

UNICEF DPRK COUNTRY OFFICE

Consolidated Emergency Report 2022



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Expression of Thanks

UNICEF’s work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children’s rights, help meet their basic needs, and expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

We would like to take this opportunity to express our sincere appreciation and gratitude to all government donors who have supported UNICEF’s programmatic activities for children in DPRK in 2022.

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Abbreviations and Acronyms

CBS – Central Bureau of Statistics

CDMU – Child Data Management Unit

CMAM – Community Management of Acute Malnutrition

CO – Country Office

DPRK – Democratic People’s Republic of Korea

HAC – Humanitarian Action for Children

IMNCI – Integrated Management of Newborn and Childhood Illness

MAM – Moderate Acute Malnutrition

MR – Measles and Rubella

ORS – Oral Rehydration Salts

PLW – Pregnant and Lactating Women

SAM – Severe Acute Malnutrition

SDC – Swiss Development Cooperation

SDG – Sustainable Development Goals

TB- Tuberculosis

Executive Summary

For the third year running since the onset of the global COVID-19 pandemic, prevention measures introduced by the Government of DPRK in January 2020 continue to significantly impact UNICEF’s operations and programme delivery. Throughout 2022, there was no access to DPRK for UNICEF’s international team, who worked primarily from Bangkok in Thailand, providing remote support to programme activities facilitated through the committed efforts of UNICEF’s national seconded staff inside DPRK.

While cross-border movement of personnel was not possible, border restrictions for supplies eased for periods of the year, especially in the third and fourth quarter, allowing for an increase in importation of critical humanitarian supplies compared to 2021. Nonetheless, several incoming shipments of supplies were subject to lengthy quarantine and disinfection processes upon arrival, in some cases lasting

upwards of 2-3 months, before being dispatched to beneficiaries. A shortening of quarantine periods was noted for some supplies delivered towards the end of the year.

These constraints contributed to specific challenges for children in the DPRK, not least related to recurrent stockouts of essential supplies including vaccines for routine immunization, therapeutic foods to combat malnutrition and other essential drugs and medicines.

While several thousand children could finally be reached with one dose of Pentavalent vaccine during the year, no children were vaccinated against measles/rubella (MR), polio or tuberculosis in 2022, nor were any pregnant women immunized against tetanus/diphtheria because of continued stockouts in the routine immunization programme. This represents a significant drop in coverage of the national immunization programme compared to 2020 and 2021.

The humanitarian situation remains severe for children suffering from malnutrition given lack of in-country stocks of therapeutic foods and micronutrient supplements. Though some shipments of nutrition items were received in 2022, these were not sufficient to adequately replenish stocks and the programme continues to be constrained. In 2022, just 1 in 10 children aged under-five with severe acute malnutrition (SAM) received standard nutrition treatment by the third quarter, a similar proportion to the same period in 2021, and compared to 1 in 3 in 2020 and more than 9 in 10 in 2019.

Effective programme monitoring and situation analysis have been key challenges since both internal and external travel restrictions were put in place in the wake of the COVID-19 global pandemic and the temporary exit of international staff. However, the Country Office made major strides towards programme monitoring in 2022 through the implementation of interim remote monitoring plans covering all health, nutrition and WASH activities.

Humanitarian Context

The Government of DPRK officially declared a COVID-19 outbreak in May 2022, followed by an announcement that the outbreak had been eradicated in August 2022. This situation, coupled with additional outbreaks of COVID-19 in China, a key hub for supplies en route to the DPRK, further disrupted supply flows across the border. The rail route between China and the DPRK which had briefly opened between February and April 2022 closed again until August and new measures and regulations on import and transit of goods via China, including vaccines, were introduced.

In 2022, no children were vaccinated against measles/rubella (MR), polio or tuberculosis (TB) nor were any pregnant women immunized against tetanus/diphtheria (Td) because of continued stockouts in the routine immunization programme. The coverage of the national immunization programme subsequently dropped significantly compared to 2020 and 2021. The global benchmark for vaccination coverage (DTP3) dropped to 0 per cent from 40 percent in 2021 and 97 per cent in 2020. There have now been stockouts of inactivated polio vaccine (IPV) since March 2021, Pentavalent and MR vaccines since June

2021, Td vaccine since December 2021, Bacillus Calmette-Guerin (BCG) vaccine since January 2022 and Hepatitis B vaccine since June 2022.

