



Consolidated Emergency Report for 2018

Prepared by UNICEF Democratic People's Republic of Korea

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24 October 2018: A mother and child receive safe drinking water in their home in Jongju City through the UNICEF-supported gravity-fed system opened in September 2018.
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Abbreviations and acronyms

CERF	Central Emergency Response Fund
CMAM	Community Management of Acute Malnutrition
CHD	Child Health Day
DPRK	Democratic People's Republic of Korea
EMK	Essential Medicine Kit
GFS	Gravity-fed water supply system
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IYCF	Infant and young child feeding
MAM	Moderate Acute Malnutrition
MICS	Multiple Indicator Cluster Survey
MoPH	Ministry of Public Health
ORS	Oral rehydration salts
PLW	Pregnant and lactating women
SAM	Severe Acute Malnutrition
SWG	Sector Working Group
TB	Tuberculosis
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive summary

The Democratic People's Republic of Korea (DPRK) continues to be in a protracted humanitarian situation. In 2018, about 10.3 million people in the country were estimated to be food insecure as well as having only limited access to life-saving basic services, such as healthcare and water, sanitation and hygiene (WASH) facilities. The population (including the most vulnerable – 1.7 million children under 5 years of age) remained exposed to risks from inadequate emergency preparedness and response capacities. Recurrent natural hazards, particularly extended droughts punctuated by recurrent flooding, meant a considerable proportion of the population had difficulties realizing their basic rights to health and well-being. As a result, people had crucial and unmet food, nutrition, health and WASH needs.

According to new evidence from the 2017 DPRK Multiple Indicator Cluster Survey (MICS), marked disparities and mutually reinforcing deprivations exist for children and women by geographical and wealth characteristics. One in every five children under 5 years of age is stunted and 3 per cent of children under 5 suffer from acute malnutrition and face impaired physical and cognitive growth. An example of geographic disparities is stunting in rural Ryanggang (32 per cent) being 22 percentage points above Pyongyang (10 per cent). An average of 39 per cent of the population, or an estimated 9.75 million people, do not have access to a safely managed water source, with the proportion rising to 56 per cent in rural areas.

The international community's Needs and Priorities Plan, which functions as a Humanitarian Country Team (HCT)¹ inter-agency appeal, prioritizes life-saving support to those most vulnerable and in need of humanitarian aid. In 2018, the plan needed US\$111 million. UNICEF DPRK Humanitarian Action for Children (HAC) appeal sought US\$16.5 million to respond to the most urgent health, nutrition and WASH needs of at least 1.7 million under-five children and 342,000 pregnant and lactating women (PLW).

With a 54 per cent funding gap, UNICEF only received US\$7.5 million² against the US\$16.5 million HAC appeal. Despite this funding gap and a complex operating environment, tangible humanitarian results were achieved through contributions against the HAC, as well as resources from UNICEF's regular programmes where necessary.

- During two national Child Health Days (CHDs), 1.5 million children (95 per cent of all under-five children) received deworming tablets, vitamin A supplements and oral rehydration salts (ORS) as well as screening and referral for treatment of acute malnutrition. Nearly 506,000 children aged 6–23 months (100 per cent) were provided with multi-micronutrient powder for home food fortification.
- Through the Expanded Programme on Immunization, which has nationwide coverage, 338,000 children under 1 received full courses of 11 vaccine doses; 337,000 pregnant women received tetanus vaccination; and 2018 passed without any outbreak of vaccine-preventable disease.
- Five million people in prioritized counties had access to essential medicines from the close to 8,000 assorted medical kits and household doctor's bags distributed by UNICEF.
- Despite challenges, some 190 county hospitals continued treating more than 75,000 adults and 4,250 children for tuberculosis (TB).
- The high geographic coverage of Community Management of Acute Malnutrition (CMAM) in 189 out of 210 counties contributed to the early screening, referral and treatment of around 55,000 children with either severe acute malnutrition (SAM) with or without concurrent

¹ The HCT comprises all the DPRK-based international organizations engaged in humanitarian activities: currently six United Nations agencies and five international NGOs, as well as the International Federation of the Red Cross, the International Committee of the Red Cross (ICRC), Swiss Agency for Development and Cooperation (SDC), European Union Food Security Office (FSO), Finnish Agriculture and Health Rehabilitation Programme/Fida International, and French and Italian Cooperation Offices.

² Includes UNICEF Headquarters Emergency Programme Fund allocation of US\$2 million.

illnesses or moderate acute malnutrition (MAM) with concurrent illnesses. Of all the treated cases, 99 per cent were successfully cured and fully recovered from malnutrition.

- Even the most vulnerable children in remote areas were reached with ORS. 9.6 million ORS sachets were provided nationwide to shield 1.7 million children under 5 from the childhood killer of diarrhoea.
- Some 170,600 people were provided with basic drinking water and 55,800 people gained access to longer-term safely managed drinking water services. However, 106,400 people have not yet received water supply due to delays in mobilizing funding and unintended consequences of international sanctions.
- In January 2018, in response to an outbreak of Influenza Type A (H1N1) with 246,351 cases reported, UNICEF released 20 inter-agency emergency health kits, 37 household doctor's bags and oral as well as injectable antibiotics, antipyretics and other medicines to manage these cases.
- In September 2018, as an immediate response to the flash floods, which hit North and South Hwanghae Provinces a week after Typhoon Soulik, UNICEF took part in the inter-agency joint needs assessment. It was among the first to respond with pre-positioned WASH, health and nutrition emergency stocks for over 10,000 displaced people. In follow-up, 1,200 children who lost all their belongings in the floods were provided with sets of warm winter clothes.

