 - 31/12/03. Funds appealed under CAP refer to additional requirements for 2003. A study tour is planned by end November 2003 for national counterparts to observe WFP's local food production programme in India. Insights gained in the operation and management of the well-established processing facilities in India are expected to contribute to building local capacity and improving the effectiveness of LFP facilities under the 2003 EMOP.
DPRK-03/F01 WFP	Special operation (SO) DPRK - (c) Essential support to port operations	Appeal - 350,000 * Funding - 0 Deficit - 350,000	Partially Completed	(*) Approved SO budget totals US\$ 3,959,545 for period 1/1/01 - 31/12/03. Funds appealed under CAP refer to additional requirements for 2003. A strategic storage facility has been established in the main port of Nampo and procurement of pallets. This allows for the safe and controlled storage of WFP food commodities, while awaiting their final distribution, minimising losses and damage.
EDUCATION				
DPRK-03/E01 UNICEF	Basic education priorities	Appeal - 845,250 Funding - 270,432 Deficit - 574,818	Partially Completed	Project 32% funded through the CAP, 69% through CAP and non-CAP. Project under-achieved because of under-funding / late receipt of funding and the impact of SARS restrictions on travel. Most CAP funding was only received mid-year. Overall, of 5 planned CAP project outputs, two were fully achieved, two partially achieved and one not achieved (postponed to 2004). Overall result was that students received fewer textbooks and writing materials than planned and books were not provided at the start of the school year in April, but only provided in the second half of the year, well into the academic year. 3 million textbooks were printed against 4.1 million planned. 2.5 million pencils (5 per student) against 5.9 million planned. Three primary schools were rehabilitated using non-CAP funds as part of an integrated approach to child development at the county level. Education information system set up (UNESCO-UNICEF) again using non-CAP funds. Two studies on learning achievement/assessment and textbook production could not be completed because of SARS travel restrictions and will be completed in early 2004. An Education For All seminar (Government-UNESCO-UNICEF), the first ever, was completed and was an opportunity for policy and strategy dialogue.
DPRK-03/E02 DWH/GAA	Improved insulation of 60 primary schools in the province of North Pyongan (Kusong, Taechong, Dongrim)	Appeal - 350,000 Funding - 448,852 Deficit - 0	Completed	Installation of 3,200 windows and 700 doors in 70 primary schools and kindergartens in the counties Unsan and Kujang in North Pyong'an province completed in 2 nd quarter.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
HEALTH				
DPRK-03/H01 UNICEF	Essential drugs	Appeal – 4,646,250 Funding – 2,434,812 Deficit – 2,211,438	Partially Completed	Project 55% funded through CAP. Overall 57% funded considering funding from CAP and non-CAP sources. Project is under-achieved because of under-funding and late funding despite this project being assigned high priority for funds allocation. Of the five-planned CAP project outputs three were full achieved and two partly achieved. Excellent progress in ensuring regular deliveries of essential medicines to health facilities. More than 90% of provincial deliveries to all 12 provinces / cities completed on time with no delays, signalling significantly improved project logistics capacity. Local production of ORS also increased to over 3 million. The overall result was improved availability of basic treatments in health facilities including for diarrhoea and pneumonia the main causes of child illness and death in the DPRK. Although the coverage of health facilities was high (100% of planned) and regular deliveries were established, the range of items and therefore the coverage of diseases, especially for women's health, had to be scaled back significantly from the 22 items planned to only five or six "very vital" medicines.
DPRK-03/H02 UNICEF	Emergency nutrition rehabilitation, prevention of malnutrition and the control of micro-nutrient deficiencies	Appeal - 2,016,000 Funding - 1,123,926 Deficit – 892,074	Partially Completed	Project 56% funded through CAP. Overall 76% funded considering CAP and non-CAP sources. Project achievement was good. Of 15 planned CAP project outputs 12 were achieved, 2 partially achieved and one not achieved. More severely malnourished children were treated than in 2001 and 2002, mainly due to a specific ECHO contribution. 60 staff trained in nutrition rehabilitation by MoPH but quality of training uncertain. National breastfeeding training team established but maternity hospitals not accredited. Key micro-nutrient objectives were fully met with almost all children receiving vitamin A and dewormed twice. Again DPRK achieved the highest vitamin A coverage in the region. Iron supplements widely available but only used for treatment of anaemia in pregnancy and not for prevention and this is under discussion with the MoPH. Salt iodisation objectives, 75% met with around 20,000 MTs of iodised salt produced and plans for scaling up in 2004 now prepared.
DPRK-03/H03 UNICEF	Maternal and child health priorities	Appeal - 598,500 Funding – 0 Deficit – 598,500	Partially Completed	Project 0% funded through CAP. Overall 8% funded considering CAP and non-CAP sources. Project progress is low as a result of under-funding with this project assigned a lower priority than other health-nutrition projects. Of 7 planned CAP project outputs 1 was achieved and 1 partially achieved, others were not achieved. IMCI (integrated management of child illnesses) process started and CDD/ARI training held. Safe-motherhood strategy working group formed, chaired by UNICEF and work began to agree on a more comprehensive consistent approach to reducing maternal deaths. No additional facilities equipped for safe delivery due to low funding and priority allocation of low funding to other UNICEF CAP projects (H01, H02, H04).
DPRK-03/H04A UNICEF	Expanded Programme on Immunisation (EPI)	Appeal - 1,480,500 Funding – 643,095 Deficit – 837,405	Partially Completed	Project 43% funded through CAP. Overall 54% funded considering CAP and non-CAP sources. Project achievement was good. Of 6 planned CAP project outputs (UNICEF) 2 were achieved and four largely achieved. No shortages of vaccines and supplies during the year. Further upgrading of central cold stores completed and national cold chain inventory initiated (to guide future procurements / needs). Training programme for 70 managers completed. Provincial level training and re-equipping counties fell short of planned targets with additional focus given to consolidating central facilities and team skills ready for expansion in 2004. Six months UNICEF technical assistance given during the year indicating the willingness of the MoPH to accept technical support/advice in this area.
DPRK-03/H04B WHO	Expanded Programme on Immunisation (EPI)	Appeal – 339,200 Funding -0 Deficit – 339,200	Partially Completed	Training of engineers for installation of solar refrigerators completed, but delivery of solar equipment delayed, and will arrive in October and November. AFP surveillance reached target level. Updated field guidelines on AFP surveillance completed and printed, and training completed. Activities for strengthening of National Polio Laboratory completed. Certification activities have progressed as scheduled. Technical assistance with technical expert for six months completed as planned.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
DPRK-03/H05 UNFPA	Strengthening of obstetric care at community level	Appeal - 287,000 Funding – 301,866 Deficit – (14,866)	Partially Completed	The project is fully funded by ECHO. Project on track to improve the maternal health of 110,000 women of reproductive health age in 200 communities. This will be achieved by upgrading ri hospital delivery rooms (midwifery kits, diagnostic sets, instruments etc.), providing essential drugs, contraceptives and commodities. 400 doctors and 600 midwives/nurses trained in the early detection and management of complications and risk factors during pregnancy and childbirth, use of modern techniques and treatment methods.
DPRK-03/H06 UNFPA	Rehabilitation of RH and family planning services	Appeal - 295,000 Funding – 0 Deficit - 0	Postponed	Seeking donor support. The shortfall of funding resources means that there is an increased risk of maternal mortality and morbidity for 4,500 pregnant and nursing women (plus up to 17,000 other women of reproductive health age). Given the lack of public transportation, combined with the shortfall of resources for obstetric and gynaecological services, means that women living in remote areas are unable to access quality RH services.
DPRK-03/H07 WHO	Strengthening of health services at community level	Appeal - 2,342,600 Funding – 1,819,975 Deficit – 522,625	Partially Completed	Procurement of 300,000 ri kits and 4 county hospital kits completed. Additional funding recently received to provide county kits to 12 hospitals, and procurement will start as funds have been received. Training activities will take place in October. This project has capacity to be scaled up if additional funding is given.
DPRK-03/H08 WHO	Improving laboratory services at local level - pilot project	Appeal – 206,700 Funding 100,000 Deficit – 106,700	Postponed	Delayed due to shortage of funds and SARS. Technical assessment by WHO expert to take place 4 th quarter.
DPRK-03/H09 WHO	Essential medicines for vulnerable groups	Appeal – 424,000 Funding – 0 Deficit – 424,000	Postponed	Zero funding reported (The 23% donation has not yet been confirmed to OCHA's Financial Tracking System (FTS) and hence is not reflected in this document financial tables) Support for local production of essential medicines in progress.
DPRK-03/H10 WHO	Strengthen the control of malaria, HIV/AIDS and other communicable diseases of public health importance	Appeal – 1,378,000 Funding – 817,719 Deficit – 560,281	Partially Completed	Malaria programme is funded about 80%. Anti-malarial medicines procured. Other supplies will arrive late April. Technical support ongoing. The recruitment of the experts for technical assistance is partly completed. Training material under translation. Limited funds have been spent on SARS preparedness. Technical support for HIV prevention strategy ongoing. Additional funding urgently required for strengthening control SARS and other communicable diseases.
DPRK-03/H11 WHO	Upgrading blood transfusion services	Appeal – 540,600 Funding – 521,921 Deficit – 18,679	Partially Completed	Ongoing from funding by ECHO from 2002. ECHO has provisionally approved approximately € 875,000 for this project in 2003/04. Funding subject to final regulatory approval and signing of project agreement.
DPRK-03/H12 PU	Support to five hospitals through basic rehabilitation of facilities and provision of medical supplies and equipment	Appeal - 285,000 Funding – 257,787 Deficit - 0	Completed	With the support of ECHO, PU has completed the following activities in nine hospitals: funding improved the insulation of general wards, rehabilitation and insulated operating theatres, partially renovated traditional heating system in patient's rooms provide essential bedding materials, hygienic kits and inputs for IV fluids production. This project, which is nearly completed, will improve living conditions for patients and staff in nine hospitals with a catchment population of 700,000 people (2,435 beds).
DPRK-03/H13 PU	Rehabilitation of IV fluids production in provincial and county hospitals	Appeal - 830,000 Funding – 1,115,258 Deficit - 0	Partially Completed	Activity implementation: Première Urgence resident team for this project is composed of two expats (head of mission and technical coordinator) and five Korean employees (one of which is an engineer). Most of the contracts with manufacturers of medical equipment have been signed. The laboratories design (structures, electricity and water supply) is completed. An invitation to tender for building materials has been issued. Programme aims to reach up to 2,500 patients per day.

