



Refrigerated truck with BCG and Pentavalent vaccines reached DPR Korea via land route from Dandong, China to Sinuiju. © UNICEF/2020

Reporting Period: January to June 2020

UNICEF DPRK

Humanitarian Situation Report No. 1



Situation in Numbers

- 2,670,000** children in need of humanitarian assistance
- 10,400,000** people in need (2020 DPRK Needs and Priorities)

Highlights

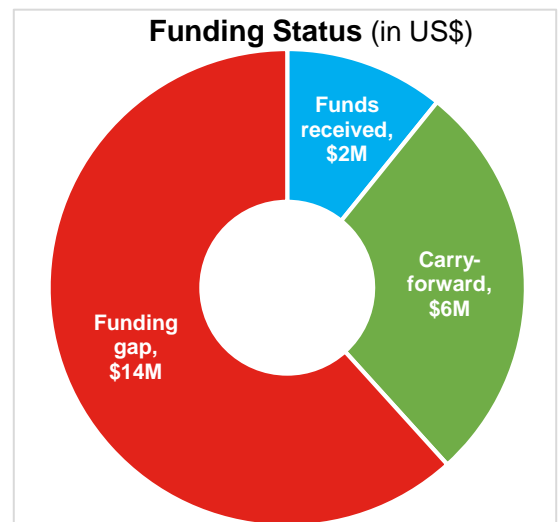
- Currently, less than 25 per cent of UN staff are present in Pyongyang, including UNICEF which is operating with only three international staff on the ground and the remainder working remotely outside the country. Due to movement restrictions in place no field monitoring visits have been undertaken since January.
- In June, UNICEF received expedited exemptions from the 1718 Sanctions Committee for humanitarian supplies (123 items including health, nutrition, WASH, PME and Global Fund supplies worth US\$4.5 million) with an exceptional 12-month validity period which is a most welcome improvement.
- Humanitarian funding requirements are currently 62 per cent underfunded thus limiting UNICEF's ability to provide life-saving services for children across sectors. Existing vulnerabilities have most likely been further exacerbated by COVID-19.

As of end June 2020, UNICEF supplies received to avoid interruption of service delivery included:

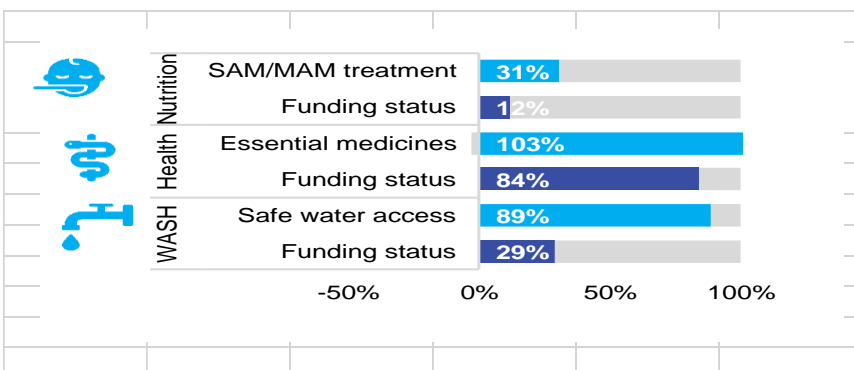
- On 4 June, first ever shipment of BCG and Pentavalent vaccines reached Sinuiju in DPR Korea via land route from Dandong, China and onwards to Pyongyang. (Second shipment of BCG/Penta vaccines reached on 23 June)
- 28 containers of essential medicines, ORS, nutrition supplies, water purification tablets and essential medical kits were cleared by customs and delivered to the Central Medical Warehouse in Pyongyang.
- Additional US\$1.66 million received from the Global Fund COVID-19 Response Mechanism to strengthen prevention of COVID-19 for TB and malaria programmes.