In support of these results, UNICEF DPRK assumed a leading role in humanitarian response; coordinated WASH and Nutrition Sector Working Groups (SWGs); and co-chaired the Health SWG with WHO. In addition, the UNICEF DPRK Country Office supported monitoring of the humanitarian situation and made data on children and women available as a member of the United Nations Monitoring and Evaluation group. Correct distribution and use of aid was documented by international staff through enhanced field monitoring practices, and the effectiveness of that assistance was attested by independent evaluation.

While sanctions imposed on the country are not meant to affect humanitarian assistance, increasingly stringent restrictions on UNICEF and partners – including scrutiny of in-country expenditures and requests by transit countries for sanction-related import waivers – led to considerable delays in importing life-saving relief items and increased the costs of protracted storage arrangements. In addition, banking channels are still suspended. These factors have compounded the situation in DPRK, in which the delivery of basic humanitarian interventions crucial to safeguarding the lives of children and women is already seriously compromised.

UNICEF wishes to express its gratitude to the Governments of Canada, France and Sweden and the Central Emergency Response Fund (CERF) for their generous, critical and life-saving humanitarian funding. In 2019, UNICEF will continue to respond to humanitarian needs in line with its Core Commitments for Children as well as the response plans of different sectors to alleviate the suffering of children and women. UNICEF has appealed for US\$19.5 million in its HAC 2019.

Humanitarian context

An estimated 10.3 million people in DPRK are affected by chronic food insecurity and limited access to life-saving basic services such as healthcare and WASH facilities. The current situation threatens the well-being of a sizeable proportion of the population, most significantly young children, PLW and other vulnerable groups, including people with disabilities and those with non-communicable diseases. While the country maintains an extensive infrastructure for social services reaching down to the village level and a skilled workforce in sufficient numbers, the limited availability of adequate equipment, basic supplies and up-to-date training and quality standards severely affects actual availability of and access to healthcare and other basic services for children and women.

According to new evidence from the 2017 DPRK MICS, marked disparities and mutually reinforcing deprivations exist for children and women by geographical and wealth characteristics:

- One in every five children under 5 is stunted and 3 per cent of children under 5 suffer from acute malnutrition and face impaired physical and cognitive growth.
- An example of geographic disparities is that stunting in rural Ryanggang (32 per cent) is 22 percentage points above Pyongyang (10 per cent).
- In rural areas, only one household in three uses water piped directly into the dwelling as a main source of drinking water.
- Around 39 per cent of the population, or an estimated 9.75 million people, do not have access to a safely managed water source, rising to 56 per cent in rural areas.
- Overall 37 per cent OF households are drinking water which has evidence of faecal contamination.
- Nine out of 10 people in rural areas, and three out of 10 in urban areas, live in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities. As a result, much of the population is regularly exposed to the risk of waterborne diseases such as diarrhoea, which is among the leading causes of child mortality in DPRK and is also among the key underlying causes of acute malnutrition.

Elevated levels of vulnerability combined with exposure to seasonal hazards such as floods and droughts have severe impacts on children. An influenza-like illness started in December 2017 and continued until January 2018 with 246,351 cases reported from across the country. Of these, 137,884 were confirmed as Influenza Type A (H1N1) and 502 as cases of severe acute respiratory illness, with four deaths attributed to it. In September, flash floods that hit North and South Hwanghae Provinces a week after Typhoon Soulik damaged or destroyed thousands of houses, public buildings and kindergartens.

The overall goal of the DPRK HCT in 2018 was to support and reinforce national efforts to ensure people's health and well-being, especially the most vulnerable, and to build their resilience. To achieve this, the DPRK HCT has agreed on the strategic objectives of improving nutrition, increasing access to basic health and WASH services, and strengthening resilience. The Needs and Priorities Plan published annually by the HCT appealed for a total of US\$111 million to support six million people, including 1.7 million under-five children and 342,000 PLW.

While stringent sanctions imposed on the country are not meant to affect humanitarian assistance, their unintended consequences hampered the humanitarian community's and UNICEF's ability to deliver, worsened by a decline in donor funding. Increasingly stringent restrictions on UNICEF and partners, including scrutiny of in-country expenditures and requests by transit countries for sanction-related import waivers, led to considerable delays in importing life-saving relief items and have increased the costs of protracted storage arrangements. In addition, banking channels are still suspended.

Application of the Implementation Assistance Note No.7 issued in August 2018 provided clarification on these issues but also caused significant delays through the requirement for case-by-case approval from the 1718 Sanctions Committee based on lists which can only be submitted periodically. These factors have compounded the situation in DPRK, in which the delivery of basic humanitarian interventions crucial to safeguarding the lives of children and women is already seriously compromised. Life-saving TB medicines, for example, are expected to run out by mid-2019. Specifically, for SAM only 39 per cent of the estimated national burden/caseload was treated due to funding shortfalls. For the same reason, only 12 per cent of the targeted PLW received enough multi-micronutrient tablets, and for six months instead of the usual nine months. HAC is chronically underfunded and the WASH programme for the current country programme is still 85 per cent underfunded, while more than nine million people in DPRK do not have access to safely managed drinking water.