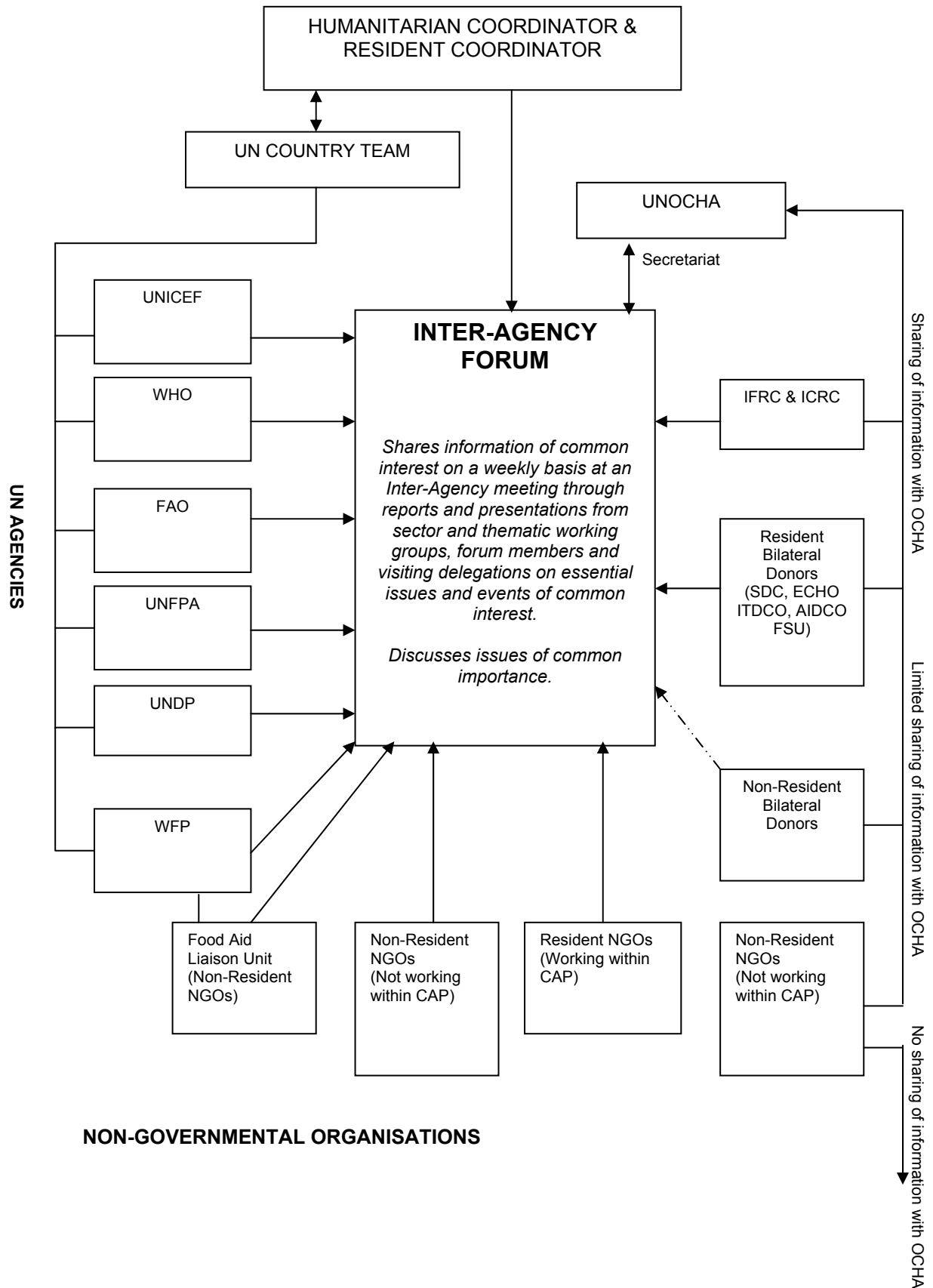
PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
DPRK-03/H14 HI B	Orthopaedic services and rehabilitation of people with disabilities in Hamhung	Appeal - 150,000 Funding – 603,372 Deficit - 0	Partially Completed	<p>The capacity of the KASD, has been strengthened, and the new 'Law for the Protection of People with Disabilities' was approved by the Supreme People's Assembly of the DPRK in June 2003. KASD's mandate has been expanded from mobility impairment to other disabilities and to assisting line-ministries (labour, culture/sport, education and health) in drafting regulations for the implementation of the new law.</p> <ul style="list-style-type: none"> - Approximately 700 people have received a prosthetic device and have benefited from receiving adequate rehabilitation treatment. The Orthopaedic workshop supported by HIB has not been able to work at full capacity due to an undersupply of patients. Cost of travel, cost of lodging, difficulty of travel in the winter months, and a lack of awareness about the benefits of the new technology being used were all negative factors for this result. However, the "down time" was used to better train the local technicians, organise the management of the workshop, focus activities, etc. - 2,485 people benefited from the distribution of wheelchairs and crutches. This result was not specifically foreseen in the original HIB proposal to the CAP but was possible due to the additional funding. - 18 technicians, 1 workshop manager, and 4 physio-assistants have received ongoing training. Initially it was expected that 28 technicians would receive ongoing training. However, some of the candidates were transferred by the Government and it was decided that the new number of 18 technicians is appropriate for the size of the workshop, the production there, and the expatriate staff. In order to better contribute to the functioning of the workshop, local staff was nominated to become the workshop manager. In order to have a complete rehabilitation cycle, 4 physio-assistants received ongoing training. - The capacity of the Korean Association for Support to the Disabled has been strengthened, and the new law for the projection of disabled people was approved. KASD's mandate has been expanded from mobility impairment to other disabilities. - The Hamhung Orthopaedic Hospital Received Some Support in the form of 60 bed kits, 3 autoclaves, and 30,000 plaster bandages (for making casts). This result was not specifically foreseen in the original HIB proposal to the CAP but was possible due to additional funding.
DPRK-03/H15 HI B	Orthopaedic services and rehabilitation of people with disabilities in northern areas	Appeal - 300,000 Funding – 0 Deficit - 0	Cancelled	Following discussions with HIB partner, and an internal evaluation from HIB headquarter in March the decision was taken to concentrate effort in Hamhung City in line with above proposed activity.
DPRK-03/H16 Concern	Rehabilitation of children institutions in South Pyongan Province	Appeal - 280,000 Funding – 280,000 Deficit - 0	Completed	Project activities ensured that over 12,000 pre-school children had improved living conditions in nurseries though improved insulation.
DPRK-03/H17 TGH	Light rehabilitation of health structures and schools in 8 cooperative farms in South Pyongan Province	Appeal - 372,000 Funding – 313,152 Deficit - 0	Completed	Project activities ensured that over 13,000 school-aged children had improved living conditions, both in health centres and schools, though improved insulation.
DPRK-03/H18 CESVI	Support for improving living conditions of young children in the nurseries of Munchon and Wonsan, Kangwon Province	Appeal - 240,000 Funding – 240,000 Deficit - 0	Completed	Project activities ensured that over 24,000 school-aged children had improved living conditions, both in health centres and schools, though improved insulation.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
WATER AND SANITATION				
DPRK-03/WS01 UNICEF	Water and environmental sanitation and hygiene education	Appeal - 2,509,500 Funding – 954,110 Deficit – 1,555,390	Partially Completed	Project 38% funded through CAP. 63% Project progress was mixed due to late arrival of funding. Project expected to be fully funded at year-end (new ECHO decision pending) but most funds arrived in the second half of the year. Of nine planned CAP project outputs, five were achieved, two partially and two not achieved. Rehabilitation work in one county town was completed (ECHO funded) and in two others largely completed. New assessments in two counties completed. Over 200 bore-wells drilled and over 70 small water and sanitation rehabilitation works completed in institutions. Over 10,000 additional families in urban areas were given access to water through renewed pipe schemes and around 2 million people in urban areas through support to chlorination and pumping stations. Hygiene messages disseminated to over 100,000 families as part of the facts for life initiative.
DPRK-03/WS02 TGH	Rehabilitation of potable water supplies system and sanitation facilities in South Pyongan	Appeal - 755,000 Funding – 0 Deficit – 755,000	Cancelled	Due to the NGO Project Cycle this project was cancelled. Triangle GH remained active in the sector throughout the year implementing a water and sanitation project funded by ECHO through the 2002 CAP. The 2002 project was successfully completed in the 3 rd quarter of 2003. The project provided improved water supply and sanitation systems for 40,507 beneficiaries, 12,967 of whom were children, on 8 Cooperative Farms.
DPRK-03/WS03 CESVI	Integrated water and sanitation programme in Sepho town, Kangwon Province	Appeal - 420,000 Funding – 0 Deficit – 420,000	Cancelled	Due to the NGO Project Cycle this project was cancelled. CESVI remained active in the sector throughout the year implementing a water and sanitation project funded by ECHO & SIDA through the 2002 CAP. The 2002 project was successfully completed in the 3 rd quarter of 2003.
DPRK-03/WS04 CESVI	Integrated water and sanitation intervention in the county hospital of Chonnae town, Kangwon Province	Appeal - 100,000 Funding – 0 Deficit – 100,000	Cancelled	Due to changes in CESVI programme strategy this project was cancelled.
DPRK-03/WS05 CESVI	Improved water supply systems, sanitation facilities and hygiene, environment and sanitation awareness in children institutions of Popdong county	Appeal - 200,000 Funding – 0 Deficit – 0	Cancelled	Due to the NGO Project Cycle this project was cancelled. CESVI remained active in the sector throughout the year implementing a water and sanitation project funded by ECHO & SIDA through the 2002 CAP. The 2002 project was successfully completed in the 3 rd quarter of 2003.
DPRK-03/WS06 Concern	Rehabilitation of rural water supplies in South Pyongan	Appeal - 250,000 Funding – 0 Deficit -0	Cancelled	Due to the NGO Project Cycle this project was cancelled. Concern remained active in the sector throughout the year implementing a water and sanitation project funded by ECHO through the 2002 CAP. The 2002 project was successfully completed in the 3 rd quarter of 2003. - Approximately 70,000 people in Pukchang county, South Pyongan province have benefited from the rehabilitation of the urban water supply and the construction of new piped water systems in seven community farms, enabling increased access to potable water. Urban institutions (schools and hospitals) have also benefited from the construction/rehabilitation of 100 latrines, in addition to the provision of t-shirts and posters in order to increase the levels of hygiene promotion, particularly amongst the younger population. Health and hygiene workshops have taken place for staff of health clinics and hospitals. These have involved the distribution of health dissemination material for communities. The distribution of much requested soap (for body and laundry purposes) has allowed the taught hygiene practices to be observed. Finally, the anti epidemic laboratory in the county has been provided with equipment, consumables and training in order to increase the effectiveness of the water quality testing with the intention that potential sites for intervention in water and sanitation can be identified and monitored more readily in the future.

