

A move from humanitarian assistance to  
addressing underlying causes of malnutrition in  
DPR Korea

Sarita Neupane

Nagi M. Shafik

22 September 2003

# Country Context

- Population: 23 million (2003)
- Fertility rate: 2 (1999)
- Under 5 Pop: 2 million
- Life expectancy: 66.8 years (1999)
- Urban population: 62%
- Total No. of province: 12

# Country context cont'

Governance: DPR Korea an independent socialistic and revolutionary State guided by the *Juche idea* (*notion of people taking charge of their own destinies*)

Economy: Economy development based on central planning

- External factors (Cold war conflict with US and its allies, collapse of Soviet Union, market economy in China)
- Natural calamities of mid 1990s (famine and floods)

# Implications of external and internal factors

- Damage and degradation of physical infrastructure (schools, hospitals, water/sanitation facilities)
- Lost opportunities to update on technology
- Erosion in quality and effectiveness of basic social services sectors
- Reduced industrial and agricultural outputs

# Food Security

WFP/FAO Crop and Food Assessment  
mission reports:

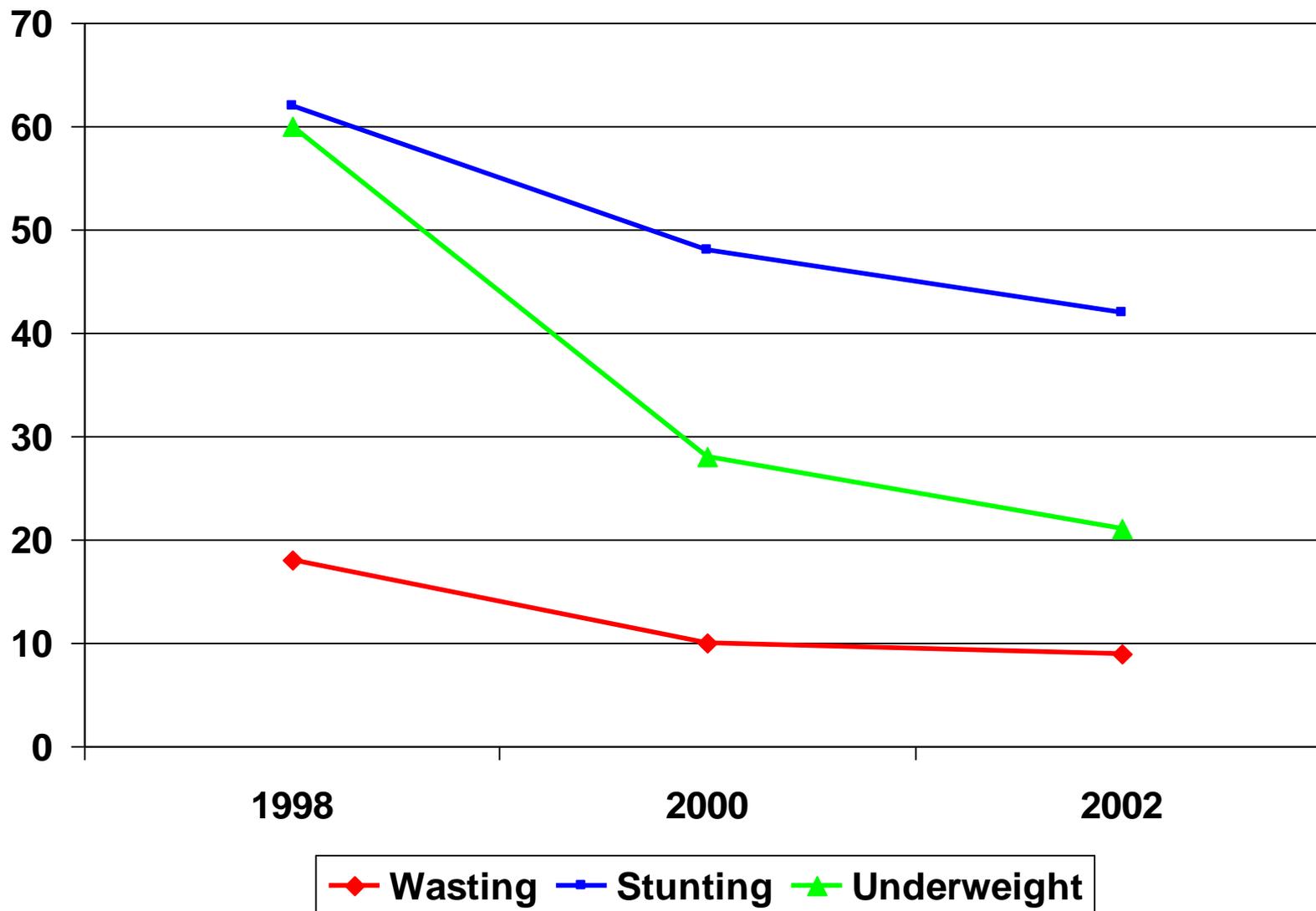
- 1.04 million tones deficit in 1998/1999
- 2.2 million tones deficit in 2000/2001
- 1.08 million tones deficit in 2002/2003

In 1997, DPR Korea received food assistance

# Mortality rates

Year	IMR	U5MR
1990	14	27
1995	19	28
1997	21	43
1998	24	50
1999	23	48

# Results of nutrition surveys



# In-country collaboration between UNICEF and WFP in Emergency Nutrition

- UNICEF
  - Provide high energy milk (F100) for treatment of severe malnutrition
  - Technical support (development of Protocol/guidelines and training)
  - Provision of supplies (essential drugs/vitamins, and pre-mix for blended foods , i.e., RMB, CMB, WSB, Noodles)