Overall humanitarian funding to UNICEF DPRK has declined since 2015, and in 2018, the HAC appeal had a 54 per cent funding gap. In an increasingly scrutinized and restricted financial environment, without donor support, UNICEF will be unable to meet children's basic humanitarian needs such as WASH, and support life-saving interventions in health and nutrition in response to the country's undernutrition situation and recurrent disasters.

Humanitarian results

In 2018, UNICEF DPRK continued to support life-saving interventions in health, nutrition and WASH in response to recurrent disasters and the ongoing humanitarian situation, and supported programming for the national response to the country's undernutrition emergency. In January 2018, UNICEF responded to the outbreak of Influenza Type A (H1N1). In September 2018, UNICEF was also among the first agencies to respond to the flash floods that hit North and South Hwanghae Provinces a week after Typhoon Soulik that displaced over 10,000 people and destroyed thousands of home and public buildings such as schools and health facilities. Throughout the year, the following sectoral results were achieved through contributions against the HAC appeal, as well as resources from UNICEF's regular programmes where necessary.

Nutrition

UNICEF provided life-saving essential nutrition supplies to vulnerable children and women in eight flood-affected counties in North and South Hwanghae Provinces. The UNICEF DPRK nutrition programme – using pre-positioned supplies of Ready-to-Use Therapeutic Food, therapeutic milk and nutrition screening tools for identification and treatment of acute malnutrition – responded immediately, strengthening the capacity of health facilities to identify and treat acute malnutrition early in children under 5. As a result, approximately 400 children under 5 were treated for SAM.

UNICEF sustained nutrition interventions responding to the chronic humanitarian situation. In 2018, an estimated 1.5 million children aged 6–59 months (95 per cent) were reached with age-appropriate nutrition interventions such as vitamin A supplementation and deworming, and screened for referral and treatment of acute malnutrition. Nearly 506,000 children aged 6–23 months (100 per cent) received multi-micronutrient powder supplements for home fortification of their complementary foods during CHDs held twice in 2018. Integrated infant and young child feeding (IYCF) counselling was also provided through CHDs. Around 55,000 SAM children with or without concurrent illnesses or MAM with concurrent illnesses were successfully treated in provincial paediatric and counties' general hospitals in 189 out of 210 counties. In addition, the condition of children's wards across 24 paediatric hospitals delivering CMAM services was improved through provision of some 300 hospital beds and hospital pyjamas for 3,000 children and 3,000 mothers/caretakers.

The above, along with improved technical capacity of around 600 health workers trained in an integrated package of CMAM and IYCF practices, played a pivotal role in achieving positive treatment outcomes for children. As a result, almost all (99 per cent) of the nearly 55,000 under-five children enrolled in the CMAM programme were successfully cured, while less than 1 per cent either defaulted, died or did not respond to treatment. However, due to funding constraints, about 86,000 pregnant women – representing only 12 per cent of the national target for PLW – received multi-micronutrient tablets for six months.

Health

Twenty inter-agency emergency health kits were procured to respond to the seasonal flu outbreak in January 2018. To respond to floods that affected North and South Hwanghae Provinces in September, UNICEF distributed 258 Essential Medicine Kits (EMKs), 110,000 sachets of ORS, seven inter-agency emergency health kits and seven tents to temporarily replace damaged health facilities.

UNICEF worked with the Ministry of Public Health (MoPH) within the framework of the Health Medium Term Strategic Plan 2016–2020 to reduce infant, under-five and maternal mortality; and decrease the burden of the most prevalent diseases. UNICEF supported the updating of Integrated Management of Newborn and Childhood Illnesses (IMNCI) and Emergency Obstetric and Neonatal Care (EmONC) guidelines and protocols. The DPRK five-year National Strategic Plan on Measles Elimination and Rubella/Congenital Rubella Syndrome Control 2018–2022 was developed jointly by MoPH, the World Health Organization (WHO) and UNICEF, and endorsed by the Inter-Agency Coordination Committee.

In 2018, through the expanded programme of immunization which has nationwide coverage, 338,000 children under 1 received a full course of 11 vaccine doses; 337,000 pregnant women received two doses of tetanus-diphtheria vaccination; and the year passed without any outbreak of vaccine-preventable disease. After two years' absence due to global availability issues, the inactivated poliomyelitis vaccine was reintroduced to the national immunization programme in May 2018. Sustained high and equitable vaccination coverage of more than 96 per cent across the country for the last three years helped the country achieve 'measles-free status', verified by WHO.

Nationwide, UNICEF provided traditional vaccines, injection devices and storage equipment and supplied 9.6 million ORS sachets, covering 100 per cent of diarrhoea cases in children under 5. Some 3,088 EMKs and 4,332 household doctor's bags were distributed in the 50 priority counties and emergency areas, reaching a population of more than 5 million. These supplies, in many places, remained the only source of essential medicines such as antibiotics to treat children diagnosed with life-threatening pneumonia. Four maternity wards and neonatal units were refurbished and fully equipped with complete sets of EmONC equipment in Convergence Counties, while 8,080 Clean Delivery Kits were distributed in the 50 priority counties.

In conjunction with WHO, UNICEF mitigated the detrimental impact of Global Fund's withdrawal from DPRK in June by mobilizing resources, simplifying protocols and integrating community intervention for childhood TB prevention, detection and treatment into the IMNCI protocol. Some 190 county hospitals provided TB treatment for 107,000 cases, including 6,000 children on treatment and 3,000 on preventive therapy, despite challenges in procurement and delivery of TB medicines.