PROJECT CODE & AGENCY	PROJECT TITLE	CAP FUNDING STATUS (IN US\$)	STATUS OF PROJECT	ACTIVITY IMPLEMENTATION
DPRK-03/WS07 DWH/GAA	Adequate livelihood for farming families through improved health on 13 rural cooperatives in North Pyongan	Appeal - 220,000 Funding – 0 Deficit – 0	Cancelled	Due to the NGO Project Cycle this project was cancelled. DWH/GAA remained active in the sector throughout the year implementing a water and sanitation project funded by ECHO through the 2002 CAP. The 2002 project (<i>March 2002 to June 2003</i>) provided 136 Gravity Water Supply systems, with 6,912 domestic connections for 34,500 beneficiaries on 22 Cooperatives. Construction of institutional and private latrines in the same locations has equally been concluded.

UNFPA Non-CAP Funding activities supported from the regular resources “Improving the RH status of men and women in three selected provinces” are going on such as development and production of Information, Education and Communication material, capacity building as well as the procurement of essential drugs, medical equipment, contraceptives and other commodities

**ANNEX IV.
INTER-AGENCY FORUM**



ANNEX V.

HUMANITARIAN AND DEVELOPMENT WORKING GROUP KEY IDENTIFIED LESSONS

Strategic Lessons

1. The DPRK is in a long-term emergency, and therefore warrants a long-term humanitarian multi-year support programme with appropriate linkages to longer-term rehabilitation and development strategies.
2. Although Agencies have been able to achieve significant results with well targeted assistance for some of the most acutely vulnerable in accessible areas, the limited sustainable improvements in the humanitarian situation has demonstrated the need for sustained efforts by all parties to create an enabling environment for development. This could lead to a massive rehabilitation and reconstruction programme ultimately aimed at alleviating suffering and raising living standards.
3. The CAP Country Team sees advocacy — 'the effort to ensure that humanitarian considerations receive appropriate attention from political actors'⁶⁷ — as a critical tool in situating the humanitarian response in relation to the wider political and economic context. If the humanitarian strategy is to be effective, Agencies must be clearer and more assertive in their advocacy about the limits and nature of humanitarian actions and principles. The CAP Country Team will advocate to the Government, diplomats, donors, and the wider UN system to uphold the rights of the affected population to humanitarian assistance, and to assume their responsibility to work towards a sustainable solution in DPRK. This includes advocating to Government to increase support to the social sectors. Advocacy will also highlight the humanitarian implications of political action, as well as highlighting the consequences of inaction for the populations. Building on the success of combined advocacy efforts by WFP, UNICEF and OCHA in response to critical funding shortfalls this year, the Emergency Relief Coordinator and OCHA will be asked to play a robust role in the UN Secretariat in this regard.
4. Recognising the limits and nature of humanitarian action in DPRK, ensure that response plan objectives are realistic and quantified. This means that the response must be based on available resources. This policy obliges Agencies to initiate advocacy solutions rather than a programmatic response by looking to Government or other actors to fill unmet needs. The policy also avoids the creation of expectations by the Government that international community cannot or will not meet.
5. The unexpected changes in the economic environment caused by recent Government reforms may necessitate flexible programming in 2004, as the most effective and realistic strategy for meeting the needs of vulnerable populations in DPRK. Government needs to share information on reforms if the response is going to complement the reform process and avoid exacerbating vulnerabilities caused by the reforms.
6. The Secretary General's Report on UN reform in 1997 to mainstream human rights throughout the UN's work, underlines the need for a rights-based strategy to humanitarian assistance and for strengthened protection of vulnerable groups through implementation of humanitarian programmes, capacity-building, dissemination and advocacy.
7. Continuing vulnerability among populations accessible to humanitarian Agencies has demonstrated the need for concrete strategies aimed at reaching the most vulnerable including improvements in vulnerability analysis, assessment methodologies and targeting strategies.

⁶⁷ Neil MacFarlane, *Politics And Humanitarian Action*, Occasional Paper #41, Thomas J. Watson Jr. Institute for International Studies, (Providence, RI) and The United Nations University, 2000.

8. Counties where international humanitarian organisations do not have access should become accessible for the provision of humanitarian assistance. This underlines the need for the Agencies to continue to advocate for access to all counties for the delivery of humanitarian assistance. Despite continued advocacy no improvements have occurred since 2001.
9. Application of lessons learned in other economies undergoing transition demonstrates the importance of undertaking realistic assessments to determine how economic reforms, in particular the effect of price increases of core commodities, could affect the most vulnerable members of society. This will necessitate improved access to the population to assess vulnerability.
10. Continuing high levels of food insecurity among the population, coupled with successive years of very low donor support for the agriculture sector within the CAP, has confirmed the need for a review of international humanitarian support at the sector level. An integrated realistic strategy of improving the efficiency of agricultural production needs to be developed. The strategy could include land use reform, enhanced distribution systems, seed multiplication programmes and improved mechanisms for assessing and monitoring production, needs to be designed and implemented. The UNDP review of AREP, which was scheduled for early 2003, would be a key part of this process once it is released.
11. The lack of information sharing and integration with non-CAP humanitarian and development programmes has hampered strategic coordination. Inadequate information on bilateral assistance also hampers coordination. Continuing difficulties in developing concrete linkages between the humanitarian operation, development programmes and national priorities underlines the need for all stakeholders, to share information and rationalise policy frameworks and establish effective mechanisms for coordinating external donor assistance. This demonstrates the need for concrete steps at the central level to strengthen the Government coordination of humanitarian and development assistance through such programmes as the UNDP Capacity Building for Enhanced Development Cooperation project.
12. Ongoing requests by the Government for international assistance for natural disasters, has demonstrated that disaster response mechanism, based on realistic assessments and an early warning system, needs to be strengthened.
13. International aid agencies have a remarkable wealth of knowledge on the DPRK. This means that agencies have the capacity to influence and support development.

Operational Lessons

14. The limited participation of beneficiaries in the planning and monitoring of humanitarian assistance confirms the need for a coherent, concrete strategy aimed at ensuring the full participation of beneficiaries in all aspects of humanitarian operations.
15. Realistic planning assumptions and assessment of local capacity, coupled with a more intensive planning period, is required prior to starting project implementation.
16. Agencies need to design appropriate monitoring and evaluation systems that comply with international standards prior to the implementation of projects.
17. The beneficiaries that were visited over the course of the year have shown that there is a continued need for humanitarian assistance throughout the country. The results of the Nutrition Survey, and the apparent positive impact on children's health, have also shown that the large humanitarian food aid programme has had a positive effect and should continue. In light of that 2002 Nutrition survey, urban and rural vulnerabilities may need to be re-assessed. The need for baseline surveys in different areas, especially nutrition and health sectors should continue to be stressed, one nutrition survey every two years is not enough to show significant results in our work. Also, to the extent possible, future surveys

should be designed to yield results at the county/district level. Assessments must look at the impact of humanitarian assistance.

18. The lack of beneficiary lists and list of institutions continues to make it difficult to randomly check the effects of our assistance on beneficiaries. The search for new ways and means to collect information and to increase inter-agency collaboration needs to continue in order to make up for the lack of comprehensive institutions and beneficiary lists. 2003 has shown some promising results such as the increase in focus group discussions, the increased collaboration between UN agencies and NGOs in joint programming and a shift from large Tree Planting Projects to smaller and more integrated soil protection measures. Many of these initiatives have just started and its benefits are yet to be seen. The outputs from the recent introduction of Focus Group Discussions and Household Food Economy approaches seem promising. New insights to the household food security situation are gradually being gained. The lesson here is that, there remains plenty of scope for continual, though perhaps not quantum, improvement in operations and access to information.
19. Successful project implementation is highly dependent on motivation and support of local FDRC. Counterparts should be encouraged to share problems throughout the project cycle, rather than at the end.

ANNEX VI.
STATEMENT OF HUMANITARIAN PRINCIPLES – DPRK
NOVEMBER 1998

The organisations providing assistance to DPRK and who have participated in the formulation of the Consolidated Appeal for 1999, have agreed to support the following humanitarian principles in order to ensure the successful implementation of the Common Humanitarian Action Plan.

All organisations providing humanitarian assistance to the DPRK are urged to similarly support these principles:

1. Knowledge about the overall humanitarian situation in the country according to assessed needs;
2. Assurance that humanitarian assistance reaches sectors of the population in greatest need;
3. Access for assessment, monitoring and evaluation;
4. Distribution of assistance only to areas where access is granted;
5. Protection of the humanitarian interests of the population;
6. Support to local capacity building;
7. Beneficiary participation in programme planning and implementation;
8. Adequate capacity in terms of international staff;
9. Meet the health and safety needs of the international humanitarian organisations.

