

**Democratic People's Republic of Korea**

**Child Protection**

Thematic Report SC 149906

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## Abbreviations and acronyms

DFID	United Kingdom Department for International Development
DPRK	Democratic People’s Republic of Korea
ECD	Early childhood development
HI	Humanity and Inclusion (formerly Handicap International)
KFPD	Korean Federation for the Protection of the Disabled
MoPH	Ministry of Public Health
RC	Resident Coordinator
TNA	Training needs assessment
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities

## Executive summary

In June 2018, UNICEF signed a partnership agreement with Humanity and Inclusion (HI, formerly Handicap International) focusing on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) articles 7, 25 and 26; and articles 2 and 23 of the United Nations Convention on the Rights of the Child (UNCRC). This was the first-ever Programme Cooperation Agreement with an international civil society organization operating in the Democratic People's Republic of Korea (DPRK). The Programme Cooperation Agreement *Leveraging Early Identification and Intervention to Strengthen Policy and Systems Capacity to Advance the Rights of Children with Disabilities* was the crystallization of UNICEF DPRK's long-standing advocacy with the DPRK Government for civil society partnerships.

The thematic funding received in November 2017 was used as seed funding and yielded the engagement of more donors to help children with disabilities access inclusive and holistic healthcare services through effective implementation of the UNCRPD. The June 2018 UNICEF-HI partnership garnered additional funding support from both the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) and the United Kingdom Department for International Development (DFID) Humanitarian Implementation Plan for early detection of and intervention in childhood disabilities. HI, the Korean Federation for the Protection of the Disabled (KFPD) and UNICEF, with the strong leadership and advocacy of the Resident Coordinator (RC), identified the key needs and priorities of children with disabilities in the health sector and initiated a joint project capitalizing on UNICEF's large health sector support and partnership with the Ministry of Public Health (MoPH).

DPRK accessed and ratified the UNCRPD on 3 July 2013 and 6 December 2016, respectively. In May 2017 the United Nations Special Rapporteur on the rights of persons with disabilities, Catalina Devandas-Aguilar, visited DPRK to follow up after ratification of the UNCRPD. She met with government officials, KFPD, associations of persons with disabilities, HI and the United Nations country team, including UNICEF. After her visit, the DPRK Government showed openness to disability issues, submitting its *Initial Report of the Democratic People's Republic of Korea on the Implementation of the Convention on the Rights of Persons with Disabilities* in December 2018.

Child Protection is not a targeted programme component in the humanitarian-focused 2017–2021 Country Programme Document but is mainstreamed in communication for development, evidence generation and policy dialogue. By building on available analyses and past successes, UNICEF is supporting the scaling up of interventions to address neonatal and maternal mortality; undernutrition in women, adolescents and children; and equity in education, particularly for children with disabilities.

HI brought its expertise in the field of disability to all activities, especially regarding capacity development. The HI Early Childhood Development (ECD) Expert interacted with and coached selected service providers at MoPH and, in coordination with UNICEF, was the final person responsible for the overall implementation and management of the project. The HI team supervised and advised KFPD on financial and logistics management, the planning and design of activities, and the overall monitoring and evaluation process. UNICEF took the lead role in coordinating with MoPH on implementing project activities wherever it was required as well as in procuring equipment for the screening and

intervention units. In addition to this, UNICEF is coordinating with MoPH to include and integrate the early childhood disability screening protocol into the existing newborn health screening process, as well as to take all the measures necessary to translate the policy into practice. UNICEF's technical team was also actively involved in the monitoring of project activities through regular field visits and progress reviews.

The participation of KFPD, with its experience in the field of disability, is key to influencing the changes in practice at the national level and, in turn, at decentralized levels. The Ministry of Foreign Affairs is the main regulatory authority and its cooperation has been essential to obtain travel permits to the provinces as well as greenlighting actions and granting visas for international staff.

Because of the United Nations sanctions regime, there are significant challenges in importing equipment to DPRK. While Implementation Assistance Note No. 7 was a welcome tool to clarify procedures on how to obtain exemptions for assistance under the sanctions regime, unintended impacts of sanctions are still compromising the delivery of services. The RC Office was instrumental in negotiations with the 1718 Sanctions Committee to expedite the clearance for importation to DPRK of the equipment and materials needed by the early detection and intervention units in Jongju County.

## **Strategic context in 2018**

DPRK is amid a protracted humanitarian crisis. The geopolitical environment has meant that many people in the country have been largely forgotten. The United Nations represents a critical lifeline for a significant proportion of the population, most significantly young children, pregnant and breastfeeding women and other vulnerable groups, including those with non-communicable diseases and people with disabilities. Globally, children with disabilities are approximately 4 times more likely to experience violence, compared to their peers without disabilities and mortality rate during disasters are more than double as compared to the general population.