Table 1: UNICEF-supported humanitarian results in nutrition, 2018

Nutrition		UNICEF 2018 target	UNICEF total results
Children under 5 with SAM or MAM treated through inpatient and outpatient therapeutic feeding programmes	Regular humanitarian response including flood response	60,000	55,000
Children aged 6–23 months received multi-micronutrient supplementation	Regular humanitarian response including flood response	500,000	506,000
PLW received multi-micronutrient supplementation	Regular humanitarian response including flood response	700,000	86,000
Children under 5 received vitamin A supplementation (two doses of vitamin A during CHDs)	Regular humanitarian response including flood response	1,600,000	1,516,435

Table 2: UNICEF-supported humanitarian results in the health sector, 2018

Health	UNICEF 2018 target	UNICEF total results
Children under 1 year accessed routine immunization	355,000	338,000
Pregnant women accessed two doses of tetanus-diphtheria immunization	362,000	337,000
Children aged 6–59 months received two doses of vitamin A during CHDs	1,600,000	1,516,435
Children with diarrhoea provided with life-saving essential drugs, including ORS	800,000	800,000
People provided with essential drugs	2,500,000	2,965,000

WASH

WASH sector partners jointly mobilized support for 383,222 people against the sector target of 357,000 in the inter-agency 2018 Needs and Priorities Plan. However, the sector reached only 153,993 people with safe drinking water while longer-term service delivery for the remaining 229,235 people was delayed due to the Sanctions Committee requirement for case-by-case approval. UNICEF's contribution to achieving the sector target was 45 per cent (170,600), while 55 per cent (212,622) were assisted by sector partners.

A total of 55,800 people in Jongju City and Rakwon county, including all schools and health facilities in the catchment area, gained access to longer-term safely managed water services through the completion of a UNICEF-supported gravity-fed water supply system (GFS). In addition, 106,400 people from Kosong, Myonggan, Orang, Kyonghung and Kyongsung counties were supported with provisions for basic drinking water but have not yet received water supply due to delays in the Sanctions Committee clearing the importation of certain WASH supplies with metal parts, and delays in mobilizing funds. UNICEF also received CERF funding to support WASH commodities for 6,200 children undergoing treatment for acute malnutrition and their families. Some 8,400 people from 3,400 flood-affected families in North and South Hwanghae Provinces were supported with WASH relief items such as water purification tablets for household drinking water, buckets, jerry cans, soap, calcium hypochlorite for water source disinfection and hygiene education materials. WASH emergency items for 10,000 households were procured and pre-positioned to swiftly respond to disasters, including floods and droughts.

Installation of safe drinking water and indoor handwashing facilities was supported for about 15,560 children from 58 schools in five Convergence Counties, and group handwashing facilities were supported in five schools in Jongju and Rakwon counties to promote supervised group handwashing with soap. Longer-term water services were provided to Jongju City and Rakwon County Hospitals. Handwashing facilities were installed in the labour room, maternity ward, treatment room for children with acute malnutrition and patient consultation rooms. Some 175 county engineers and technicians were trained in computer-aided design of water supply networks, greatly enhancing the capacity of provincial engineers to design optimal water supply networks. Training was provided to 50 technicians from Myonggan and Kosong counties on quality construction of WASH infrastructure and to at least 100 operators and water caretakers on routine operation, repair and maintenance.

Table 3: UNICEF-supported humanitarian results in WASH, 2018

WASH	UNICEF 2018 target	UNICEF total results
Emergency-affected populations provided with access to safe water as per agreed standards	60,000	55,825
People with access to safe drinking water, improved sanitation and hygiene messages (including families of 12,000 children with SAM)	40,000	11,911

Sector leadership

Nutrition

UNICEF, as the nutrition sector co-lead with the World Food Programme, facilitated the development of technical guidelines, strategies and national action plans, and national workshops to adopt a multisectoral approach to address the underlying causes of undernutrition. In 2018, UNICEF coordinated and facilitated three routine coordination meetings for the Nutrition SWG, with meeting minutes and actions taken shared with all members. Besides the routine coordination meetings, UNICEF facilitated three ad hoc meetings for nutrition sector partners on developing a two-year follow-up action plan to address recommendations emanating from the 2017 CMAM evaluation, discuss 2019 Needs and Priorities for DPRK, and provide inputs on nutrition to the UNICEF Situation Analysis for children. During 2018 the Nutrition SWG developed the Inter-agency Emergency Response Plan and participated in joint field visits and sectoral assessments of affected emergency areas (flood-affected counties) to coordinate the humanitarian response.

Health

UNICEF co-leads the Health SWG with WHO, and joint MoPH and UNICEF technical monthly meetings were conducted. As co-Chair, UNICEF helped MoPH implement maternal and child health interventions including immunization, community-based IMNCI, EmONC and early detection and treatment of childhood TB.