Action Contre La Faim (ACF)
Children's Aid Direct (CAD)
CAP ANAMUR
Cooperazione e Sviluppo (CESVI)
CONCERN Worldwide
Deutsche Welthungerhilfe
(DWHH/GAA)
Oxfam
Hungarian Baptist Aid (HBA)
Handicap International
Triangle

FALU (Food Aid Liaison Unit):

- Action by Churches Together (ACT)
- Adventist Development and Relief Agency International (ADRA)
- Caritas International
- Canadian Foodgrains Bank (CFGB)
- World Vision

US PVO Consortium:

- Amigos Internacionales
- CARE
- Catholic Relief Services (CRS)
- Mercy Corps International (MCI)
- World Vision

Office for the Coordination of Humanitarian Affairs (OCHA)
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
World Food Programme (WFP)
World Health Organization (WHO)
Food and Agriculture Organization (FAO)

International Federation of Red Cross & Red Crescent Societies (IFRC)

Swiss Agency for Development and Cooperation (SDC)

Dated: 25 November, 1998 (Updated 21 April 1999 and 14 March 2001)
Pyongyang, Democratic People's Republic of Korea.

ANNEX VII.

CONSENSUS STATEMENT OF ALL UN AGENCIES, NGOS AND DONOR AGENCIES OPERATING IN THE DPRK, NOVEMBER 1998

The representatives of NGOs, UN agencies and donor agencies operating in the DPRK are in agreement that effective, accountable humanitarian assistance is still required in the country.

Our view is that whilst international assistance has already had a considerable positive impact on the crisis in the DPRK, severe difficulties still exist in the food, nutrition, health, water and agricultural sectors.

Whilst assisting the DPRK to address such problems, at the same time striving to promote and ensure humanitarian principles and accountability, a common and balanced approach from the UN, donors, and from NGOs, is required.

We are well aware of the constraints and difficulties of operating in the DPRK. We believe that only with a continued presence and constructive engagement in DPRK will we be able to work towards providing accountable assistance. We remain committed to working towards these objectives.

**Action Contre la Faim (ACF)
Children's Aid Direct (CAD)
Cap Anamur
Cooperazione e Sviluppo (CESVI)
CONCERN Worldwide
German Agro Action (GAA)
OXFAM
World Vision (WV)
Hungarian Baptist Aid (HBA)
Handicap International
Triangle Génération (Triangle GH)**

FALU (Food Aid Liaison Unit):

- **Action by Churches Together (ACT)**
- **Adventist Development and Relief Agency International (ADRA)**
- **Caritas International**
- **Canadian Foodgrains Bank (CFGB)**
- **World Vision**

US PVO Consortium:

- **Amigos Internacionales**
- **Cooperative for American and Relief Everywhere (CARE)**
- **Catholic Relief Services (CRS)**
- **Mercy Corps International (MCI)**

**Office for the Coordination of Humanitarian Affairs (OCHA)
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Population Fund (UNFPA)
World Food Programme (WFP)
World Health Organization (WHO)
Food and Agriculture Organization (FAO)**

International Federation of Red Cross & Red Crescent Societies (IFRC)

Swiss Agency for Development and Cooperation (SDC)

**Dated 25 November 1998 (Updated 21 April 1999 and 23 September 2003)
Pyongyang
Democratic People's Republic of Korea**

ANNEX VIII.

CONSENSUS STATEMENT OF ALL UN AGENCIES, NGOS AND DONOR AGENCIES OPERATING IN THE DPRK, DECEMBER 1999

There is unanimous agreement among UN agencies, NGOs and donor agencies operating in the DPRK that in spite of progress in certain areas during the past two years the humanitarian crisis in the DPRK is still ongoing, with particular areas and segments of the population experiencing greater difficulties than others. Malnutrition, safe water, adequate sanitation and public health in general remain serious problems to be addressed. Programmes in these areas continue to suffer from difficult operating conditions that limit and constrain implementation, accountability, verification and access to the most vulnerable.

Agencies are concerned about these restrictive conditions. They have led to OXFAM's regrettable decision to withdraw from the DPRK, and present a hindrance to the promotion of humanitarian principles, and verification of humanitarian assistance. We believe that only with adherence to these operating principles will we be able to work towards helping those in greatest need with accountable assistance, and we remain committed to these objectives.

Action Contre la Faim (ACF)
Adventist Development Relief Agency, Switzerland (ADRA)
Children's Aid Direct (CAD)
Cap Anamur
Cooperazione e Sviluppo (CESVI)
CONCERN Worldwide
Deutsche Welthungerhilfe (German Agro Action)
World Vision
Hungarian Baptist Aid (HBA)
Handicap International
Triangle

FALU (Food Aid Liaison Unit):

- Caritas International
- Canadian Food Grains Bank (CFGB)
- UMCOR

US PVO Consortium:

- Amigos Internacionales
- CARE
- Catholic Relief Services (CRS)
- Mercy Corps International (MCI)
- World Vision

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
United Nations Children's Fund (UNICEF)
United Nations Development Programme (UNDP)
United Nations Population Fund (UNFPA)
United Nations World Food Programme (WFP)
United Nations Food and Agriculture Organisation (FAO)

International Federation of Red Cross & Red Crescent Societies (IFRC)

Swiss Agency for Development Cooperation (SDC)

Dated 11 December 1999 (Updated 23 September 2003)
Pyongyang
Democratic People's Republic of Korea

ANNEX IX.

CONSENSUS STATEMENT OF ALL UN AGENCIES, NGOS AND DONOR AGENCIES OPERATING IN THE DPRK, MARCH 2001

UN agencies, NGOs and donor agencies (hereafter 'agencies') working in the DPRK are aware of recent allegations regarding humanitarian programming in the country.

1. The focus of the work of the agencies in the DPRK is on mitigating the ongoing humanitarian crisis in the country through programmes, which address the immediate food, health, water and sanitation and educational needs. At the same time programmes attempt to look to the future and assist the DPRK in longer-term economic and social sustainability through small-scale capacity building programmes and other forms of intermediate assistance including programmes falling within the Agricultural Rehabilitation and Environmental Protection Programme (AREP).
2. Progress has been made since the 1998 and 1999 Consensus Statements (attached) that acknowledged the complex operating conditions that apply to the DPRK. While restrictions apply that limit the full implementation of the humanitarian programme, these are not new problems and are ones that the agencies formulated the Humanitarian Principles for DPRK in 1998 (attached) to address. These are brought to the attention of the Government regularly.
3. Twelve more counties can be accessed now compared with 1998, and consequently a greater proportion of the population reached, although an improvement in the quality of access is sought. More monitoring trips are taking place and more beneficiaries are visited in their homes. There has been some improvement in access to information for programming, as well as closer interaction with government and a better understanding of working modalities and expectations. Two new NGOs have arrived, one of which will support activities for the handicapped, a new sector for the international humanitarian programme.
4. While progress is slow, agencies wish to renew their commitment to the 1998 and 1999 Consensus Statements. We are convinced that our engagement, maintenance of an in-country presence and an adherence to the Humanitarian Principles have been positive factors in improving the situation for the people of DPRK and that this approach continues to be the best way to proceed. In particular the humanitarian and rehabilitation programmes implemented in the country during the last five years have, without doubt, achieved positive results for people in much of the country. However, more remains to be done in order for operating conditions to be considered satisfactory, especially if programme assistance is to move towards sustainable rehabilitation and development.
5. Agencies also firmly believe that engagement by development donors is now a prerequisite for a sustainable improvement in conditions for the population, and thus continue to urge development donors to engage with the DPRK.

Statement endorsed by:

**Children's Aid Direct (CAD)
Cooperazione e Sviluppo (CESVI)
Concern Worldwide
Deutsche Welthungerhilfe
(DWHH/GAA)
Handicap International (HI)
Hungarian Baptist Aid
PMU Interlife
Triangle Génération Humanitaire
(Triangle GH)
Global Aid Network Movement (GAIN)**

**United Nations Children's Programme (UNICEF)
United Nations Development Programme (UNDP)
Food and Agriculture Organization (FAO)
Office for the Coordination of Humanitarian
Affairs (OCHA)
United Nations Population Fund (UNFPA)
World Food Programme (WFP)
World Health Organization (WHO)
International Federation of Red Cross & Red
Crescent Societies (IFRC)
Swiss Agency for Development and Cooperation
(SDC)**

US PVO Consortium

**Adventist Development and
Relief Agency International
(ADRA)
Church World Service (CWS)
Korean American Sharing
Movement (KASM)
Mercy Corps (MC)**

FALU:

**Canadian Food Grains Bank
Caritas HongKong (on behalf of Caritas
Internationalis)
Diakonisches Werk
World Vision International**

Dated: 30 March 2001

Pyongyang, Democratic Peoples Republic of Korea

ANNEX X.

BILATERAL, MULTILATERAL AND NON-GOVERNMENTAL ORGANISATIONS

European Community Humanitarian Office (ECHO) – October 2003

By the end of 2003, the European Community Humanitarian Office (ECHO) will have supported DPRK with more than EUR 60 million since 1995 and more than half of it occurred in the last two years. ECHO's focus is on addressing basic needs not covered by other donors and its priority is to improve the very vulnerable health state of North Koreans. Their health is weakened by insufficient nutrition, very poor water supply, and is further compounded by inadequate healthcare. During 2003, ECHO intervened in the health sector, with the support for the provision of basic drugs and consumables, rehabilitation of emergency health facilities, support to people with disabilities and training. While in the water and sanitation sector, ECHO continued to support the rehabilitation of water systems, and generally increase the activities in the sanitation field. In 2003, ECHO continues its assistance to DPRK through various agencies: IFRC/DPRK RCS, UN agencies (UNICEF, UNFPA, WFP, WHO) and eight resident NGOs (including two new comers in 2003). Although there have been some improvements in operational conditions for ECHO's partners, ECHO believes that the situation regarding access/monitoring, field communications remains unsatisfactory. It is envisaged that ECHO funding in 2004 will be approximately EUR 14 million.

Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs, Government of Switzerland – October 2003

The Swiss Agency for Development and Cooperation (SDC) is part of the Federal Department of Foreign Affairs. Its mandate is based on the Federal Law on International Development Cooperation and Humanitarian Aid. In carrying out its mandate, SDC acts as the public face of Switzerland in global development and transformation processes, at the centre of conflicts, and at the scene of natural catastrophes.

The main goal of Swiss support is in line with Government policy:

- 1) Contribution to **overcome important development constraints**;
- 2) To support **internal reform**;
- 3) To alleviate access to **international organisations**.

These aims are realised through active support for the improvement of food security, the promotion of economic units to raise both efficiency and autonomy, and for capacity building in aid co-ordination. For practical reasons, a liaison office has been established in 1997 and a Co-operation Office created in 2001, with tasks such as: steering and development of projects in close collaboration with Korean partners and Headquarters, reporting and follow up of all activities, steer and support the transition from humanitarian Aid to development co-operation, collaboration with other international organisations.