UNICEF Appeal 2020

US\$22.5 million (non-COVID)



UNICEF's Response and Funding Status



*Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview and Partnerships

To help support the activities in the Democratic People's Republic of Korea, UNICEF is thankful for the funds received in 2020 from Canada, the Republic of Korea (RoK), Sweden, CERF, the Global Fund as well as through the UNICEF Global Humanitarian Thematic Fund (GHTF). There were also funds carried over from CERF, Russia, Republic of Korea and previous GHTF allocations. At mid-year, despite these generous contributions the funding gap remains at 62 per cent. Throughout the first half of the year, the chronic underfunding of the HAC by more than half of the requirements hampered programme implementation and increased the risk of malnutrition and inadequate access to clean water and health services, directly affecting the most vulnerable children and women. Existing vulnerabilities have most likely been further exacerbated by COVID-19 and would require additional funding to address them.

Situation Overview & Humanitarian Needs

Beginning in January, the border controls and travel restrictions enacted by the government in response to the COVID-19 pandemic have hampered UNICEF's capacity to implement its life-saving interventions in the DPRK. These measures have had a significant impact on the shipment of supplies by UNICEF in support of its operations and they have also affected the movement of its international staff. Despite ongoing efforts of the international humanitarian community to secure continued unimpeded access, along the Secretary-General's global call, UNICEF anticipates that its operations will be affected as long as the measures to address the pandemic remain in place. The Government of the DPRK has indicated that its measures will continue until the end of 2020 and that any adjustments would depend on the prevailing circumstances.

From end January to March, twenty-eight containers with essential medicines, nutrition supplies, and water purification tablets, amongst other items, that were procured by UNICEF and granted expedited exemption by the 1718 Sanctions Committee were held at the Dalian seaport in the People's Republic of China pending clearance for transportation to the port of Nampo in DPRK. The delays in transshipments have also resulted in additional costs in demurrage, detention and port storage for UNICEF.

Similarly, UNICEF personnel seeking to return to the DPRK encountered difficulties reporting back to their duty station. Early March, a government-organized one-off flight, for exiting diplomats, UN and NGO staff and dependents departed to Vladivostok. This left the entire UN workforce down to less than 25 per cent and UNICEF down to three international staff. Currently, 13 UNICEF staff are working remotely from various locations and continue supporting programme delivery on the ground. For those present in country, field visits outside of Pyongyang have not been permitted. As a result, staff have been unable to access targeted populations and to monitor humanitarian assistance.

As part of the early response, ongoing health sector humanitarian interventions continued thanks to the pre-positioning of essential medicines, arrival of new supplies and those in the pipeline. No irregular growth in other common diseases has been reported, while immunization services across the country continued to be provided. UNICEF was the first agency to bring in 500 PPE sets plus additional N95 and surgical masks, gloves and infra-red thermometers. In March, these supplies crossed the border from Dandong in China via land route and served 10 days quarantine in Sinuiju (DPRK side of the border). Subsequently, they were sent to the Central Medical Warehouse of the Ministry of Public Health in Pyongyang. A week later, they were inspected by the UNICEF team remaining in country.

To date, strict measures at port of entry for supplies remain including a 10-day quarantine, and the inability to bring back staff in the country and to move internally continue to significantly affect delivery of services. As a result, a five-month gap in programme implementation, along with a significant backlog of containers have developed. However, since June, shipments of COVID-19 items and other programme supplies have been arriving at a growing pace. These include medicines for Tuberculosis (TB) and non-communicable diseases (NCD) and two UNICEF shipments of vaccines including Pentavalent and BCG that arrived via land route in June, replenishing stocks until the end of 2020.

Summary Analysis of Programme Response

Nutrition

Despite challenges posed by the anti-epidemic measures imposed by the Government of DPR Korea, MoPH with UNICEF support sustained delivery of essential nutrition services such as treatment of acute malnutrition through Community-based Management of Acute Malnutrition (CMAM) programme for under-five children, micronutrient supplementation including Vitamin A, multiple micronutrient powder, micronutrient tablets and promotion of optimal nutrition messages for under-five children and pregnant and lactating women (PLW) through the Child Health Day (CHD) across the country.

As of June, about 1.5 million under-five children (93 per cent of national target) were reached with Vitamin A and nutrition screening and referral for treatment through the first round of the CHD held in May. Likewise, nearly 490,000 children aged 6-23 months (98 per cent of national target) received multiple micronutrient powder supplements for home fortification of their complementary foods to prevent micronutrient deficiencies. In addition, around 316,000 PLW were targeted to receive multiple micronutrient tablets and currently receiving supplementation.