WASH

UNICEF is the sector lead among a group of nine active international WASH partner agencies, with the Government actively participating in sector coordination. The cluster is co-led by Concern Worldwide (European Union Programme Support 3) and the International Federation of Red Cross and Red Crescent societies. The WASH SWG met eight times throughout the year and coordinated efforts in joint emergency preparedness, assessment, response and reporting while maintaining an updated 'who does what, where, when' matrix with responsive input from all partners. The sector also worked together to define DPRK WASH needs and priorities for both 2018 and 2019. While delivering humanitarian supplies and longer-term services, the sector also joined forces on strategic areas of support such as the formulation of a five-year national WASH implementation strategy. Besides the regular formal SWG meetings, UNICEF also co-led the Technical sub-Working Group on Water and Sanitation. UNICEF also worked with partners to harmonize advocacy messages and managed to push the needle on approaches to sanitation from building toilets to safely managing sanitation, especially in rural areas. Joint operational support was provided on building the capacity of national engineers to design water supply networks.

Results achieved from humanitarian thematic funding

Health

Thematic funds were a major contribution towards addressing the humanitarian needs of the population in need in DPRK. The thematic contribution was mainly utilized to procure life-saving supplies for pneumonia, diarrhoea and EmONC including ORS, EMKs and EmONC supplies, TB isoniazid preventive therapy and an X-ray machine. The humanitarian thematic funds were also utilized to replenish the emergency preparedness stocks consumed during the influenza outbreak and the flood emergency intervention.

Four complete sets of EmONC equipment were provided to four Convergence Counties. Twenty inter-agency emergency health kits were procured to respond to the seasonal flu outbreak emergency in January. To respond to floods that affected North and South Hwanghae Provinces in September, UNICEF distributed 258 EMKs, 110,000 sachets of ORS, seven inter-agency emergency health kits and seven

tents to temporarily replace damaged health facilities. In consultation with MoPH, UNICEF identified Jongju City as the site for modelling of new integrated IMNCI and child TB community-based services. For that purpose, UNICEF procured a digital X-ray machine for screening/monitoring and diagnosis of suspected TB cases at the county level. In addition, UNICEF procured enough essential medical consumables (household doctor's bag refills) for nine Convergence Counties and to cover the needs of children countrywide for one year.

WASH

Global humanitarian thematic funding received by WASH supported about 46,600 people with safe drinking water (27 per cent of the target of 170,600) and was critical to achieve these results because WASH is the most underfunded sector. Thematic funds allowed WASH to be a dependable partner, especially for the Government, which showed strong ownership of the programme and provided 40 per cent of the cost of the water supply projects through labour and local material support.

Story from the field

South Hamgyong, DPRK, 16 October 2018. Dr. Ko Yong Ran, Director of Rakwon County Hospital in South Hamgyong, celebrates the connection of the hospital to a UNICEF-supported GFS network launched on the occasion of Global Handwashing Day. The hospital now receives running water 24/7 at all critical locations in the hospital, such as the delivery room, paediatric and surgical wards, toilets and on all storeys of the hospital. Only one in two health facilities and educational institutions in DPRK have a functioning piped water supply. Before being connected to the GFS network, Rakwon County Hospital depended on an open dug well and an old town pumping system which supplied water only once every few days. At times, water had to be manually carried to the top floor of the multi-storey building, leading to use of compromised potable drinking water and compromised hygiene practices. This exposed both patients and health workers to life-threatening hospital-acquired infections.

“Provision of running water 24/7 brings the great benefit of infection control and convenience to both health workers and patients undergoing treatment,” says Dr. Ko Yong Ran.



Dr. Ko Yong Ran, Director of Rakwon County Hospital, celebrates the hospital being connected to the GFS network, launched on Global Handwashing Day 2018
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In addition to delivering longer-term water supply to households, supporting WASH in health facilities is at the core of the WASH programme in DPRK. In 2018, UNICEF mobilized support for longer-term GFS supply for about 170,600 people and supported installation of WASH facilities in eight hospitals and 58 schools in eight counties.

The local government and the community contribute with a remarkable 40 per cent cost contribution in terms of local materials and labour. With a UNICEF cost contribution of just US\$1.40 per person per year over the 20-year lifespan of a GFS system, these low-maintenance water systems powered by natural gravity are among the most cost-competitive compared with similar investments in the East Asia and Pacific region. They can drastically improve quality of life and have the potential to save lives, especially those of young and vulnerable children; enable girls to attend schools regularly; and also free women and children from the drudgery of fetching water.

Assessment, monitoring and evaluation

An efficient and effective monitoring system to ensure correct distribution and use of humanitarian supplies remained central to UNICEF's work in DPRK. Monitoring data is crucial to ensuring UNICEF accountability for the proper use of donor assistance, which in turn is critical to mobilizing further funding for humanitarian needs. Following the adoption of a new Field Monitoring Guide midyear, minimum monitoring standards were applied to half-yearly and quarterly trip planning across the programme, in accordance with the level of programmatic investment and risks to manage. New compulsory Key Monitoring Questions enabled meta-monitoring and reporting on the status and use of programme inputs along shared performance indicators.

The coverage standard of monitoring visits to one third of DPRK's 210 counties at least once was overachieved at 119 per cent, or 83 counties visited. However, the total number of monitoring trips (101) and days in the field for monitoring (156) declined compared with 2017, in line with reduced international staff positions following the Global Fund programme drawdown. In response, the Country Office developed a simplified integrated monitoring checklist for health and nutrition and trained non-programme international staff for non-technical field monitoring and asset verification.