Development Co-operation — Rationale

SDC understands the importance of improved local food production conditions rather than reliance on food aid to contribute to food security. SDC acknowledges that there are clear signs of change, and progress is visible, but needs support in order to lead the way from policy statement to implementation. The active support for the process of integration into the international community helps guarantee change without promoting inequalities. Strong and reliable partnerships are an asset in aiding future implementation of SDC supported development projects. SDC believes, that the continuum from food aid to development cooperation aiming at overcoming developmental constraints, is possible and is important.

Partners

The main partner for strategic dialogue is the European Department of the Ministry of Foreign Affairs and the Flood Damage Rehabilitation Committee (FDRC) created in the mid-nineties in order to organise food aid. For humanitarian aid, responsibility is clearly with the FDRC. For development cooperation, the Ministry of Foreign Affairs is responsible. It should be noted that the FDRC and the MFA are closely linked. In the operational part of the SDC programme, our main partners are the line ministries such as the Ministry of Agriculture, the Ministry of Land and

Environment Protection and the Academy of Agricultural sciences, represented in the PIU of the Korea-Swiss Agricultural Support Programme.

SDC - Programmes and Projects

- *Korean-Swiss Agricultural Support Programme*: This programme is in its second phase lasting from 2003 to 2006, with a review planned by end of 2004. The partners on the national-level are the Ministry of Agriculture and the Academy of Agricultural Sciences; on the local level, the county Agricultural Management Board and about 20 cooperatives and some seed and other specialised farms. The main objectives of the Programme are capacity building and knowledge management in topics like crop management, crop rotation and the crop harvesting (storage, processing), farm management, seed strategies, IPM, etc.

- *Human and Institutional Development – HID*: this programme is lasting until the end of 2004 with possibilities to enhance to another phase, if the review is positive. The partners are the Ministry of Foreign Affairs and FDRRC, interested and selected line Ministries, the UNDP and international interested organisations working in the DPRK. The project aims for training and capacity building in co-operation related domains.

- *Small Projects*: SDC is involved in several small activities, such as: 1) sloping land management together with the Ministry of Land and Environment Protection; 2) mechanical short-term training together with CARITAS, GAA and the Dongsong Company of Korea; 3) livestock and processing of skins, wool etc. together with Campus for Christus and the Ministry of Light Industry.

- *UNIFEM – Project*: This project is financed through UNIFEM and aims at job creation for unemployed women in the City of Pyongyang. SDC supports the capacity building of the management, marketing skills, and possibilities to find new clients.

- *IT – Seed*: This small project aims at the capacity building in a small IT-enterprise, having ties with a Swiss society. Its capacity for giving training courses and maintenance of computers shall be enhanced through the support.

European Commission - AIDCO Food Security Unit October 2003

As at October 2003, EC AidCo Food Security Unit (formerly known as DG/DEV) has allocated over US\$ 250,000,000 for DPRK through a variety of interventions. In 1996, funds were provided via FAO and MSF for agricultural and medical programmes and through the WFP for food-aid activities. In 1997, EC AidCo routed funding through three channels; food-aid via WFP, bilateral food-aid programmes and via NGOs through financing projects. Via WFP with bilateral food-aid, 112,083 MTs of rice, wheat, maize, and peas was provided totalling 95,275 MTs. NGO financing totalled US\$ 15,350,000. These programmes were designed to assist victims of the floods that affected the country at that time. Further assistance was provided in 1998 through WFP (5,476 MTs of vegetable oil and peas), bilaterally (83,000 MTs of rice, maize, peas and vegetable oil) and assistance for NGO programming (US\$ 20,585,000). In addition, 31,010,000 MTs of fertilisers were provided (NPK and urea) bilaterally. During 1999, EC AidCo provided 15,499 MTs of food-aid via WFP and 90,000 MTs of bilateral food-aid. In 2001, AidCo provided 123,803 MTs of fertiliser and approximately US\$ 5,000,000 of wheat through WFP. Under the 2002 programme, the Food Security Unit continued work in the agriculture sector by providing 60,818 MTs of urea as well as supporting over US\$ 4,000,000 in agricultural rehabilitation through NGO partners. These activities continued into 2003.

Development Cooperation Office of the Italian Ministry of Foreign Affairs (Directorate General for Development Cooperation), Government of Italy – October 2003

The Directorate General for Development Cooperation provided food-aid to DPRK starting from 1996. By establishing Development Cooperation Office on the 1 October 2001, we continued our humanitarian activities in DPRK regarding the identification, planning, coordinating, implementation, monitoring, evaluation and completion of Projects and Programmes, which were approved and funded by Italian Government.

For the year 2003, the General Directorate for Development Cooperation was engaged in the following Initiatives:

- Bilaterally with FDRC, for the Emergency Programme entitled "Humanitarian Aid for Agriculture, Health and Basic Education for Kangwon Province", an International Tender had been launched which consists of five Lots (144 different Items): essential drugs, surgical kits for county and ri hospitals, heating coal, education materials and construction materials totaling US\$ 614,361,45;

- Early in the year, through the WFP, the Italian Government contributed 2,973,240 Euros in aid and this fund was used to purchase 6,088 MTs of rice. In mid 2003, the Italian Government also contributed EUR 3 million to purchase wheat flour;

- In response to the UNDP "Special Alert" appeal made through the report, titled "Main Agriculture Season in DPRK in Danger of Plant Pest Epidemics", contribution of US\$ 150,000 had also been approved;

- Furthermore, the Italian Government approved of financed the CESVI programme named "Multi Sectoral Intervention for Food Security in Tongchon and Popdong Counties (Koanwon Province)" for the total amount of US\$ 1,196,404;

- In addition to supporting CESVI, the Italian Government assists another Italian NGO namely AFMAL who become Residents in Pyongyang from 27 September 2003;

- At the beginning of the year, the four Candidates for the scholarship of "International Health Management Master Course", which takes place in "Istituto Superiore di Sanita" had been selected and started their training course in Italy. Another two candidates from the Pyongyang Maternity Hospital were awarded a scholarship of Laparoscopy, which is to be held in hospitals in Rome, Naples and Palermo;

- There has also been an interchange between the two countries in the field of social, health, education and development activities;

- Finally, for future humanitarian activities, project proposals are drawn up and submitted to the Development Cooperation Office of the Italian Embassy in Beijing and Directorate General for Development Cooperation (DGCS) in Rome.

Adventist Development and Relief Agency – Switzerland (ADRA) – October 2003

ADRA is a faith based international network organisation, which established its office in the DPRK in June 1999. ADRA supports (through partnerships) and implements projects in North and South Hwanghae and South Hamgyong provinces in the DPRK.

Through a variety of projects, ADRA strives to support the dignity that is inherent in each person. Committed to improving quality of human life, ADRA helps people in need, especially those most vulnerable such as woman, children and senior citizens. ADRA serves people without regard to their ethnic, political, or religious association.

ADRA Switzerland/DPRK programmes are primarily focused in three sectors:

Health and Nutrition: Supporting rehabilitation, medical equipment with training support to medical and educational institutions.

Food Aid: Production of nutrition enriched bread rolls and power biscuits as food supplements for students

Rural Energy: Promotion of alternative energy efficient projects with the DPRK Thermal Institute (Department of the State University of Science) in solar heating, biogas and locally produced insulation materials.

Association in collaboration with the Medical Order of Saint John of God (AFMAL) – October 2003

AFMAL is a non-profit organisation engaged in the sector of health and sanitation founded on 30 October 1979. The activities of the association are directed towards promoting medical care and any other venture (technical, scientific, cultural and professional), where the aim is to support the physical and moral well being of the inhabitants of developing countries. AFMAL-FBF is committed to testifying in favour and sharing the fate of the so called last but not least, thus contributing towards an awareness of peace, justice and charity in an attempt to overcome the causes which impede development of every sort.

AFMAL-FBF is composed of a technical department administered by a commission of experts in programming, health administration, health economics, public health, epidemiology statistics, and tropical medicine, through which it is dedicated to training personnel in Italy as well as abroad.

AFMAL-FBF is further supported by a direct collaboration among the different Hospital Services, in the field of biomedical engineering, and computer system that allows the organisation to programme and realise structures and systems with adequate technologies. Aside from the technical aspects, AFMAL-FBF's experts, attempt to increase public awareness regarding under development, hunger diseases, and ostracism particularly in the poorest countries of the world. To achieve this, it organises meetings, seminars, and conferences. It promotes work and study camps and produces informative and educational material. In September 2003, AFMAL arrived in the DPRK with the support of ECHO and commenced a technical emergency operation in the Hwaeryong Maternity Hospital.

Campus für Christus (CfC) Switzerland – October 2003

Campus für Christus (CfC) Switzerland was founded in 1973. CfC is a Christian organisation, working mainly in Switzerland and acting independently from any church. Private donors mainly finance the organisation.

CfC started its activity in the DPRK in 1995/96 by organising several rice shipments. In 1997, a project was launched together with the MoA in the DPRK. The contract was based on a decree by DPRK's President saying that in order to supply animal proteins to the local population; un-exploited mountainous regions should be put into value by keeping and milking goats. CfC supports these efforts mainly through farm extension and capacity building. Assistance is given to increase the number and quality of goats on state-owned farms, but also in private households as every family has the right to keep goats on a private basis. The programme activities include support in qualitative and quantitative adoption of fodder resources. Furthermore, CfC helps farms by introducing suitable methods for processing goat milk.

The overall objective is to assist towards self-help. Therefore, CfC concentrates on state-of-the-art technologies and methods which can be operated in the mid-term without dependence or support from abroad and which can also be reproduced.

During 2003, three milk-processing units have been installed on cooperative farms. This brings the total number of milk processing units to eight in four provinces. The main product from goat milk is yogurt, followed by cheese although both yogurt and cheese consumption was not generally known before in DPRK. Nowadays, the Government pushes an almost countrywide goat milk production and milk processing. A mark of distinction from the President was given to the cheese expert working for CfC as he produced the first cheese in DPRK.