Approximately 296,000 children received one dose of Pentavalent vaccine with a single shipment brought into the country in February, which enabled a catch-up campaign to be implemented in September - however this falls short of the required two more doses for full protection. There is thus an elevated risk of outbreaks of vaccine preventable diseases, with an estimated 500,000 children having missed routine immunization since 2020.

Some progress was reported on other child health indicators during 2022, based on government-provided data. By the third quarter of the year, the proportion of children suffering from diarrheal disease and treated with oral rehydration solution had reached 80 per cent, compared to an annual figure of just 14 per cent in 2021 – an increase reflecting the availability of new supplies in 2022.

The national TB programme, supported by the Global Fund, continued to enroll, support, and treat identified patients in 2022, with treatment coverage of 86.74 per cent reported against the 9-month target of 95 per cent, a small increase compared to 2021. A malaria blood examination rate of 0.37 per cent was reported in the 9-month period to September 2022 against a target of 1.92 per cent, similar to that of 2021.

According to government data, the number of institutional deliveries has remained high since 2020 and even improved slightly in 2022 at 95 per cent – indicating that COVID-19 has not had a direct impact on the number of deliveries, although the quality of related maternal healthcare is presumed to have decreased due to a lack of essential equipment and drugs as well as a suspension on capacity building activities.

The situation for children suffering from severe or moderate acute malnutrition remained a key concern, with insufficient stock of nutritional products in 2022 to adequately treat every child affected. Only 1 in 10 children with acute malnutrition received standard treatments by the third quarter of the year, compared to 1 in 3 in 2020 and more than 9 in 10 children in 2019.

More than 1.5 million children under-five missed out on vitamin A supplementation for the second year in a row, although at least 400,000 aged 6-23 months benefitted from one round of micronutrient powder supplementation covering six months; an improvement since 2021 when no child received any supplementation. Only 112,000 pregnant and lactating women received multiple micronutrient tablets, representing 35 per cent of the planned target.

Despite the constraints created by the COVID-19 prevention measures in place throughout the year, UNICEF maintained efforts to deliver health, nutrition, water and sanitation programmes for women and children in partnership with the Government, focusing on the prioritisation of critical humanitarian programming in the absence of its full team inside the DPRK.

UNICEF increased the value of its supplies entering the DPRK compared with 2021 and 2020. In total during 2022, some US\$ 7.15 million of critical supplies were imported by UNICEF to the DPRK, compared to just over US\$ 5.4 million in 2021. As of end December 2022, just under US\$ 7 million of the US\$ 19

million of supplies scheduled for delivery at the time of the border closures were still awaiting importation, with some pending supplies reallocated to other countries to avoid wastage.

Humanitarian Results

Health

Vaccine importation was accelerated, resulting in more than 296,300 doses of Pentavalent vaccine being shipped to the DPRK in February 2022 and released from quarantine and disinfection in July 2022. An immediate vaccination campaign was undertaken in 13 provinces, with who missed their first dose of the Pentavalent vaccine. A further catch-up campaign for multi-antigens (BCG, MR, IPV, Pentavalent and Td) was rolled out in March 2023.

A total of 32,860 vials of BCG vaccines, 69,050 vials of measles/rubella vaccine, 43,330 vials of tetanus vaccine, 17,400 vials of IPV polio vaccine, and a further 542,100 vials of Pentavalent vaccine were delivered by rail to the DPRK in late-November 2022 and cleared from quarantine processes within one month. This shipment of vaccines could provide at least one dose of each vaccine for between 540,000 and 690,000 children and Td vaccine for as many as 430,000 pregnant women. The Ministry of Public Health (MoPH) plans to conduct a multi-antigen catchup campaign in March 2023 to reach children who have missed their routine vaccinations.

UNICEF supported the MoPH to conduct the cascade training for 446 immunization staff at county level and 7,237 immunization doctors at Ri health facility level to strengthen their skills in effectively managing the multi-antigen vaccination campaign and counselling caregivers on identifying possible adverse effects from the vaccines, and how to seek support from health facilities for response to such effects. These trained staff will be mobilized for the catchup campaign planned for March 2023.

In 2022, service delivery for maternal and new-born health and Integrated Management of New-born and Child Illnesses (IMNCI) was to a large extent maintained, despite limited availability of life-saving medicines throughout the year. The oral rehydration solution, emergency medical kits and midwifery kits shipped to the DPRK in December 2021 and February 2022 helped to sustain the availability of supplies for the programme in 2022.