During the first half of the year, through the CMAM programme, around 29,113 under-five children representing 31 per cent of UNICEF's 2020 target were successfully treated for malnutrition. This included 14,083 children with severe acute malnutrition (SAM) with or without complications and 15,030 moderate acute malnutrition (MAM) with concurrent illnesses. As per the Central Bureau of Statistics Child Data Management Unit (CBS-CDMU) data, almost all children treated (99 per cent) fully recovered from malnutrition.

Although the direct impact of COVID-19 pandemic on under-five children and pregnant and lactating women (PLW) is not known globally; nevertheless, this group is considered amongst the most vulnerable in DPPK and to be impacted indirectly. Despite absence of data on the nutritional status of children and women, the pandemic poses potential nutrition-related risks such as changes in breastfeeding practices, interruption of routine nutrition services and reduced access to nutritious foods (physical access, increased prices). MoPH's nutrition screening data yet to be submitted by the CBS-CMDU is expected to provide additional information on the situation of children.

COVID-19 continues to pose challenges to the implementation of the essential nutrition activities in the country. Preventive measures taken by the government, including border closures, compulsory quarantine of offshore supplies before entry in the country, are already impacting the delivery of medical and nutrition supplies and resulted in the suspension of some key nutrition activities including capacity building and Salt Iodization. Consequently, no field monitoring was carried out since January due to the anti-epidemic measures put in place. To ensure continuity of essential services and avoid interruptions, UNICEF along with MoPH prioritized key interventions such as malnutrition treatment and micronutrient supplementation. UNICEF through its Supply Division in Copenhagen and UNICEF China sustained procurement and delivery of therapeutic nutrition supplies, medicines and multiple micronutrients to avoid stock-outs. In addition, MoPH stepped up its efforts to maintain the services by taking full responsibility to transport and deliver nutrition supplies for quarter two to all counties and is expected to do the same during quarter three distribution. This reflects MoPH's further commitment to uninterrupted services despite pandemic preventive measures currently in place.

In 2020, in collaboration with the Technical Working Group (MoPH, ICN, UNICEF, WFP, WHO), UNICEF continued supporting remotely the review and finalisation of the national CMAM guideline which is under translation. The updated guideline will enhance the knowledge and skills of health care providers and strengthen the quality of malnutrition treatment.

The draft national preparedness and response plan is health-focused and does not include activities on nutrition. Hence nutrition activities were included in the COVID-19 multi-sectoral response plan developed by the Humanitarian Country Team (HCT) to curb the direct and indirect impacts of the pandemic on children and women. Similarly, these activities were incorporated into the Global Humanitarian Response Plan for COVID-19.

To implement the nutrition response for COVID-19, an estimated budget of US\$1,978,362 is required to support interventions to intensify IYCF counselling with emphasis on protecting, promoting, and supporting breastfeeding while applying appropriate respiratory hygiene during feeding care and contact with the infant and young child as well as continuation of essential nutrition services for prevention of micronutrient deficiencies and malnutrition treatment. At the same time, advocacy for other mitigation measures that focus on young children's diets and wellbeing is needed. The above funding will help UNICEF and MoPH strengthen nutrition services for an estimated target of 316,000 children and women (242,000 children aged 6-59 months and 74,000 PLW).

Health

As of 30 June, UNICEF continues to maintain the uninterrupted supply of essential medicines to ensure continued access to primary health care services in the country. A total of 6.2 million people including 432,000 children under five living in UNICEF-supported 50 priority counties continue to have access to primary health care services provided in county and *ri* hospitals and *ri* clinics. A total of 3,380 Essential Medicines Kits (EMK), 1,070 Household Doctor (HHD) bags were distributed to 1,968 health facilities in these counties. These kits contain essential medicines for treatment of common diseases and basic health care services, including for implementation of IMNCI approach. Each kit provides consumables to cover the needs of 3,000 people and each HHD bags contains medicines for treating at least 150 people.