The nine main project centres are located in Pyongyang, North Hwanghae, and South Hamgyong Province with a total population of approximately 20,000 people directly involved. Indirectly, the benefit of the project activities affects a far greater number of people throughout the country. All of the centres are used as a training centre and/or model region from which knowledge can be disseminated to other parts of the country. There are about 200 simple milk-processing units of CfC type units recently installed and run by Koreans without any assistance coming from CfC.

In South Hamgyong Province, a simple laboratory was set up to collect and preserve fresh goat semen. Local people were trained to handle fresh and frozen semen as the farm received these from Switzerland to improve breeding. From 1997 to 2003, 67 Koreans received training in Switzerland on private farms in the mountains. The beneficiaries consist mainly of ordinary farming families, day nurseries, and hospitals in the respective counties. A new activity was launched in 2003 in collaboration with the Ministry of Light Industry and supported by SDC to gain value of goatskin through export. The income will fund new tanneries in DPRK.

The contract of collaboration with the MoA of DPRK was extended for five more years (2002 - 2006). CfC will work with additional farms in different Provinces. The activities itself will be similar to the current project.

Concern Worldwide – October 2003

Concern Worldwide is an Irish NGO that commenced operations in the DPRK in 1997 with an emergency assistance programme. Concern was founded in 1968 and is operational in over thirty countries. Our operational work focuses on three key areas: humanitarian disasters, long-term development and advocacy.

Currently Concern is focusing on Food Security, Water, and Sanitation in the DPRK.

Projects have been mainly implemented in South Pyongan province although in 2002/3 Concern expanded its geographical area to cover Haeju County in South Hwanghae province. Currently Concern works in Anju, Pukchang, Dokchon, Sinyang, Yangdok, Hoechang, Pyongsong, Songchon and Haeju counties.

The Food Security programme consists of three separate interventions – agriculture, rehabilitation of irrigation networks and environmental protection and provision of fuel wood and fodder. The rehabilitation of irrigation networks was completed this year with over 100 pump houses rehabilitated with operational pumps. Concern expects to remain working in Food Security with further agricultural and environmental protection projects.

In the Water and Sanitation sector, Concern has been operational in Pukchang County at both an urban and rural level. Completion of this project will provide better quality potable water to the inhabitants of the town and surrounding area. Further interventions in water and sanitation are being planned for 2004.

Concern remains alert to the need for any emergency intervention and in line with this has been carrying out Winter Assistance projects over the last few years to assist vulnerable children throughout the harsh winters. This has been implemented through the provision of blankets and clothing and the insulation of rooms in pre-school nurseries. Over 40,000 children have benefited from these different projects over the last three years.

Cooperazione e Sviluppo (CESVI) – October 2003

CESVI, established in 1985, is a secular, independent association, working for global solidarity. In the values, which guide CESVI, the moral principle of human solidarity and the ideal of social justice are transformed into humanitarian aid and development, reinforcing the affirmation of universal human rights. In the acronym CESVI, the words Cooperazione e Sviluppo (Cooperation and Development), underline the fact that CESVI bases its philosophy on the idea of giving the recipients of aid a leading role, working together for their own natural benefit.

CESVI has an extensive experience in emergency and development projects in more than thirty countries in Asia, Africa, the Middle East, Latin America and East Europe. In addition, CESVI carries out educational activities in Italy with the aim of promoting greater awareness on development and multicultural issues.

CESVI has been present in the DPRK from 1997. It originally operated in the health sector, developing two projects in South Hwanghae and Kaesong Provinces. Since 1999, CESVI has been carrying out five relief assistance projects in Kangwon Province, targeting children and health institutions. Ten Counties were supported by these activities, providing relief goods to some 98,000 children.

Besides these humanitarian activities, CESVI aims at improving the living conditions of Korean people on a more sustainable basis. Therefore it implemented several agricultural programmes, in order to support people working in cooperative farms in South Hwanghae and Kangwong provinces, with the main intention of increasing the cereal yield and improving the functionality of infrastructures for crop production. Moreover, two development projects in the agricultural sector both in Kangwon and in South Hwanghae provinces started in September 2003 and will last three years.

CESVI is currently multiplying its activities in water & sanitation sector, considering the availability of safe clean water one of the most important preconditions for people development. An integrated intervention has been carried out in 2002-2003 in Kangwon Province, rehabilitating old water supply systems, implementing new ones and supporting anti-epidemic stations. A second, 24-month water & sanitation integrated programme started in October 2002, aiming at rehabilitating several water supply systems in rural and urban areas in South Hwanghae and South Pyongan Provinces, and exploiting new safe water sources through borehole drilling activities

Deutsche Welthungerhilfe/German Agro Action – October 2003

Deutsche Welthungerhilfe / German Agro Action (DWHH/GAA) was founded as the National Committee for the Freedom from Hunger Campaign of the FAO in 1962. Today it is one of the biggest private development organisations in Germany. Non-profit-making, non political and non denominational, the organisation works under the leadership of a voluntary board and the patronage of the German President. Donations from the population finance the work of the organisation in Africa, Asia and Latin America. In addition, DWHH/GAA receives grants from the German Government, the EU and the UN. A total of about EUR 800 million has been used to promote self-help projects, projects for children and youth and for emergency aid programmes in 90 countries so far. The target groups are the poorest of the poor: landless, small farmers, women, children and youth; people who have lost everything as a result of war or environmental disaster; people who need initial aid in order to be able to live their lives with dignity and security.

Initially DWHH/GAA started to operate in South Hwanghae Province in July 1997 working on emergency projects, distributing food-aid and other relief items such as winter clothing for children and heating coal for children's institutions to selected target groups (children, pregnant/lactating women, elderly people, rural population). Considering the agricultural conditions in South Hwanghae Province and the existing food shortage, DWHH/GAA implemented its first agricultural project in November 1997 and later widened the scope of projects in this sector. Since then up to 50 cooperatives in the province have received assistance in the form of various agricultural inputs (fertiliser, pesticides, improved seeds of winter wheat, barley, vegetable seeds, Irish and sweet potatoes).

In 2003 the projects implemented by DWHH/GAA in South Hwanghae Province included the introduction of Seed Certification and Multiplication Management system for Winter Wheat and the Rehabilitation of cooperative and county-repair workshops for agricultural machineries to use the high potential of this region.

Beginning in 2000 DWHH/GAA expanded its scope of activities to a second province, North Pyongan, in order to address the needs of beneficiaries less accessible areas of DPRK. This province is characterised by limited resources in agricultural potential, less favourable infrastructure and extreme climatic conditions in the mountainous areas. In 2003 the majority of DWHH/GAA projects took place in North Pyongan Province: feeding of children in primary schools with HEB, an introduction of water and sanitation systems for the in-house accessibility of potable water, construction of green houses to improve the adequate nutrition for the most vulnerable people and the winter aid in primary schools and kindergartens.

DWHH/GAA has a permanent project office in Pyongyang to support the implementation and execution of these projects. At present, internationally posted staffs consist of a programme coordinator, an administrator, and eight project-related expatriates to overlook the implementation of projects.

PMU Interlife – October 2002

PMU Interlife is a church-based organisation with a presence in 49 countries. Its main funding sources are SIDA and via church and private donations by citizens of Sweden. PMU has made regular humanitarian interventions in the DPRK since 1995 and in March 1999 started a two-year agricultural development project on a cooperative farm in Songchon County, South Pyongan province. The programme provided assistance with agricultural development, including greenhouses, a milk processing unit, a repair centres for farm equipment, as well as assistance to school, nursery and ri clinics with coal and other basic equipment. Farmers have been provided with fertilisers, potato and vegetable seeds, grasses and chemicals as well as technical advice in farming practices and maintenance of farm equipment. The programme was closed in June 2000 due to a change in access status for the county by the DPRK authorities. An alternative project site was identified and a new project with similar objectives, funded by SIDA, was established in January 2001 for two years. In 2003, PMU Interlife will start a new project in Songchon, with an increased focus on facilities for storage, handling, and processing of potatoes.

Save the Children (UK) – October 2003

Save the Children-UK is the largest international voluntary agency working for the rights and welfare of children in the UK and in over fifty developing countries of the world. It is part of the International Save the Children Alliance.

SC UK had a nutritionist seconded to UNICEF for two years from 1998- 2000 and since that time has been in discussion with the FDRC with a view to establishing a programme. The present Save the Children programme started in August 2003.

The initial project will focus on renovation of food preparation areas in 30 kindergartens and nurseries with distribution of kitchen utensils, clothes, mattresses and blankets. An assessment in South Hamgyong Province is also a component of the initial project and this assessment will be carried out in late October 2003, concentrating in the health and child welfare sectors.

TRIANGLE Génération Humanitaire – October 2003

TRIANGLE Génération Humanitaire is an international charitable organisation founded in 1994 and based in France. Their members work with children, young, and vulnerable people, including refugees and displaced persons. Their acts are distinguished by a world-wide-integrated approach to humanitarian aid that ranges from emergency measures to long-term development programmes. TRIANGLE G.H. work mainly in education and vocational training and in economic and social support programmes such as income generating activities, micro-credit, small-scale production in farming and craftsmanship, etc.

Triangle GH decided to focus its DPRK intervention on rural areas with our programmes mainly based on technologies transfer. The first project in the DPRK brought support to the agricultural sector. As of October 2003, Triangle GH intervened in four sectors of activity: water and sanitation; polder rehabilitation; insulation works in schools and health centres; as well as in the forestation field. These projects have been implemented in collaboration with the FDRC and were funded by the European Commission Food Security Unit, ECHO, SIDA and OCHA.

TRIANGLE G.H. opened an office in Pyongyang in December 2000. Assistance is given to nine cooperatives farms in three counties (Pyonwon, Daedong and Mundok) of South Pyongan province. TRIANGLE G.H.'s support to agriculture and environmental rehabilitation involved the agricultural recovery with a one-year pilot project funded by EC/ Aidco. This project has included provision of inputs to assist crops through fertilisers, plastic sheeting and agricultural tools. Environmental rehabilitation has been promoting hill reforestation, hill terracing, and soil rehabilitation by building 50 compost plants.

