

## United Nations Children's Fund (UNICEF)

- Health—Child and Maternal Health—TB and Malaria
- Nutrition
- Water, Sanitation and Hygiene (WASH)
- Education
- Advocacy for Child Rights

Present in DPRK since 1996

Covering 9 out of 10 Provinces, 190 counties

Funding Summary (2013) (regular resources excluded)

Required: US\$ 27.5 million (programme) and US\$ 22.8 million (emergency)

Received: US\$ 12 million (programme) and US\$ 1.5 million (emergency)



### UNICEF: Global Perspective

UNICEF believes that nurturing and caring for children are the cornerstones of human progress. UNICEF was created with this purpose in mind – to work with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child's path. UNICEF works in 190 countries through country programmes and National Committees, to:

- Promote girls' education – ensuring that they complete primary education as a minimum
- Immunize against common childhood diseases
- Prevent the spread of HIV/AIDS among young people
- Involve partners to create protective environments for children
- Relieve suffering during emergencies, and wherever children are threatened
- Ensure equality for those who are discriminated against, girls and women in particular
- Encourage young people to speak out and participate in the decisions that affect their lives

### Overview of UNICEF Operations in DPRK

The overall goal of UNICEF's 2011-2015 country programme is to support the Government of the DPRK in enhancing self-sustaining national capacities so that all children in the country enjoy their rights for survival, development, protection and participation. The current country programme gives special attention to disadvantaged and vulnerable groups to contribute to closing the gap between rural and urban areas. The Programme also seeks to strengthen service delivery primarily through leverage of policy and partnerships focused on achievement of agreed results, demonstrating how systems work for children, facilitating participation and empowerment, nurturing national ownership and mutual accountability. The UNICEF country programme seeks to enhance the development of a national policy environment conducive for children through advocacy, increased technical support to key ministries, building strategic alliances with organizations, such as Global funds for AIDS, TB and Malaria (GFATM) and Global Alliance for Vaccine and Immunization (GAVI), and the adoption of innovative communication for development strategies.

UNICEF works towards supporting the Government achieve goals related to MDGs 1, 2, 3, 4, 5, 6 and 7

The current IMR is 19 per 1,000 live births and the maternal mortality ratio or MMR at 81 per 100,000 live births

In collaboration with GAVI and WHO, routine immunization coverage remains high, 95% or above as of end of 2012 (source: Ministry of Public Health).

### **UNICEF and Health interventions in DPRK:**

Despite the gains of the 1980s, the current levels of infant (IMR) and maternal (MMR) mortality remain considerably higher than in the 1990s. The current IMR is 19/1,000 live births (Census, 2008) and MMR is 81/100,000 live births as per 'Trends in Maternal Mortality': 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank Estimates, 2012. In the 1980s, the IMR was 13 per 1,000 live births and MMR was 50 per 100,000 live births. The Government is working to improve these rates in order to achieve Goals 4 and 5 (reducing the IMR by two thirds and the MMR by three quarters by 2015).

Lack of access to quality reproductive healthcare, including family planning, newborn and child health services, is a key constraint. Additional challenges include: insufficient resources to expand essential service packages throughout the country; limited information on international standards and best practices and inadequate monitoring and supervision capacities; old infrastructure coupled with lack of essential medicines and equipment affects provision of quality basic services. In addition health personnel require updated skills and knowledge particularly in rural areas; inadequate nutritional status of women before pregnancy has causal effect on maternal mortality and morbidity and needs to be addressed.

UNICEF's Health programme provides an integrated package of high-impact evidence-based interventions towards achieving the millennium development goals 4, 5 and 6: programmes in support of reducing infant and child mortality, maternal mortality, and treatment of malaria and tuberculosis.

UNICEF, in collaboration with GAVI and WHO, supports Child Health Programmes, particularly the immunization programme, which is one of the most successful and sustainable public health programs in DPRK. Routine immunization coverage remains high, above 95% for all the antigens in 2012. A nation-wide cold chain replacement plan was completed in June 2010. This is a critical step in infra-structure building and strengthening the immunization programme in the country. Pentavalent vaccine was introduced in June 2012 with a national coverage of 95.7% as of end of 2012.

The Child Health Programme also continuously focuses on the prevention and treatment of acute diarrhea and pneumonia which are still the main causes of child morbidity and mortality amongst children under five in DPRK after neo natal causes. For the effective management of acute diarrhea, zinc tablets and locally produced ORS sachets are also distributed throughout the country in cooperation with IFRC. Capacity-building of household doctors at the rural areas is one of the major focuses for UNICEF. The household doctor training package was developed in collaboration with WHO, UNFPA, and IFRC and training at the county level started in October 2010 up to now.

With regards to its Maternal Health Programme, UNICEF has created an antenatal care package (in close collaboration with WHO and UNFPA) and has distributed EMoC kits for safe deliveries at county hospitals and midwifery kits for ri clinics .

Malaria prevails in varying degrees in eight out of ten provinces and two main cities although the country managed to dramatically reduce the annual caseload from 296,540 cases in 2001 to 23,537 cases in 2012. UNICEF has exceptionally accepted the request to act as the Principal Recipient, with the World Health Organization (WHO) undertaking the role of Sub Recipient, for GFATM from 2010 to 2015. The key strategies are: enhancing case management through maximizing the use of confirmatory diagnosis and delivery of effective anti-malarial therapies, scaling up of vector control activities, integrating community involvement as a successful way to raise awareness on the prevention and management of malaria, enhancing components of the national malaria and TB control programme.