Significant advances have been registered in the realization of rights for more and more children and women in DPRK in recent years. Yet they continue to face risks from frequent natural hazards, chronic food insecurity and insufficient national capacity to provide life-saving basic services, such as healthcare and water, sanitation and hygiene facilities. In 2018, an estimated 18 million people were estimated food insecure in DPRK's protracted humanitarian situation by the inter-agency Needs and Priorities Plan. The population, including the most vulnerable – 1.7 million children under five – remains exposed to risks from insufficient emergency preparedness and response capacities. Per new evidence from the 2017 DPRK Multiple Indicator Cluster Survey (MICS), marked disparities and mutually reinforcing overlapping deprivations exist for children and women along geographical and wealth background characteristics.

Sanctions imposed on the country, while not intended to affect humanitarian assistance, have however generated unintended consequences and hampered the humanitarian community's and UNICEF DPRK's ability to respond, alongside a decline in donor funding.

Globally, there are currently no reliable data on children with disabilities available, mainly because of differences in definitions and the wide range of methodologies and measurement instruments used.

As a result, many children with disabilities may be neither identified nor receive needed services. This is also true in DPRK. National disability data mainly comes from a 2008 national population census in which children with disability in the 0–5 years age group were not included. The 2014 Disability Survey estimates the disability rate in DPRK at 6.2 per cent, with the total number of individuals living with a disability being 1,490,000, comprised of 670,000 males and 820,000 females.

This proportion varies with age, with women having a higher prevalence of disabilities in the above-60 age group and males having a higher prevalence in the 0–14 years (infants and children) and 15–59 years age groups. This compares to a global disability rate of 15 per cent, which is higher than previous global estimates of the 1970s (due largely to an ageing population and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability). Given the unusually low disability rate reported for the country, additional research is required to ascertain if DPRK data-collection methods in this area are meeting international standards.

DPRK has ratified the UNCRC as well as the UNCRPD. Both the UNCRC and the UNCRPD state that all children with disabilities have the right to develop ‘to the maximum extent possible’. DPRK is actively engaged in advancing implementation of the UNCRPD, including collecting additional data to fully assess the level of access to education and the needs of children with disabilities. However, it has limited resources and technical capacity to drive these processes without assistance. In December 2018, the *Initial Report of the Democratic People’s Republic of Korea on the Implementation of the Convention on the Rights of Persons with Disabilities* was submitted.

## Results in the outcome area



The project was designed to attain the following outcome: UNCRPD implementation in DPRK is advanced, contributing to the social inclusion and participation of people with disabilities, especially children.

As a joint initiative of the United Nations Country Team, HI and KFPD, led by UNICEF, the action intends to ensure that children with disabilities can access inclusive detection and care services through effective

implementation of the UNCRPD. This is pursued primarily through promoting inclusive healthcare services/policy by integrating the protocol for early screening and intervention for children with impairments into existing newborn screening and growth monitoring services. This is also an entry point to strengthen system capacity to advance the rights of children with disabilities. The project includes boosting the technical capacities of newborn healthcare service providers, improved access to healthcare and rehabilitation services, provision of assistive aids and mobility devices, family support for children with disabilities, public awareness-raising and policy influencing to mainstream disabilities into the healthcare system and policy decisions.

UNICEF takes the lead role in coordinating and negotiating with MoPH on including and integrating the early childhood disability screening protocol and interventions into the existing newborn health screening process and child healthcare practices. HI, based on its disability-specific expertise, unique experience in DPRK and existing partnership with KFPD, takes the lead in operationalizing the proposed early detection and interventions during childhood as well as service-related capacity strengthening at all levels. The project, with support from thematic funding and additional resources, is implemented as a pilot initiative in Jongju County in North Pyongan Province and one national children's hospital in Pyongyang. The hope is that the pilot will highlight the issue and demonstrate results, and thereby attract other donors' support for children with disabilities for midterm scaling up.

Following a decision made between HI and UNICEF in November 2018, procurement of ECD tools and equipment was transferred to UNICEF due to difficulties related to the sanctions regime. Although humanitarian interventions have clear exemptions, unintended consequences of sanctions have impacted the smooth operation and implementation of project activities. Huge reluctance among regional suppliers to do business with DPRK, delays in getting authorization from the Sanctions Committee as well as Member States, and a very complex and unclear authorization process are the main challenges in the procurement process. HI had not received exemption for the items needed and thus could not proceed with the procurement. Therefore, the final purchase order was placed on 24 December 2018 by UNICEF. This resulted in a significant delay in procuring early intervention and screening equipment and tools. Out of the six items funded by the DFID Humanitarian Implementation Plan, three are still awaiting submission to the 1718 Sanctions Committee for approval.