In addition, the new standard operating procedure institutionalized the yearly commissioning of external specialized expertise to carry out intensive monitoring and supervision exercises. The 2018 intensive monitoring exercise, the detailed results of which were shared both with national programme partners and through the United Nations Monitoring and Evaluation Working Group for peer learning, bolstered UNICEF's calls for further humanitarian support.

As part of the renewed cooperation on national statistics following the 2017 MICS finalization, the Child Data Management Unit of the DPRK Central Bureau of Statistics and UNICEF programmes consolidated a new matrix for delivery of periodic data against the workplan of cooperation. This included additional indicators and breakdowns as well as earlier unreported county-level data for the nine Convergence Counties central to the 2017–2021 Country Programme Document design.

UNICEF also organized field visits for the UNICEF Deputy Executive Director, UNICEF Deputy Regional Director, Regional WASH Adviser and invited representatives of the Governments of the United Kingdom, France, Sweden and the Russian Federation to see the criticality of continued international community engagement on life-saving supplies for children in the health, nutrition and WASH sectors. A Swedish International Development Cooperation Agency Headquarters mission that visited beneficiaries of the Sweden-funded response to the 2016 North Hamgyong floods was co-hosted by the World Food Programme and UNICEF. The subsequent hosting of the Asia Director of the Swedish Ministry of Foreign Affairs contributed to Sweden's principled communications at the United Nations on support for humanitarian action in DPRK by giving first-hand insight into unmet planned results due to unintended consequences of sanctions.

Financial analysis

Table 4: 2018 funding status against the appeal by sector (US\$)

Sector	Requirements	Received against HAC*	Per cent funded, including Emergency Programme Fund
Health	6,000,000	3,207,570	53.4
Nutrition	7,000,000	2,542,246	36.3
WASH	3,500,000	1,773,172	51.0
Total	16,500,000	7,522,989	45.6

*Includes an allocation US\$2 million from the UNICEF HQ Emergency Programme Fund

Table 5: Funding received and available by 31 December 2018 by donor and funding type (US\$)

Donor name/type of funding	Programme Budget Allotment reference	Overall amount*
I. Humanitarian funds received in 2018		
a) Thematic humanitarian funds		
Global - Thematic Humanitarian Response Fund	SM149910	483,663
Global - Thematic Humanitarian Response Fund	SM189910	200,000
Total thematic humanitarian funds		683,663
b) Non-thematic humanitarian funds		
Swedish International Development Cooperation Agency	SM180169	962,696
France	SM180243	207,849
Canada	SM180156	388,500
Total non-thematic humanitarian funds		1,559,045
c) Pooled funding		
CERF United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Total 2018	Various	3,280,281
UNOCHA CERF underfunded – Nutrition	SM180470	1,154,949
UNOCHA CERF underfunded – Health	SM180469	1,524,971
UNOCHA CERF underfunded – WASH	SM180471	600,361
Total humanitarian funds received in 2018 (a+b+c)		5,522,989
II. Carry-over of humanitarian funds available in 2018		
e) Carry-over thematic humanitarian funds		
Thematic humanitarian funds	SM149910	207,948
f) Carry-over of non-thematic humanitarian funds (list by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
Total carry-over non-thematic humanitarian funds		
Total carry-over humanitarian funds (e + f)		207,948

Table 6: Thematic humanitarian contributions received in 2018

Thematic humanitarian contributions received in 2018	Grant number	Programmable amount	Total contribution amount
Global - Thematic Humanitarian Response Fund	SM149910	683,663	709,546

Future workplan

The HCT estimates that 10.9 million people in DPRK will need humanitarian assistance in 2019. The collective response will target the most vulnerable 6 million people (58 per cent). This includes around 1.7 million under-five children and almost 342,000 PLW. In alignment with the HCT Needs and Priorities Plan, UNICEF's HAC 2019, accessible at <https://www.unicef.org/appeals/dprk.html>, appeals for US\$19.5 million to carry out the most needed humanitarian interventions for children and women in DPRK.

UNICEF will continue to work closely with the Government of DPRK, sister United Nations organizations and NGOs within the inter-agency SWGs to provide humanitarian support. As such, UNICEF will continue to lead the nutrition and WASH sectors and co-lead the health sector with WHO.

Health: The health programme will reach 355,000 children under 12 months with routine immunization; 362,000 pregnant women with access to two doses of tetanus-diphtheria immunization; and 1.6 million children aged 6–59 months with two doses of vitamin A during CHDs. Some 890,000 children with diarrhoea will access life-saving essential drugs including ORS, six million people will access essential drugs and 90,500 pregnant women in 50 counties will receive EmONC services.

Nutrition: The nutrition programme will continue to provide essential life-saving nutrition services such as treatment for 70,000 children under 5 suffering from acute malnutrition (30,000 SAM with and without concurrent illnesses and 40,000 MAM with concurrent illnesses) through inpatient and outpatient therapeutic feeding programmes. The programme will provide 1.6 million children under 5 with micronutrient supplementation including vitamin A. Within the national nutrition strategy, it will support sustaining the high coverage of CMAM; vitamin A supplementation for children aged 6–59 months; and multi-micronutrient supplementation for children 6–23 months through CHDs. The programme will also boost multi-micronutrient coverage of PLW, while enhancing the technical skills and capacity of healthcare providers on CMAM and IYCF.