While the absence of international expertise in-country prevented capacity building activities for basic and comprehensive emergency obstetric care (BEmONC and CEmONC), midwifery kits shipped to the DPRK in early 2022 played a key role in preventing stockouts of some lifesaving medicines and commodities for the programme. Additional supplies including clinical equipment, furniture, and medicines for maternal health programmes were procured in 2020/21 are expected to arrive in early 2023 and the essential drugs, commodities and equipment procured in 2022 is expected to arrive by mid 2023.

The national TB and malaria programme supported by the Global Fund continued to provide prevention,

diagnostics and treatment for TB and malaria in 2022. The programme achieved a TB treatment coverage of 86.74 per cent achieved against the 95 per cent target. The malaria blood examination rate was 0.37 per cent, falling short of the target of 1.92 per cent due to stockouts of reagents for malaria blood tests. In 2022, the importation of TB diagnostic kits, categorized as dangerous goods (DGs) was challenging, with new policies and regulations on this category of goods introduced by both China and the DPRK customs. Due to these changes, UNICEF was unable to import insecticides, which remain a critical component for prevention of malaria. The insecticides was donated to another country to avoid wastage and financial loss.

Primary health care services were supported during the year, despite the challenges to importing supplies, with more than 1,850 health facilities in 50 designated priority counties (covering over 5 million people including over 600,000 children under the age of five) receiving over 1,000 essential medicine kits, more than 2,000 cartons of oral rehydration salts and 70 midwifery kits estimated to have benefitted over 6,500 pregnant women.

Nutrition

In anticipation of the challenges in importing supplies, the planned target for UNICEF-supported treatment of severe acute malnutrition (SAM) cases was reduced at the beginning of the year by 50 per cent, to just over 21,000 children. In 2022, 16,285 children under five with severe acute malnutrition (SAM) were admitted to UNICEF-supported nutrition programmes. Of these, 10,923 received standard treatment and care with Ready-to-Use Therapeutic food (RUTF) supported by the Swiss Agency for Development and Cooperation (SDC) across 189 Community Management of Acute Malnutrition (CMAM) sites.

Children with SAM received full standard treatment with RUTF in the first half of the year, but as stocks of therapeutic food began to reach their expiry date, the CMAM programme was partially extended to children with (MAM) for a month to ensure full utilization of supplies. From August onwards, CMAM sites again faced a stockout of all therapeutic foods, and children suffering from acute malnutrition were treated with alternative non-standard feeding support provided by the Government, including cows' and goats' milk, in the absence of therapeutic milk (F100 and F75) and therapeutic spreads. There is not enough information presently to determine the effectiveness of these alternative treatments.

A total of 48,974 children identified with moderate acute malnutrition in 2022 were supported by MoPH with alternative treatment in the form of cows' or goats' milk with other food supplements as no standard treatment for children with MAM could be provided due to shortages of therapeutic foods in the country.

At least 401,226 of an estimated 500,000 children aged 6-23 months (80.2 per cent) benefited from one round of micronutrient powder supplementation (MNP) covering six months, although MNP distributions should provide children with at least two rounds of supplementation each year. In 2022, more than 1.5 million children again missed vitamin A supplementation for a third year in a row due to non-availability of vitamin A. In the maternal nutrition programme, more than 198,500 women receiving folic acid supplementation in five provinces, reaching at least 5.8 per cent of women of childbearing age

in the country. Additionally, 112,000 pregnant and lactating women from a targeted 316,000 received multiple micronutrient tablets, representing about 35 per cent of the planned target.

By combining remote technical inputs from international staff outside the country and the use in-country of recently updated national CMAM and IMNCI guidelines, UNICEF was able to support the capacity strengthening of 112 pediatricians from 35 counties and provincial pediatric hospitals who attended integrated refresher training course on Community-based Management of Acute Malnutrition (CMAM) and Integrated Management of Neonatal and Childhood Illness (IMNCI). UNICEF considered such training to be critical to maintaining the quality of life-saving programmes and in line with its prioritisation of essential humanitarian activities.

Data provided by the Child Data Management Unit (CDMU) and followed up with provincial and county level CMAM supervisors allowed for some data analysis and triangulation, highlighting the challenges for provinces in identifying all cases with acute malnutrition. Only two counties have been able to reach at least 75 per cent of their annual target based on the estimated caseload, while three provinces reached less than 50 per cent of their target cases. The remaining provinces delivered variable performance between 50 and 67 per cent. Data on children under six months old admitted to the programme, as well as more specific data on number of new cases, weight gain and length of stay in the programme, remain unavailable from CDMU and MoPH. This data is important in determining the quality of the programme. Based on available information and persistent breaks in supply of standard treatments, UNICEF believes that the quality of the CMAM programme continues to decline.