UNICEF continues to ensure adequate supplies of ORS for 7,838 health facilities in the country for treatment of diarrhoea, especially for children under five. 456,000 sachets of ORS were distributed from Central Medical Warehouses (CMW) to replenish stocks at county medical warehouses and health facilities. To ensure uninterrupted supply of these essential medicines, UNICEF procured and delivered 4,340 EMK kits and 2,000,000 sachets of ORS for the replenishment of stocks at the CMW in Pyongyang. Data from CBS-CDMU reported 69,623 cases of diarrhoea in quarter one of 2020, of these cases, 75 per cent (52,233) received ORS treatment. The diarrhoea cases reported are significantly lower compared to the same quarter last year. The number of diarrhoea cases in children under five is 2.4 times less this year compared to last year in the same period. This reduction may be caused by under-reporting or could be the effect of massive handwashing campaign to the public in response to the COVID-19 pandemic. Further investigation would need to be conducted to find out the reasons. This has, however, not been possible due to restrictions on field monitoring.

With support from Gavi and UNICEF Natcoms, UNICEF procured and delivered vaccines for routine immunization, thus ensuring no stock-out of vaccines in the country. 322,499 children under five and 324,983 pregnant women continue to receive regular immunization services provided by the Ministry of Public Health. 71,305 children under one were vaccinated with three doses of pentavalent reaching coverage of 97 per cent.

UNICEF continues to provide support for Emergency Obstetric and Neonatal Care (EmONC) in 9 Convergence Counties reaching approximately 11,341 pregnant women living in those areas. Additional equipment for Comprehensive EmONC (CEmONC) were distributed to established CeMONC facilities in five counties. With funding from Russia and the Korea Foundation for International Healthcare (KOFIH), procurement of equipment for the scale-up of Basic EmONC (BEmONC) in 50 priority counties is currently in progress. These supplies will support the establishment of BEmONC facilities in 250 *ri* hospitals targeting approximately 95,000 pregnant women living in these counties.

As of 30 June, the country is yet to report a case of COVID-19. However, UNICEF continues to provide support to the MoPH for implementation of its Country Strategic Preparedness and Response Plan (CSPRP) for COVID-19. Based on this plan, ICUs have been established at designated hospitals with competent health workers in attendance, and Rapid Response Teams (RRTs) are operational in central, provincial and county anti-epidemic institutes. MoPH distributed an initial procurement of PPE to protect 500 health workers in health facilities appointed for COVID-19 testing and referral. An estimated budget of US\$1,400,000 is required to allow UNICEF, in collaboration with WHO and humanitarian partners, to provide additional quantities of PPE to cover the needs of 4,500 medical staff in 1,000 facilities. Thanks to an additional funding of US\$1,663,000 received from the Global Fund COVID-19 Response Mechanism (C-19 RM), procurement is currently in the pipeline. This will contribute to strengthening prevention of COVID-19 for TB and malaria programmes.

The pandemic has created significant challenges for the implementation of the humanitarian response in DPRK. As a result of the country's border closures since the end of January, UNICEF had to modify its vaccine supply chain and use road transport from Beijing to Pyongyang because of unavailability of flights. Supplies of essential medicines were stranded at the port in China for a long time, causing high demurrage fees. All incoming supplies are subjected to various levels of scrutiny, causing long lead time for further transshipments. In addition, there has been no field monitoring of health interventions since January.

WASH

As of 30 June, amongst the projects planned in 2020, the feasibility study, design and procurement of supplies for installation of six new water supply systems for a population of 101,765 and two water supply systems with repair and rehabilitation for a population of 162,484 have been completed. Besides, feasibility study and design for the improvement of WASH facilities of hospitals in Junghwa, Kangnam and Munchon have also been completed.

In parallel, amongst the ongoing water supply projects from 2019, delivery of supplies for four new and four repair and rehabilitation water supply schemes, which have been stranded since January 2020 after border closures, has now been completed.

Using pre-positioned supplies, UNICEF and the Ministry of Urban management (MoUM) partially delivered 30,000 buckets, 200,000 bars of soap, 20,000 jerry cans, 1,500 water filters, 8,000,000 water purification tablets and 200 water tanks to counties affected by the 2019 Tropical Cyclone Lingling in South Hwanghae Province, and to 440 flood-affected families in Yonggwang county in South Hamgyong Province. These relief water and hygiene supplies (mainly soap) reached at least 40,000 people from 10,000 families. About 4 million water purification tablets have now been delivered for pre-positioned supply replenishment.