The recruitment of an ECD expert was challenging due to the short duration of the contract and it was therefore delayed a few months. Nevertheless, a qualified and experienced person was contracted and arrived in December 2018.

For Programme Output 1 - Strengthening the service delivery capacity of targeted health facilities in provision of early identification and referral service of children with disabilities and impairments, the following activities are finalized or on track within the reported period:

Selection of early screening and identification rooms in Jongju City Hospital. Three rooms have been made available to establish early identification services. Screening will also be done in existing departments such as paediatrics and maternity wards.

An accessibility audit for the building entrance, corridor, stairs, doors of the ECD rooms and toilet has taken place.

Renovation specifications have been developed.

Renovation raw materials were procured and delivered to the hospitals.

Renovation of early screening and identification rooms (audiometry room, physical test/physical therapy and occupational therapy screening room, special needs education/speech and language room) started in November 2018 and is in progress as per specifications. Accessibility features such as handrails and an accessible toilet have been taken into consideration for renovation. However, renovation work has been on hold since mid-December due to harsh winter conditions. To ensure that medical professionals of the screening unit have the right knowledge, skills and attitude to provide quality early screening and identification as well as referrals, training on early

screening and early identification is planned for village clinic and Jongju City Hospital doctors. In this regard, a training needs assessment (TNA) was conducted in January. One health representative (village/community doctor) from each village polyclinic or hospital under the Jongju City Hospital participated in the TNA together with doctors and nurses involved in providing ECD services at Jongju City Hospital. A capacity-building plan was developed based on the TNA results.

For Programme Output 2 - Strengthening the service delivery capacity of targeted health facilities in provision of early intervention and referral health and rehabilitation service, the following activities are finalized or on track within the reported period:

Selection of early intervention rooms (four rooms have been made available) following two meetings with the Jongju City Hospital administration.

An accessibility audit and adjustments for the building entrance, corridor, stairs, doors of the ECD rooms and toilet has taken place. Renovation of early intervention rooms is ongoing.

Identification of the therapeutic equipment and tools required for the project. Procurement is in progress, with the items expected to arrive in March 2019.

As part of the activity 'mapping services and referral pathways', the Korean Rehabilitation Centre for Children with Disabilities has been visited and contact established for the project.

With the support of KFPD and in consultation with Jongju City Hospital management, renovation specifications were developed. Renovation of the early intervention rooms started in November 2018. The purchase order for equipment and tools has been placed, with UNICEF leading the procurement to ensure timely delivery of the materials.

For Programme Output 3 - Effective and efficient programme management, within the reporting period, the following meetings and monitoring visits took place:

On 22 August 2018, following the kick-off meeting, initial visits to the Wonsan Children's Hospital (18 September 2018) and Jongju City Hospital (20 September 2018) were conducted by the HI Project Coordinator and KFPD to brief the hospital directors and administration on the project's activities, target group and geographic intervention.

On 25 October 2018, Jongju City Hospital was visited again, and the Wonsan Children's Hospital on 29 October 2018 to identify renovation needs.

On 26 November 2018, the KFPD Project Officer visited Jongju City Hospital to verify the reception and quality of the renovation materials.

On 12 December 2018, a joint UNICEF, HI and KFPD monitoring visit took place to the Wonsan Children's Hospital.

On 13 December 2018, representatives from HI (ECD Expert, Project Coordinator) and the KFPD Project Officer made a monitoring visit to Jongju City Hospital.

## Case Study: The power of partnerships

When the UNICEF DPRK Country Office, using resources from the currently reported thematic funding and after long-standing advocacy, signed a partnership agreement with HI, it did more than that: it sowed the seeds of partnership and turned the attention of many donors towards the needs of disabled children.

The DFID Humanitarian Implementation Plan contributed to equipping the Early Screening and Intervention Unit in Jongju City Hospital and the Swedish International Development Cooperation Agency considered the possibility of a grant to HI.

Initially, the focus was on humanitarian assistance and service delivery, but under the strong leadership of the RC, UNPRPD got on board with a substantively larger contribution. With the joint programme, a common platform open to various donors interested in supporting rights-based programming in DPRK has been established.

UNPRPD does not normally operate in humanitarian contexts because it focuses on systemic change: rights, policy and legal environment, capacity-building and partnership development.

The uniqueness of the UNPRPD intervention in DPRK is in keeping with its Strategic Operational Framework while operating in a special development context, forming a nexus between the humanitarian modus operandi and development strategies.

UNICEF leveraged its unique convening power and tapped into the varied networks of its different partners (United Nations entities, organizations of persons with disabilities, and international donors) to build bridges, facilitate dialogue and promote collaboration among multiple stakeholders. Through these efforts, access was facilitated, and opportunities expanded for groups that are traditionally marginalized.