WASH: UNICEF leads the WASH sector together with cluster partners and is also the lead responder to WASH needs in DRPK. In 2019, UNICEF is targeting an estimated 223,000 people with provision of safely managed drinking water and about 50,000 people with hygiene and sanitation messages. As sector lead agency, UNICEF will promote affordable, durable and sustainable WASH services. Adopting a universal approach aimed at addressing inequities and cross-sectoral convergence, WASH interventions will also be promoted in households, schools and health facilities.

Given the current situation in the country, fundraising for UNICEF DPRK remains a challenge. In line with the inter-agency 2019 Needs and Priorities Plan, UNICEF is requesting US\$19.5 million to meet the humanitarian needs of children and women in 2019. With the requested funding, UNICEF will continue to support life-saving interventions in health, nutrition and WASH in response to recurrent disasters and the ongoing humanitarian situation.

Table 7: 2019 HAC appeal requirements

Sector	Requirements (US\$)
Nutrition	9,800,000
Health	3,900,000
WASH	5,800,000
Total	19,500,000

Expression of thanks

UNICEF wishes to express its gratitude for the generous, critical and life-saving humanitarian funding provided by CERF and the Governments of Canada, France, Sweden and the United Kingdom. UNICEF looks forward to continuing this partnership to realize the rights and survival of the most vulnerable children and hasten their development to achieve their full potential.

Humanitarian Thematic Funding Case Study: Preparedness for Timeliness of Emergency Response

Top-level results

1. Sufficient investment in emergency preparedness is critical to providing timely response during emergencies to alleviate suffering and avert disease outbreaks and preventable deaths. This is especially true in a complex operating environment such as the Democratic People's Republic of Korea (DPRK), where humanitarian needs are increasingly overshadowed by intense geopolitical dynamics. Importation of offshore supplies was increasingly challenged and delayed by the United Nations Security Council sanctions regime in 2018. Humanitarian thematic funding allowed UNICEF to pre-position emergency supplies sourced from outside the country well in advance, which facilitated swift response during emergencies and thus allowed UNICEF to be a dependable partner.
2. In 2018 there were two emergencies: an outbreak of influenza and flash floods in the south of the country. In both cases, UNICEF was among the first to respond. Inter-agency Emergency Health Kits (IEHKs); essential medicines kits (EMKs) catered to 200,000 cases of H1N1 influenza and health supplies including oral rehydration salts (ORS) were sufficient for 290,000 people. About 8,400 people were reached with WASH relief items.
3. These pre-positioned supplies enabled UNICEF to support the Government to respond at once and yielded critical savings in response time that helped avert disease outbreaks and thus avoid preventable deaths. In addition, procurement, transportation and pre-positioning of critical items well before disaster struck allowed UNICEF to obtain competitive rates from suppliers.
4. Follow-up and end-user monitoring findings confirmed that UNICEF's Health, Nutrition and WASH supplies reached the health facilities and directly affected household beneficiaries as per the need and damage assessment report and distribution plans. However, there is room for improvement on preparedness, particularly when it comes to educating users about the correct use of supplies. For example, some users had never seen water purification tablets before.
5. Monitoring findings confirmed that while disease caseloads – especially for diarrhoea – did increase following the floods, any major outbreak was subsequently contained. While the investment in preparedness was highly valued, a subsequent request was to invest in disaster-resilient longer-term water supply services given how many pipelines were damaged or washed away in many flood-hit locations.
6. UNICEF also ensures both preparedness and emergency response are effectively and dynamically linked with long-term programming and services.

Issue/background

DPRK is in the East Asia Pacific region, which is among the most disaster-prone in the world. With a risk rating of 5.1, DPRK is ranked 41 out of 191 countries in terms of disaster risk, according to the Inter-Agency Standing Committee Index for Risk Management. Dire chronic humanitarian needs in the country are compounded by recurrent floods and droughts that strike the country every year. In line with its mandate to alleviate suffering and save lives, UNICEF supports the DPRK Government by focusing on providing life-saving medical commodities as well as nutrition and WASH supplies for the most vulnerable communities. More than 90 per cent of supplies are procured from outside the country.

The dynamic geopolitical context increasingly crowds out humanitarian needs. While the Security Council sanctions imposed on the country exempt humanitarian activities, UNICEF and other humanitarian agencies faced serious unintended consequences such as delayed importation and delivery of humanitarian supplies. These challenges are compounded by lack of funding and the absence of a banking channel for humanitarian transfers.



Houses collapsed by the 2018 flash flood at Yonha Dong in Haeju City in South Hwanghae Province (©UNICEF/DPRK 2018/Kencho Namgyal)

The welcome adoption of the Implementation Assistance Notice Number 7 by the 1718 Sanctions Committee in August 2018 was a critical step towards streamlining and speeding up exemption requests for humanitarian operations. However, the requirement to process clearance of importation of supplies case by case resulted in delays of up to six months. Also, the continued risk-averse approach taken by suppliers and some authorities in transit countries when dealing with importing humanitarian items into DPRK caused significant delays in the delivery of life-saving humanitarian assistance. With these constraints likely to continue, pre-positioning supplies well in advance becomes even more critical to the timeliness of response during emergencies.