UNICEF continued to remotely lead the sector working group with the International Federation of Red Cross and Red Crescent Societies (IFRC) and EUPS 3 (Concern Worldwide) as co-chairs with the participation of other EUPS¹ sector members and the Swiss Development Cooperation (SDC). Meetings were organized online as UNICEF international staff are working remotely from outside the country.

As part of the CSPRP, the government has been carrying out risk communication, mobilising and engaging communities to raise awareness about COVID-19. Information Education and Communication/Behaviour Change Communication (IEC/BCC) activities are being conducted in the communities by Household doctors. During household visits, the doctors promote Infection Prevention Control (IPC) measures such as hand hygiene, wearing masks, cough etiquette, physical distancing, self-isolation and voluntarily reporting. Besides, they also educate household members on food safety and disinfection of houses and workplaces. These messages are being communicated through mass media, TV, radio and local newspapers. It is estimated that about 100,000 officers and health workers are conducting IEC activities on COVID-19 nationally every day.

An estimated budget of US\$1,280,000 will allow UNICEF to sustain these activities as one of the critical actions for the prevention and control of COVID-19. If secured, approximately 300,000 people (200,000 children, 90,000 people from 22,500 families and about 10,000 health workers from 500 health facilities) will receive critical WASH supplies with personal hygiene promotion messages. Government-approved accurate communication messages and materials contextualised for COVID-19, including good hygiene practices and improved sanitary conditions, will also be disseminated. Improvement of WASH services in health facilities, cleaning protocols and disinfection of surfaces with chlorine-based products, waste collection and safe disposal, will be supported mainly for dealing with case management. In June, COVID-19 critical WASH supplies were distributed to an estimated 8,500 households with 41,853 (0-1 aged) children and 121 health care facilities in 13 counties. Additional essential WASH supplies for 22,905 children are under procurement.

For safety in schools, procurement of critical WASH supplies including disinfection supplies, is processed for 91,625 school children including 14,321 orphans and 1,144 children with disabilities in 13 counties. When schools reopen after the summer break, teachers will be engaged in hygiene promotion and IPC activities for their classrooms, and support will be extended for implementation and monitoring of infection prevention and control enhancements in schools.

¹ EUPS 1: Première Urgence Internationale; EUPS 4: Deutsche Welthungerhilfe; EUPS 5: Triangle Génération Humanitaire

Humanitarian Leadership, Coordination and Strategy

Since January, which marked the onset of the rapid spread of COVID-19 beyond China and several countries around the world, the Government of DPR Korea initiated a strong emergency measure by shifting the routine hygiene and anti-epidemic system of the country into the State Emergency Anti-Epidemic System up to the date when the risk of COVID-19 infection stops. Measures included nationwide preventive activities such as information, education and communication, inspection and medical surveillance of incomers from outside of the country at points of entry, quarantine and laboratory confirmation.

Since then, UNICEF and WHO have been working closely with the coordination mechanisms set up by the government and agencies were also engaging with relevant partners locally, including the Swiss Agency for Development and Cooperation (SDC), the International Federation of the Red Cross and Crescent (IFRC) and Médecins Sans Frontières (MSF), to support inter-agency preparedness and response activities, provide technical support and assistance to health care facilities. Early on, UNICEF and WHO responded to the government requests for support especially in relation to the provision of medical supplies and Personal Protective Equipment (PPE). Under WHO's leadership, UNICEF also contributed to the revision of the UN Pandemic Contingency Plan and the development of inter-agency multi-sectoral response plans as appropriate. Support for the implementation of the strategic operational plan to country preparedness and response for COVID-19 (CSPRP) was provided by the Health Sector Working Group in dialogue with the Ministry of Public Health to help minimize any emergent secondary impacts of the outbreak.