During 2001, assessments in the agricultural sector and the water and sanitation field have been carried out on different farms. A water and sanitation project funded by ECHO allowed Triangle GH to work on 8 cooperative farms. The aim of the project was to improve the access to water sources, the reduction of water-borne diseases, and the improvement of living conditions for the children in the schools and a significant improvement in terms of hygiene in the community health structures. These goals were reached by the rehabilitation of latrines, wells and the water supply systems.

Furthermore, an awareness campaign on hygiene issues and on the use of water will be run in the target communities.

In June 2002, Triangle GH and AIDCO signed a two-year contract for the rehabilitation of a 4,500 ha polder (tideland). The aim of this project is to increase the cultivating surface and land efficiency with the rehabilitation of 10 km of dikes and the reconstruction of floodgates, inducing, in the long term, the reduction of the food shortage.

SIDA has sponsored the rehabilitation of three tree nurseries. This project encompasses an environmental protection programme. Our attention is focused on the nurseries, including the transplanting areas in order to avoid soil erosion, and to increase fuel wood and fodder production. Staff training and capacity building will be strongly developed, with some local staff members participating in a study tour to China. Furthermore, workshops will be conducted for local tree nursery staff.

In 2004, Triangle GH will limit its intervention to three sectors: agriculture; water and sanitation; and environment protection.

Première Urgence – October 2003

Première Urgence (PU) is a French Non-Governmental, non-profit making, non-religious and apolitical Organisation of International Solidarity that helps, bring relief and protect the lives of all those threatened by natural disasters, wars, armed conflicts or by economic collapse. It intervenes through operations of emergency aid, rehabilitation, microeconomic revitalisation, and development.

PU was born in 1992, during the war in former Yugoslavia. The catastrophic situation caused by the siege of Sarajevo galvanised three people who had had no previous links with humanitarian work into bringing aid to the besieged populations by organising one, then several emergency aid food convoys.

Since then, PU has extended its field and scope of intervention and has conducted, apart from their operations in the Balkans, different programmes more particularly in Iraq, Lebanon, Palestine, the South Caucasus region in Georgia, and in Africa, namely Niger, Guinea, Sierra Leone and Congo.

PU presence in the DPRK started in May 2002. It implemented a health programme, with the financial support of ECHO, in order to restore the production of intravenous fluid in selected hospitals and impart training on best practice in this field. By February 2003, five laboratory hospitals were producing IV fluids in accordance with international norms (Hamhung, Kumya, Anju, Unjon and Mangyongdae). In October 2003, five hospital laboratories were in the process of being upgraded, with a scheduled production start date in July 2004 (Wonsan, Haeju, Nampo, Sariwon and University hospital of Pyongyang). In early 2003, also with the support of ECHO, PU rehabilitated five hospitals through the rehabilitation of operating theatres and delivery room, as well as supplying beds and blankets. With OCHA financial support, PU installed six separate isolation rooms in Anju hospital as part of SARS preparedness measures.

NON-RESIDENT NGOS WORKING THROUGH THE FOOD-AID LIAISON UNIT (FALU) – October 2002

Action by Churches Together

ACT currently provides support to DPRK in the areas of food relief, food security, and health. Since 1997 ACT has provided US\$ 12 million worth of food and NFIs through FALU. In the area of food relief, ACT targets pregnant and lactating women, child institutions and hospitals, predominantly in North Pyongan, Chagang, and Ryanggang provinces, and the cities of Nampo and Kaesong. ACT is able to respond to special food needs and has provided essential components such as sugar to produce biscuits for school children. ACT maintains a response capacity to events such as harvest failures and natural disasters. Warm clothing has been provided to children as part of the winterisation programme via FALU.

In 2002 sugar, therapeutic milk, vitamins, and minerals have been provided to vulnerable feeding groups.

Through AREP, ACT has delivered critical farm inputs to individual counties in the western provinces. These have included vegetable seeds for family gardens, grain seeds, plant protection equipment, pesticides and mineral fertiliser. Training has been organised for Korean agriculturists in institutions outside DPRK. ACT will endeavour to provide the most critical inputs for agricultural production in a flexible manner. ACT has also provided through FALU, agricultural inputs notably seed, fertiliser, and plastic sheeting for seed propagation and milk cans to a goat farm. In the medical sector, ACT provided raw materials to the Pyongyang pharmaceutical factory for essential drug production, as well as laboratory equipment and a technical consultant.

Canadian Food Grains Bank

The CFGB has been involved in providing relief food to vulnerable groups since early 1996. Since starting to deliver food-aid through the FALU mechanism, over US\$ 18 million worth of relief food has been donated by Canadian farmers and the Canadian Government. The CFGB will continue to supply relief food to the most vulnerable groups in the provinces of North and South Hamgyong and Kangwon through FALU. Shipments have included: 2,000 MTs pulses and oil; 12,500 MTs wheat; 10,000 MTs peas; and 7,500 MTs wheat flour. The wheat flour was allocated to the local production factories together with 29 MTs of vitamins and minerals. All the food shipments go to the same beneficiary groups of WFP programme. Handling of the shipments is done in cooperation with Caritas, Hong Kong.

In addition to food assistance, the CFGB has also been working together with Caritas to increase local agricultural production. In 2000, this has included the distribution of 150 MTs spinach seeds to cooperative farms and a visit of agriculturists to Canada to study potato and canola production.

The CFGB plans to continue its support for local agricultural production in collaboration with Caritas. CFGB also aims in 2003 to start implementing an integrated health and nutrition project in Kangwon province through FALU and in cooperation with UNICEF and MoH.

Caritas Internationalis

- In autumn 1995, Caritas began supporting the people of the DPRK by providing mainly food aid, supporting the health system as well as efforts to increase agricultural production. Special appeals are launched every year and so far humanitarian aid valued at over US\$ 27 million has been provided with support from Catholic and non-Catholic agencies alike.
- Caritas-Hong Kong, the liaison or lead agency for the worldwide Caritas network for assistance to North Korea plans interventions, raises funds, handles shipments and works closely with the DPRK authorities (FDRC and line ministries) as well as UN agencies and NGOs. In line with the agreed Humanitarian Principles, aid is only provided to counties/cities accessible for regular monitoring visits by international staff.
- Caritas supports vulnerable groups primarily in the three east coast provinces of North Hamgyong, South Hamgyong, Kangwon and more recently also Ryanggang.
- Complementing efforts by WFP, Caritas has been donating commodities such as oil, sugar, canned fish and pulses in order to provide beneficiaries a more balanced diet. Pregnant and nursing women, children in residential institutions and in nurseries and kindergartens are among the main beneficiaries.
- Health projects are linked with WHO and UNICEF and focus on the provision of basic medical equipment and supplies to village and county hospitals.
- To enhance agricultural productivity, Caritas has, since 1996, provided agricultural inputs to cooperative farms. Projects in reforestation (rehabilitation of tree nurseries) and upgrading of fish farms are other involvements.
- Most of the donations are delivered through the FALU mechanism and/or UNDP/AREP. Needs and impact assessments by external experts are carried out regularly and training and exchange visits abroad supported whenever possible. Following the five-year review of the Caritas DPRK involvement, preparations for a Strategy Paper are presently ongoing.
- A new Caritas appeal was launched in April 2003, seeking cash donation of US\$ 2.67 million to assist in the sectors of food aid, health care, food security/agriculture, and capacity building and training.

World Vision International (WVI)

Since 1995, World Vision International has provided assistance to DPRK valued at over US\$ 18 million. WVI has been active in the areas of supporting agricultural rehabilitation, agricultural research, food processing, aid to children and hospital rehabilitation. Additional project guidance and monitoring is provided through visits by technical staff. A project in hydroponics is monitored by a WVI consultant based in Australia.

ANNEX XI.

POLICY STATEMENT FOR THE INTEGRATION OF A GENDER PERSPECTIVE IN HUMANITARIAN AND DEVELOPMENT ASSISTANCE IN DPRK INTER-AGENCY FORUM

The Inter-Agency Forum members express a commitment to ensuring that a gender perspective is fully integrated into all activities and programmes in the DPRK.⁶⁸ This commitment is based on the May 1999, Inter-Agency Standing Committee 'Policy Statement for the Integration of a Gender Perspective in Humanitarian Assistance'.

The Inter-Agency Forum pledges that it will take the necessary action required to achieve this commitment. In doing this, it recognises the following facts about gender issues in the DPRK:

- The DPRK has a demonstrable historic commitment to women's rights;
- The crisis in the DPRK has a different impact on women and men, which often affects the full realisation of economic, social and cultural rights;
- In the DPRK, women and children comprise the largest section of the population affected by the emergency;
- As a result of the food shortages the nutritional and health needs of women, including their reproductive and sexual health needs, and of pregnant and lactating mothers and their infants can be neglected or overlooked;
- Documented international field practices have shown that gender-sensitive humanitarian assistance can help in mitigating the different and negative effects of the emergency on men and women.

Principles

The DPRK Inter-Agency Forum is committed to the principles embodied in international human rights instruments, in particular the following four international human rights instruments that the DPRK has acceded to:⁶⁹

- The Convention on the Elimination of All Forms of Discrimination against Women;
- The International Covenant on Civil and Political Rights;
- The International Covenant on Economic, Social and Cultural Rights;
- The Convention on the Rights of the Child;

These instruments are equally applicable to men and women without discrimination.⁷⁰ In the context of humanitarian and development assistance in the DPRK, this implies embracing principles such as:

- Gender equality and the equal protection of human rights of women and men in carrying out humanitarian activities;
- Equal representation of women and men in decision making at all levels and stages of humanitarian assistance.
- Integration of a gender perspective and participation of women's organisations in capacity building in humanitarian response, as well as in the rehabilitation and development;
- Assistance can be more efficient and have a greater impact if opportunities for positive change in gender roles are enhanced and sustained during the response to the crisis.

⁶⁸ The Inter-Agency Forum is the main mechanism for humanitarian agencies to share information and ensure inter-agency decision-making in response to the emergency in DPRK. The Humanitarian Coordinator chairs the Forum, which meets on a weekly basis.

⁶⁹ The years of accession are International Covenant on Economic, Social and Cultural Rights - 1981, International Covenant on Civil and Political Rights - 1981, Convention on the Rights of the Child - 1990, and Convention on the Elimination of All Form of Discrimination against Women - 2001.

⁷⁰ The gender policies of organisations operating in DPRK also reflect this.