## Financial analysis

The SC149906 Thematic total contribution was US\$90,476 with the following breakdown:

Procurement of equipment for early disability screening and intervention: US\$42,260
Material for renovation of Jongju City Hospital rooms: US\$22,000
Transport: US\$4,200
Technical assistance: US\$22,616
Monitoring: US\$1,508

*Table 1: Planned and funded for the country programme 2018 (US\$)*

### Thematic Sector 5: Child Protection, DPRK

Intermediate results	Funding type	Planned budget
06-08 Child Protection # General	Other Resources Emergency	70,000

	Other Resources Regular	296,000
<b>Total budget</b>		<b>366,000</b>

\*All expense amounts are provisional and subject to change.

**Table 2: Country-level thematic contributions to the thematic pool received in 2018 (US\$)**

**Thematic Pool 5: Child Protection, DPRK**

Donors	Grant number*	Contribution amount	Programmable amount
US Fund	SC149906	95,000	90,476
<b>Total</b>			<b>90,476</b>

\*All expense amounts are provisional and subject to change.

**Tables 3, 4 and 5**

Not available in the SP Cube since Goal Area 5 is not a targeted programme component in the humanitarian-focused 2017–2021 Country Programme Document.

**Table 6: Planned budget for 2019**

**Thematic Pool Area 5: Child Protection, DPRK**

Intermediate result	Funding type	Planned budget	Funded budget	Shortfall
06-08 Child Protection # General	Regular Resources	0	0	0
	Other Resources Regular	186,000	186,000	0
<b>Subtotal Regular Resources</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>Subtotal Other Resources - Regular</b>		<b>186,000</b>	<b>186,000</b>	<b>0</b>
<b>Total for 2019</b>		<b>186,000</b>	<b>186,000</b>	<b>0</b>

## Future workplan

Based on the TNA results, training was organized for community and Jongju City Hospital doctors and nurses beginning in February 2019. Once these professionals have completed their training, an Early Screening and Intervention Unit will be established by the end of March 2019 (subject to the arrival of the early screening and intervention equipment procured). Screening and assessment tools will be selected or developed as necessary, as well as early screening and intervention protocols and a confidential filing system. Prior to the Early Screening and Intervention Unit opening its doors, available services will also be mapped, and referral pathways established in Okryu Children's Hospital, Munsu Rehabilitation Centre and the Red Cross Hospital, all of which are in Pyongyang.

It is anticipated that early screening and intervention services will begin operations in April 2019. Regular monitoring visits will be conducted, with UNICEF as the liaison point with MoPH. All contributions will be followed up to secure full budget for the project or make adjustments if necessary.

## **Expression of thanks**

Providing humanitarian support in DPRK faces the dual challenges of uncertain funding due to political sensitivities and unintended consequences of international sanctions. While the needs of children and women in DPRK are overlooked by most, children who start life with a disability are at even higher risk of being left behind and not being able to fulfil their individual potential. UNICEF DPRK wishes to express its gratitude to USAF for its generous support to humanitarian programming in DPRK. UNICEF looks forward to a continuing partnership with USAF to support the survival of the most vulnerable children and women in DPRK and to make use of the window of opportunity and aid DPRK's efforts to fulfil its obligations under the UNCRC and UNCRPD.

## **Donor feedback form**

UNICEF is working to improve the quality of its reports. Please feel free to submit feedback on this report by following this link: [English version](#).

## Annexes

### ANNEX 1: RENOVATION NEEDS, SPECIFICATIONS AND PLAN – SCREENING AND INTERVENTION UNITS, JONGJU CITY HOSPITAL – JAN19

Early Disability Screening and Intervention Units would comprise of the following space/ rooms:

Need of Space	Available space and location in the Hospital	Renovation Need	Renovation materials required
<b>Early Screening Unit</b>			
Waiting space	Corridor near to the Pediatric ward (First floor)	Not required	None
Reception space for Registration	Existing Hospital Registration center (first entry point of patient in the hospital) (Front building – ground floor)	Not required	Desktop/Computer Cup Board
Pediatrician room	Pediatric OPD room (OPD building – First Floor)	Not required	None
Vision testing room	Ophthalmology OPD room (OPD building – First Floor)	Not required	None
Hearing testing room	Currently 2 rooms are available in the ENT department (OPD), one small room will be renovated and it will be used as a hearing testing room (audiology). (OPD building – First Floor, ENT OPD)	Removal of door and cover it with brick and concrete wall Window cover with additional glass Wall cover with sound proof materials (foam and elastic) Curtain to the window Paint the room Floor mat	Window – 1 Paint – Sound proof foam – Elastic wall cover – Floor mat (thin, regular)– Window curtain – Cement -

**ANNEX 2: PHOTOS OF THE RENOVATION MATERIALS / JONGJU CITY HOSPITAL / ECD PROJECT**