UNICEF continued leading remotely the Nutrition and WASH sector working groups and co-leading locally Health with WHO. Despite the challenges and impact of the pandemic on operations, UNICEF further focused on four priorities to sustain the delivery of life-savings interventions in the sectors of health, nutrition and water, sanitation and hygiene for the most vulnerable children and women. These included: (1) COVID-19 Preparedness and Response; (2) Strengthen integration, collaboration and multi-sectoral approaches; (3) Efficiency and effectiveness through cash conservation; and, (4) Staff well-being and development.

Since mid-January and pending the return in-country of the Resident Coordinator, a.i. the UNICEF Representative has been temporarily serving as the Acting Resident Coordinator a.i./Designated Official a.i. With effect from 17 July, the Representative is also acting as Officer-in-Charge for the Heads of Agency of UNDP and UNFPA.

These factors have compounded the situation in which the delivery of basic humanitarian interventions crucial to safeguarding the lives of children and women continue to be seriously compromised. Furthermore, funding availability which is critical for the implementation of interventions – focusing on essential needs – is still very low with the HAC currently registering a 62 per cent gap.

Human Interest Stories and External Media

During the reporting period, the Country Office received support from the Regional Communications Specialists. Human interest stories on the transportation of BCG and Pentavalent vaccines by land route in June were produced and uploaded onto the regional blog.

Click here to see the full story on ICON:

https://unicef.sharepoint.com/sites/ICON/_layouts/15/listform.aspx?PageType=4&ListId=8e97a3fd-9d47-4675-a965-dfe76c62d004&ID=715&ContentTypeID=0x01007BF49FE834BB7C4FBE93BF7DFAAF0F6A

Next SitRep: 30/12/2020

UNICEF DPRK: <https://www.unicef.org/dprk>

UNICEF DPRK Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Annex A

Summary of Programme Results

	UNICEF		
	2020 Target	Total Results ²	Change since last report ³ ▲ ▼
NUTRITION			
Children under 5 years suffering from wasting treated through inpatient and outpatient therapeutic feeding programmes	95,000	29,113	▲
Children under 5 years provided with micronutrient supplementation	1,600,000	1,485,889	▲
HEALTH			
Children under 5 years with diarrhoea treated with oral rehydration salts	800,000	52,233	▲
People accessing essential medicines	6,000,000	6,176,897	▲
Pregnant mothers in 50 counties accessing emergency obstetric neonatal care services	35,000	11,341	▲
WATER, SANITATION & HYGIENE			
Number of people with access to safe drinking water with long-term services	183,000	162,484 ⁴	▲
Access to safe water for drinking, cooking and personal hygiene with pre-positioned supplies	40,000	40,000	▲
Number of people who received sanitation or hygiene kits and items	50,000	40,000 ⁵	▲

² Due to government-imposed movement restrictions, international staff have been unable to undertake programmatic field monitoring visits since end January 2020. In particular, Health results are estimated based on the 2019 distribution plan for EMK kits provided by MoPH.

³ This is the first report for 2020.

⁴ Procurement of supplies for 6 new and 6 rehabilitated water supply systems is in progress. After completion of these projects, 162,484 people will have access to safe drinking water.

⁵ Item received only includes soap.

Annex B

Funding Status* (non-COVID-19)

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2020	Resources available from 2019 (Carry-over)	\$	%
Nutrition	9,891,808	563,245	635,710	8,692,853	88
Health	6,808,245	838,792	4,894,771	1,074,682	16
WASH	5,800,000	1,030,535	652,215	4,117,250	71
Total	22,500,053	2,432,572	6,182,696	13,884,785	62

*As defined in the revised Humanitarian Appeal of April 2020 for a period of 12 months

Funding Status** (COVID-19)

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2020	Resources available from carry-over	\$	%
Nutrition	1,978,362	0	0	1,978,362	100
Health	1,400,000	2,006,738***	0	-606,738	0
WASH	1,280,000	132,000	0	1,148,000	90
Total	4,658,362	2,138,738	0	2,519,624	54

**As defined in the Global Humanitarian Action for Children COVID-19 Response Appeal through 31 December 2020. Results against COVID-19 indicators can be found in the Global Humanitarian Situation Reports.

***This includes US\$1,668,738 received from the Global Fund COVID-19 Response Mechanism (C-19 RM) window.