The draft National Nutrition Strategy finalized in 2021 remained unapproved, despite repeated efforts by UNICEF to support the Ministry of Public Health in the process, as the Government remained concerned that there were insufficient multisector approaches within the strategy. The stagnation in the process underlines the constraints of international staff remaining outside the country, as more focused and concerted engagement could have been possible had international expertise been more readily available to government partners

WASH

In 2022, UNICEF was able to import a first consignment of seven wagons of long-delayed water, sanitation, and hygiene supplies into the DPRK taking advantage of the railway opening with China between February and April 2022. These included emergency standby supplies such as soap and water storage items. A further 29 wagons of water and sanitation supplies arrived in the DPRK in November 2022 and were undergoing quarantine and disinfection processes as of the end of 2022. Once these offshore components have been distributed to project sites, an estimated 123,000 people will benefit from the completion of eight ongoing water supply projects. Other supplies that were brought into the country include soap, jerry cans and hygiene kits sufficient for 74,000 people that have been pre-positioned for emergency response. A large quantity of water, sanitation and hygiene supplies remain in China awaiting transportation in 2023. Once these supplies are imported, UNICEF will be able to complete all 19 ongoing water supply projects in the DPRK.

In addition, in collaboration with UNICEF, the Grand People’s Study House (GSPH) organized various communication activities to raise awareness of the health and promotion of the well-being of women and children including seminars, workshops, photo exhibitions, and painting exhibitions on the occasion of global events including World Water Day, Global Handwashing Day and World Toilet Day. Public lectures on handwashing with soap and other hygiene practices were disseminated through the Tele Advocacy System reaching 1,700 people including kindergarten teachers, schoolteachers, and hygiene activists.

The Government of the DPRK participated for a second year in the regional WASH in Schools International Learning Exchange Event, organized by the UNICEF Regional Office for East Asia and the Pacific. This underlined the importance of maintaining even limited technical and policy-level engagement, despite the constraints on access to and from the country, and the DRK participants noted that the 2022 event provided a good forum through which to exchange experiences, plans and challenges and learn good practices, as well as helping strengthen the collaboration with UNICEF to progress towards achieving SDGs 4 and 6.

Humanitarian Action for Children Results Table

INDICATOR	TARGET 2022	RESULT 2022
NUTRITION		
Children aged 6-59 months with severe acute malnutrition admitted for treatment	95,000	10,923
Children under 2 years provided with micronutrient supplementation	500,000	401,226
HEALTH		
Number of children under 5 treated with ORS and Zinc	450,500	810,000
Number of people provided with access to essential medicines	6,000,000	3,392,600
Pregnant mothers in 50 counties accessing emergency obstetric neonatal care services	50,500	6,500
Number of at risk populations reached with Inter-agency Emergency Health Kits (IEHK)	220,000	120,000
WATER, SANITATION & HYGIENE		
People accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene in reporting year.	226,000	0
People reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services in reporting year.	50,000	1,700
People benefitting from appropriate sanitation and hygiene facilities in reporting year	30,000	0

Assessment, Monitoring and Evaluation

In 2022, UNICEF finalized a Country Programme Evaluation (CPE) for the DPRK covering the period 2017-2021. Due to travel restrictions, the evaluation was conducted remotely by an external consultant, with a primary objective of assessing both pre- and post-COVID performance, assessing the effectiveness of programme strategies, and providing insights to and recommendations for the planning of the next UNICEF DPRK Country Programme. Due to limitations of data collection and the absence of any recently conducted surveys or assessments, the evaluation focused on the relevance and importance of specific programme interventions rather than on the overall impact of results achieved. The evaluation collected some primary data through questionnaires and surveys and engaged and received feedback from the Government on the collaboration and partnership with UNICEF. Overall, the evaluation found that the Country Programme remained relevant to meet the most pressing needs of the country but that continued advocacy and improved evidence-based targeting are important to ensure that the needs of the most vulnerable children are being addressed. Key recommendations included the need to expand the focus on, improve knowledge management, renew focus on policy level support and capacity development and refine the convergence county approach.

Programme monitoring and situation analysis have faced notable challenges since both internal and external travel restrictions were put in place in the wake of the COVID-19 pandemic and the temporary exit of international staff. However, UNICEF made major strides towards regular programme monitoring in 2022 through the effective implementation of remote monitoring plans covering all health, nutrition and water, sanitation, and hygiene (WASH) activities.