# UNICEF/WFP Collaboration

- WFP
  - Food commodities (rice/milk/wheat/corn)
  - Equipment for factory
  - Operation cost (partial)

# Challenges

- Chronic emergency - CAP 2004
- Proportion of severely malnourished children remain same 3% of 2 million (70,000)
- Limited capacity of government to address nutrition/health problems
- Lack of access to information – evidence-based interventions
- Limited interaction with government counterparts

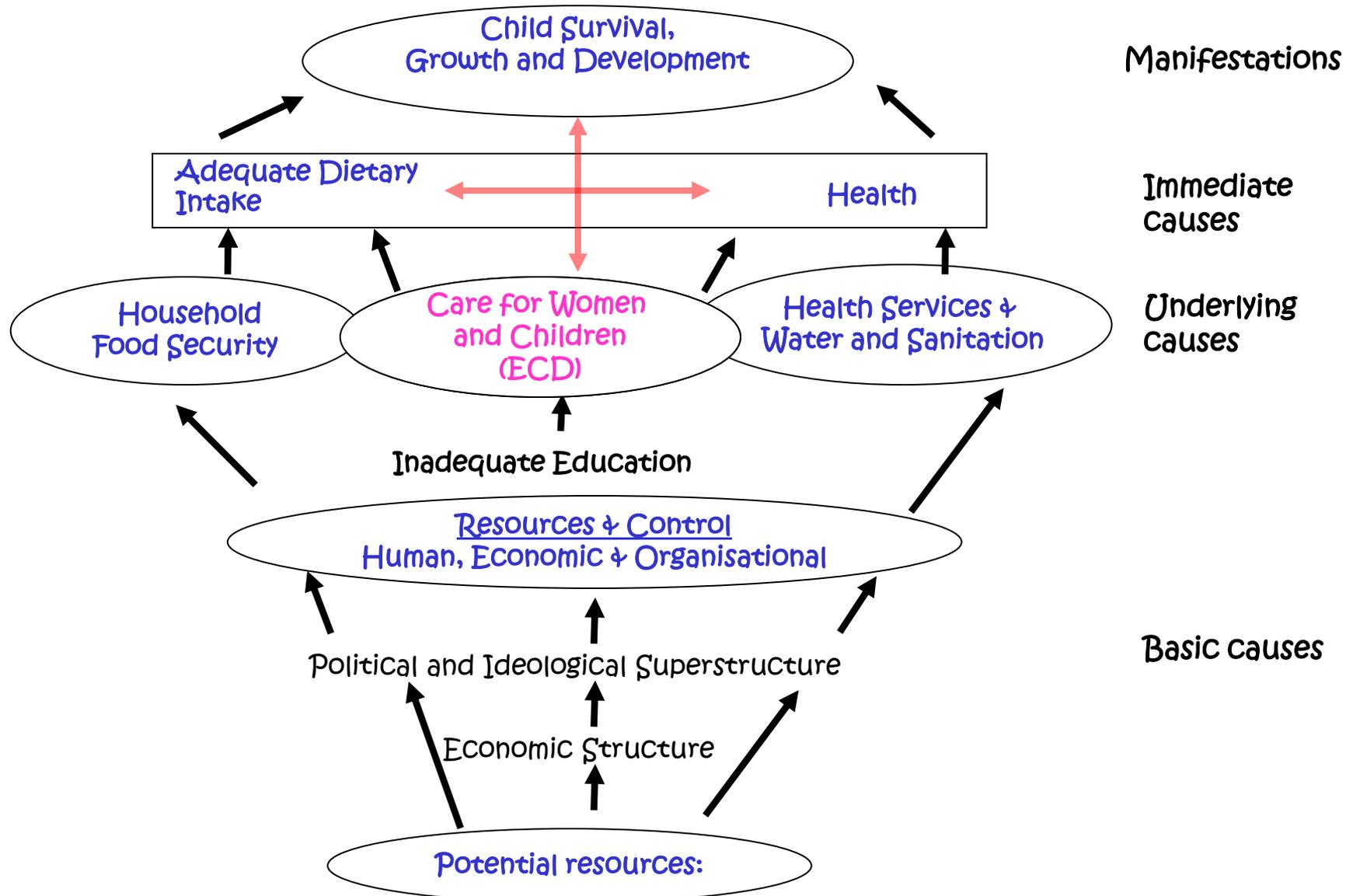
# Why a need to shift in programme priority?

- High maternal nutrition (32%)
- High proportion of low birth rate
- Increasing trend in mortality
- High rate of stunting and wasting
- Poor caring practices

# Caring practices cont'

- Institutional care during early childhood is the norm in DPR Korea (3 mo – 4 yrs)
- Law on nursing/upbringing adopted in 1976
- Ratio of care taker to child 1:10
- Lack of systematic contact/coordination with families
- Capacity of caregivers for early detection and appropriate is limited.

# UNICEF Conceptual Framework



# Conclusion

- Addressing underlying causes of malnutrition
  - ECD the core component of care practices
  - Focus on water/sanitation/hygiene
- Life cycle approach
- County focus
- Community involvement -Triple A approach

Thank you