One of the 3,400 families who lost their homes to the flash floods (©UNICEF/DPRK 2018/Kencho Namgyal)



*Assessment of damaged houses and monitoring of distribution of WASH relief items in North Hwanghae Province
(©UNICEF/DPRK 2018/Tariq)*

UNICEF plays a key role as lead of the WASH and Nutrition Sector Working Groups and co-lead of the Health Sector Working Group in emergency and regular programming situations. The Sector Working Groups meet regularly throughout the year and coordinate efforts in joint emergency preparedness, assessment, response and reporting while maintaining an updated ‘who does, what, where, when’ matrix with responsive input from all partners. On top of delivering humanitarian supplies and services, sector partners also develop approaches and ensure emergency response needs are effectively and dynamically linked with long-term services and programming.

For each respective sector, the partners – under the guidance of the Government – have developed standards for response in emergencies. Accordingly, the partners are expected to maintain a bare minimum of pre-positioned stocks to cater to the needs of the most severely affected populations in the aftermath of an emergency.

Resources required/allocated

The health programme utilized US\$278,058 from thematic contribution for the procurement of life-saving supplies for pneumonia, diarrhoea, ORS, EMKs and emergency obstetric and neonatal care supplies.

Every year, the WASH programme allocates about US\$400,000 to pre-position WASH relief items for 10,000 households. This enables a swift response to disasters, including floods and droughts. Pre-positioned WASH supplies in 2018 comprised 8 million water purification tablets for household drinking water, 35,000 buckets, 20,000 jerry cans, 100,000 bars of soap, 5,000 kgs of calcium

hypochlorite for water source disinfection and hygiene education materials. A total of US\$58,332 of Global Thematic funding was utilized to procure 5.1 million water purification tablets and 9,494 buckets.

Progress and results



UNICEF distributed WASH relief items such as water purification tablets, buckets, jerry cans and soap to 3,400 families directly affected by floods, including families from the village pictured above – Sinjang Ri in Sinwon county in South Hwanghae province
(©UNICEF/DPRK 2018/Kencho Namgyal)

- Twenty IEHKs were procured to respond to 200,000 cases of H1N1 influenza outbreak emergency in January 2018.
- To respond to floods that affected North and South Hwanghae Provinces in September, UNICEF distributed 258 EMKs, 110,000 sachets of ORS, seven IEHKs and seven tents to replace damaged health facilities temporarily. Supplies were adequate for 290,000 people.
- In addition, UNICEF procured enough essential medical consumables (household doctor's bag refills) for nine 'convergence counties' and to cover the needs of children countrywide for one year.
- About 350,000 water purification tablets, 11,600 buckets, 11,600 jerry cans, 64,300 bars of soap, 3,000 kgs of calcium hypochlorite and 135 water filters were distributed to 3,400 families directly affected by the floods.
- Follow-up end-user monitoring findings confirmed that UNICEF's Health, Nutrition and WASH supplies had reached the health facilities and directly affected beneficiaries as per the need and damage assessment report and distribution plans. However, there is room for improvement, such as educating users on the correct use of supplies.



Essential medicines at Sinwon county hospital
(©UNICEF/DPRK 2018/Kencho Namgyal)

Criticality and value addition

Joint UNICEF/World Food Programme research on the return on investing in preparedness revealed that every \$1³ spent on preparedness is worth more than \$2 in the event of an emergency. In the realm of contingency planning, capacity-building, improving infrastructure and overall resilience building, and disaster risk reduction are essential elements of emergency preparedness. However, in the unique and complex operating environment of DPRK, preparedness on supplies and logistics, especially those sourced from outside the country, is the most vital component. The ability to use thematic humanitarian funding to invest in preparedness and pre-positioning was critical to ensure timely availability, continuity and quality delivery of essential supplies during emergencies. It added value in the following areas:

- The pre-positioned supplies enabled UNICEF to support the Government to respond immediately and yielded critical savings in response time which helped avert disease outbreaks and thus avoid preventable deaths.
- In addition, procurement, transportation and pre-positioning of critical items well in advance of disaster striking allowed UNICEF to obtain competitive rates for the supplies.

Challenges and lessons learned

1. UNICEF should continue pre-positioning supplies, so it can meet needs quickly.
2. It should further invest in building the capacity of front-line responders, as some users saw certain relief items for the first time.
3. It needs to invest in and promote donor support for disaster-resilient longer-term water supply systems. This is a challenge.
4. UNICEF DPRK has proven that gravity-fed water supply systems, adapted to local conditions, are the best and most cost-effective solution to providing safely managed drinking water in DPRK. However, these remain underfunded, partly because WASH is the most underfunded sector in DPRK. Emergency preparedness should include pre-positioning spare parts for pipes and fittings to immediately replace any damaged parts and restore and upgrade existing water supply systems.

Moving forward

The risk level in DPRK is continuously high and the operating environment is still complex. It is thus not just an option but critical to continue investing in preparedness, coupled with regular training of front-line responders. At the same time, UNICEF and partners must focus on pre-positioning spare parts for water supply pipes and fittings to immediately replace any damaged parts and restore existing routine water supply. It must also promote donor support for disaster-resilient longer-term water supply systems.

However, for UNICEF to remain relevant and a dependable partner in the sector, the country office strongly appeals for a substantial increase in allocation of humanitarian thematic funding, sufficient to cater to the needs of children and women, who are the most vulnerable populations during emergencies. As demonstrated by the 2015 UNICEF/World Food Programme research on return on investment, increasing the allocation of funding to preparedness activities would optimize efficiencies in humanitarian action and thereby double the impact of donor contributions to preparedness.

³ UNICEF/World Food Programme Return on Investment for Emergency Preparedness Study, 2015.