UNICEF worked with the MoPH to finalize a joint remote monitoring plan and schedule for health and nutrition programmes, with field visits starting in July 2022. A team of four national consultants were tasked to conduct full-time integrated monitoring of health and nutrition activities in the 50 priority counties with the findings presented in quarterly reports. Since its initiation, 25 counties in four provinces have been visited. The monitoring covers provincial and county warehouses, health facilities and CMAM sites to assess the availability and status of UNICEF-provided supplies, storage conditions, availability of health equipment for implementation of IMNCI and CMAM programmes, water and sanitation services and the overall condition of the facilities. The monitoring checklists also contain questions related to the quality of programme implementation and availability of skilled health care workers. Following the monitoring of each province a review meeting was held to discuss key observations and recommendations with CMAM and IMNCI focal points. For the Global Fund, the Programme Management Unit (PMU) consultants visited all 182 counties covering the areas of at least once during the reporting year to monitor availability of TB and Malaria stocks and quality of services through onsite observation of programme implementation.

Throughout 2022, engineers from the Ministry of Urban Management (MoUM) have been regularly visiting WASH project locations, completing monitoring checklists, providing photographic evidence of the construction work and delivering onsite technical support. During the year, UNICEF received 10 monitoring reports covering all 19 ongoing projects in eight different provinces. In addition to the

project monitoring, the MoUM engineers also provided training on operation and maintenance of water supply networks, and promotion of sanitation and hygiene to local officials, technicians, and community members in charge of hygiene promotion.

Financial Analysis

Table 1- 2022 Funding Status against the Appeal by Sector (Revenue in USD):

Sector	Requirements*	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021	\$	%
			(Carry-over)		
Nutrition	4,650,615	0	2,268,519	4,650,615	67
Health	3,757,732	0	3,833,777	2,976,556	49
WASH	4,320,620	0	0	4,320,620	100
Total	12,728,967	0	3,634,793	16,344,749	72

*In 2022, the requirement was calculated not including the carry over. Carry over does not include commitments.

Table 2 - Funding Received (programmable) and available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
-	-	-
b) Non-Thematic Humanitarian Funds		
-	-	-
Total Non-Thematic Humanitarian Funds		-
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
-	-	-
d) Other types of humanitarian funds		
-	-	-
Total humanitarian funds received in 2021		2,832,158

II. Carry-over of humanitarian funds available in 2022		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM189910	44,851
f) Carry-over of non-Thematic Humanitarian Funds¹		
Russian Federation	SM190551	3,640,292
Switzerland	SM210721	2,268,519
Republic of Korea	SM190559	173,671
Republic of Korea	SM200273	19,814
Total carry-over non-Thematic Humanitarian Funds		6,102,296
Total carry-over humanitarian funds		6,147,147
III. Other sources		
-	-	-
Total other resources		-

Future Work Plan

While lack of access to DPRK makes comprehensive assessment of the situation of children difficult, UNICEF is concerned that critical indicators for child survival and wellbeing have been impacted by the prolonged border closures. The combination of lengthy supply delivery processes as a result of border closures and the reluctance of some donors to maintain their humanitarian support to DPRK in the absence of international personnel inside the country has inevitably led to constraints on UNICEF's critical programme implementation, not least because of repeated stockouts of essential supplies.

The alarming likelihood of a child population with much lowered immunity, already affected by acute malnutrition, with limited access to clean water and sanitation, and possibly reduced availability of food stocks, represents the ingredients for a potential crisis for children on the near horizon.

It is increasingly important that UNICEF and other UN agencies have the ability to return quickly their full teams to DPRK, to work alongside Government partners, with resources from international actors, to ensure that children are reached with essential services, and any stagnation of or decline in past progress can be reversed.

¹ Does not include commitments, only carry-forward of unutilized balances

In the meantime, UNICEF will continue extending technical and material support to reduce mortality and morbidity among children under 5 and pregnant and lactating women in the DPRK. Activities and strategies will be based on a continued situation analysis and extensive remote field monitoring.

UNICEF will continue to advocate with the international community for resources to sustain and expand the well-established national routine immunization and nutrition programmes.

Based on an assessment of the humanitarian needs in country, UNICEF has a budget requirement of US\$23 million for its programmes in 2023 to provide target populations with life-saving support and meet emerging humanitarian needs.

UNICEF along with other UN partners will continue to urge the Government of DPRK to enable the rapid return of international staff to provide vital technical support, resume international staff field monitoring of activities and support for expanded data collection to better understand the impact of the situation on the well-being of children and guide programme operations.