Commitments to Action

In order to achieve these principles, the following members of the Inter-Agency Forum commit themselves to ensuring that they take the following actions:

- Implement strategies to ensure that gender issues are brought into the mainstream of activities within their areas of responsibility. Priority areas are: the CAP; assessment and planning of programmes; and participation of women in the planning, design, implementation and monitoring of all aspects of programmes;
- Ensure data is disaggregated by sex and age and includes where applicable a gender perspective in analysis of information;
- Support gender-sensitive studies, best practices, guidelines and checklists for programming, as well as the establishment of instruments and mechanisms for monitoring and evaluation, such as gender-impact methodologies, in order to incorporate gender analysis techniques in institutional tools and procedures;
- Develop capacity for systematic gender mainstreaming in programmes, policies, actions, and training;
- Ensure reporting and accountability mechanisms for activities and results in gender mainstreaming, such as incentives, performance evaluations, MoUs, budget allocation analysis and actions for redressing staff gender imbalance;
- Members of the Inter-Agency Forum will develop an implementation plan to translate these actions into concrete measurable objectives, in order to ensure gender considerations are mainstreamed into our programmes and activities.

UNDP ◦ UNESCO ◦ UNFPA ◦ UNICEF ◦ UNIFEM ◦ FAO ◦ WFP ◦ WHO ◦ ADRA ◦ CESVI ◦ GAA ◦ CONCERN WorldWide ◦ Triangle.G.H. ◦ IFRC ◦ Caritas ◦ Save the Children UK ◦ World Vision ◦ PMU ◦ OCHA ◦ SDC ◦ ECHO EC Food Security Unit ◦ Embassy of the United Kingdom ◦ Development Cooperation Office of the Italian Ministry of Foreign Affairs ◦ Embassy of Germany ◦ Embassy of Sweden ◦ SIDA

Dated: 30 September 2002 (updated 5 September 2003)
Pyongyang
Democratic People's Republic of Korea.

ANNEX XII.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in 178 countries.

For details on the programme outlined below, please refer to the Federation's website <http://www.ifrc.org> where the entire 2004 Annual Appeal will appear on 25 November, 2003.

The International Federation provides support as an operational partner to the Red Cross Society of the DPRK, working in close collaboration and coordination with UN agencies, the ICRC, and NGO's. The Federation emphasizes the importance of, and commitment to the CAP, not only as an important strategic planning and coordination tool, but also as an appropriate avenue to advocate on behalf of critical issues which impact humanitarian efforts in this and other areas.

Introduction

The Federation Secretariat is supporting the DPRK Red Cross Society on the implementation of programmes in disaster management water and sanitation, health and organisational development. Federation has developed close links with humanitarian agencies and plans its activities in concert with those elaborated during the CAP. The Federation Strategy for 2004 takes into account the goals of the CAP and reflects linkages between its own operations and those of UN agencies, bilateral and NGOs. The Federation fully supports the goals elaborated and the approach taken within the CAP document.

Strategy

The Federation Strategy for 2004 is focused on increasing the strength of the DPRK Red Cross Society through supporting programmes in Disaster Management (including disaster preparedness and response), Health and Care in the community (including water and sanitation) and Organisational Development.

Health and Care

With the provision of essential drugs and basic medical equipment to 1,762 health institutions, the Federation aims to support and improve the capacity of primary health care available to the population in three provinces (North and South Pyongan and Chagang) and one municipality (Kaesong). At the community level, health promotion activities will continue to upgrade the skills of health workers, like aseptic working manners and rational drug use workshops for nurses and midwives, increase community knowledge of basic health care management and enhance the prevention of communicable diseases. In health promotion the prevention of water borne diseases, malaria (combined with distribution of mosquito nets to families), ARI as well as HIV/AIDS awareness and community based first aid programme follow the initiatives of the DPRK Red Cross Society and will continue to be a focus of Federation support.

Water and Sanitation

In 2002 the DPRK Red Cross and the Federation broadened their focus from rehabilitation of water supply to health institutions to community-based water supply rehabilitation combined with sanitation and hygiene promotion activities. A pilot project rehabilitating the water supplies of 18 ri and dong communities was successfully completed in May 2002. From May onwards, a three-year project targeting 100 communities was launched. The communities will be assisted in constructing safe drinking water supply systems and will also be targeted for hygiene promotion and sanitation activities. Twenty of the target communities planned were finalised during June 2003, ten of which had waster water collecting systems as an integral part of source management and protection. A pilot latrine project has been completed in the majority of the 20 villages in 13 different counties of North and South Pyongan Provinces during the autumn of 2003 as a sanitation component of Phase 1 of the programme. At present Phase 2 of the project targeting 40 ri and dong communities is in progress in North Pyongan, South Pyongan and Jagang Provinces is in progress of receiving this same support through the DPRK RCS and IFRC. It is anticipated that Phase 2 will be finalised during the summer of 2004.

Disaster Management

The Federation will maintain its support to the DPRK RCS in developing the disaster preparedness and disaster response capacity of the Society. The DPRK RCS identified Community-Based Disaster Preparedness (CBDP), which had been introduced as a pilot in 2002 as the priority to be consolidated and expanded to reduce the vulnerability. However, the capacity building of the volunteers and staffs in disaster management, pre-positioning of DP items will continue at national and at the grass-roots levels for all accessible counties and provinces.

Develop a coherent and concrete long-term Disaster Preparedness and Response strategy for the national society, which address the two most likely natural disaster scenarios in DPRK, namely seasonal and predictable small-scale, localised events and the possibilities of much larger one-off event.

Enhancement of networking between the national and provincial DP working groups will continue to be strengthened to improve DPRK Red Cross branches capacity and working cooperation with the government and UN agencies amongst others in the future.

While the Red Cross will continue to be a key player in disaster management, the priority will be on strengthening the human resources as well as material resources in disaster preparedness and post disaster response including response mechanism and strategies and the mobilisation of strategic pre-positioning of resources to respond efficiently to the needs of affected population.

Organisational Development

The programme focuses on increasing the capacity of the DPRK Red Cross to provide relevant and effective services to the most vulnerable people in the country. The Federation's Organisational Development Programme 2004 will focus on three main areas branch development and human resource development and revenue generation and communication. Training of financial staff to use the Federation standard financial manual will continue in 2004, as well as the reconstruction and refurbishment of Red Cross branches with adequate facilities to conduct branch operations.

ANNEX XIII.

ACRONYMS AND ABBREVIATIONS

AAS	Academy of Agricultural Sciences
ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
AES	Anti-epidemic Stations
AFMAL-FBF	Association in collaboration with the Medical Order of Saint John of God
AFSC	American Friends Service Committee
AIDS	Acquired Immune-Deficiency Syndrome
AREP	Agricultural Recovery and Environmental Protection
CA	Consolidated Appeals
CAD	Children Aid Direct
CAP	Consolidated Appeals Process
CARE	Cooperative for American and Relief Everywhere
CARITAS	International Conference of Catholic Churches
CESVI	Cooperazione e Sviluppo
CfC	Campus für Christus (Switzerland)
CFGB	Canadian Food Grains Bank
CFSAM	Crop and Food Supply Assessment Mission
CHAP	Common Humanitarian Action Plan
CMB	Cereal Milk Blend
Concern	Concern Worldwide
CPE	Centrally Planned Economy
CPPS	Central Plant Protection Station
CRS	Catholic Relief Services
CSB	Corn Soya Blend
CWS	Church World Service
DGO	Development Group Office
DO	Designated Official
DOTS	Directly Observed Treatment Short-course
DPRK	Democratic People's Republic of Korea
DWH / GAA	Deutsche Welthungerhilfe
ECHO	European Community Humanitarian Office
EFA	Education for All
EMIS	Education Management Information System
EMOP	Emergency Operations
EPI	Expanded Programme of Immunisation
EU	European Union
EUAidCo	Food Security Unit (formerly known as DG/DEV)
FALU	Food Aid Liaison Unit
FAM	Food Administration Ministry
FAO	Food and Agriculture Organization
FAP	First Aid / Obstetric Station
FFW	Food-for-Work
GAA	German Agro-Action
GAIN	Global Aid Network Movement
HBA	Hungarian Baptist Aid
HC	Humanitarian Coordinator
HDRC	Humanitarian Development Resource Centre
HEB	High Energy Biscuit
HI-B	Handicap International - Belgium
HIV	Human Immune-deficiency Virus
ICCPE	International Certification Commission for Poliomyelitis Eradication
IEC	Information, Education and Communication
IFAD	International Fund from Agricultural Development
IFRC	International Federation of Red Cross and Red Crescent Societies
IPM	Integrated Pest Management
ISFM	Improved Soil Fertility Management

IT	Information Technology
KAP	Knowledge, Attitudes and Practices
KASD	Korean Association for Support of the Disabled
KASM	Korean American Sharing Movement
LFP	Local Food Production
MC	Mercy Corps
MCI	Mercy Corps International
MDG	Millenium Development Goal
MICS	Multiple Indicator Cluster Survey
MoA	Ministry of Agriculture
MoCM	Ministry of City Management
MoPH	Ministry of Public Health
MT	Metric Tonne
NEAFF	Northeast Asia Forest Forum
NGOs	Non-Governmental Organisations
NIDs	National Immunisation Days
OCHA	Office for the Coordination of Humanitarian Affairs
OPEC	Organization of Petroleum Exporting Countries
ORS	Oral Rehydration Salt
PDS	Public Distribution System
PHC	Primary Health Care
PMU	Pinstmissionensu u-landshjälp (Sweden)
PU	Prèmiere Urgence
RCIP	Republican Centre for Immuno-Prevention
RMB	Rice Milk Blend
RoK	Republic of Korea
RSD	Refugee Status Determination
SARS	Severe Acute Respiratory Syndrome
SDC	Swiss Agency for Development and Cooperation
SEAR	Southeast Asia Region
SIDA	Swedish International Development Agency
SPFS	Special Programme for Food Security
SVA	Ambulatory Health Post (Russian)
TB	Tuberculosis
TCP	Technical Cooperation Programme
TGH	Triangle Génération Humanitaire
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSECOORD	United Nations Security Coordination
US	United States
USSR	Union Soviet Socialist Republics
VGf	Vulnerable Group Feeding
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International

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