The present estimate of tuberculosis remains high and in 2012 the National TB Program reported a total of 91,248 cases and 31,746 are new smear positive cases. The GFATM-supported TB Program supports the National Strategy, which aims to decrease the morbidity and mortality of TB by half by 2015. Crucial to this is increasing early diagnosis of all forms of TB, and sustaining successful treatment of all smear positive cases.

UNICEF TB programme also included improvement of diagnosis of children as well as initiating diagnosis and treatment of and those affected by with MDR-TB. The key strategies are: providing DOTS services to all TB patients, establishing partnerships with non-health sectors, departments and organizations to increase access to quality TB services, improving advocacy, enhancing communication and social mobilization to improve awareness and utilization of services, the development and implementation of interventions under the Programmatic Management for MDR-TB (PMDT) and finally, contributing to health systems strengthening.

### **UNICEF and Nutrition interventions in DPRK:**

Malnutrition prevalence in DPRK remains high. Currently about one in four women in the reproductive age (15-49) are malnourished. As per 2012 National Nutrition Survey, prevalence of malnutrition amongst children under five remain of concern - stunting 27.9%, underweight 15.2%, wasting 4%, despite the slight improvement since the 2009 MICS (respectively 32.4%, 18.8% and 5.2%). There are also clear geographical disparities with stunting rate highest in Ryanggang with 39.6%.

UNICEF is involved in policy and strategy development regarding child and maternal nutrition in the country. The National Community Management of Acute Malnutrition is being finalized. The Government initiated also the design of a National Nutrition Strategy, micronutrient supplementation guidelines as well as Baby-Friendly Community Initiative important for the promotion of optimal breastfeeding and complementary feeding promotion. The Baby Friendly Hospital Initiative (BFHI) is also being revised.

UNICEF works in the area of treatment and prevention of acute malnutrition with support to all baby homes, provincial pediatric and 29 county hospitals and close to 1,000 ri/dong clinics, particularly vulnerable to food insecurity. Between October 2011 and November 2012, 17,585 severe acute malnourished children were treated either in hospitals (4,976 children) or in ri/dong clinics and baby homes (12,609). About 84% of SAM children treated in county hospitals were cured, 86% in provincial hospitals, 94% in Ri/Dong clinics and 92% in Baby Homes. Through support to the Government, some other major nutrition interventions of UNICEF in DPRK are the prevention of malnutrition through the promotion of optimal breastfeeding and complementary feeding. The prevention and treatment of micronutrients deficiencies is done through national mass intervention such as Child Health Days (vitamin A supplementation and deworming) twice a year and through national routine activities such as post-partum vitamin A supplementation, iron and folic acid supplementation for pre-pregnant women and multiple micronutrient supplementation to pregnant and lactating women. The multi-micronutrients powder supplementation for children 6-23 months will be strengthened in 2013.

### **UNICEF and WASH interventions in DPRK:**

The systems that support water and sanitation in DPRK are in a state of disrepair. The extensive piped water supply systems put in place during the early 1980s are now in ailing condition due to low levels of investments and rehabilitation, shortage of electricity, and destruction caused by natural disasters.

According to the 2008 Census report, 22% of the population spends time in fetching water from sources other than piped water in the dwelling. There is a clear geographical dimension to this; almost 30% of rural population fetch water compared to only 18% of the urban counterparts. In addition, there is also a gender inequality involved in collecting water as only 32% of men are responsible for this activity compared to 68% of women.

While almost all households have access to some form of sanitation facility, observations made particularly in rural areas suggest that latrines are predominantly rudimentary and therefore remain ineffective in preventing faecal materials from entering into the human environment.

Findings from a joint Ministry of City Management and UNICEF assessment of water supply facilities in two counties in 2012 showed that most of the piped systems are not or partially functioning, forcing many households to supplement their water consumption from dug wells and tube wells too often close to sources of contamination.

Amongst children under five, the rates are of concern:

- stunting 27.9%
- underweight 15.2%
- wasting 4%

There are also clear geographical disparities: studies from the northern and rural provinces report an overall stunting rate of 39.6%

Diarrhoea remains one of the leading causes of under-five mortality in DPRK

In DPRK, a national 12-year free compulsory education policy ensures that all children complete secondary education

Literacy rates are near universal

As a result, diarrhoea caused by inadequate water quality, poor sanitation and unhygienic behaviour is still amongst the leading causes of under-five mortality.

The Government has been encouraging the replacement of pumping water systems with gravity-fed water systems (GFS), along with the introduction of decentralized waste water treatment systems (DEWATS).

UNICEF's WASH programme contributes to improved access and utilization of safe drinking water and sanitation services and hygiene practices in communities and schools, in-line with the UNSF for DPRK and global targets of MDG 7, MDG 1 and 4.

UNICEF's several WASH projects are interconnected and contribute to:

- Increased access to sustainable safe water and sanitation facilities
- Reduction of faecal contamination of the child's environment
- Improved focus on water quality
- Demonstration of appropriate technologies and approaches
- Improved hygiene practices
- Improved emergency preparedness and response capacity and enhanced planning, technical and management capacity of central, provincial and county-level partners

The main implementing partner is the Ministry of City Management (MoCM) that is responsible for water supply and sanitation in both urban and rural areas. Other implementing partners include Hygiene and Anti-Epidemic Stations (HAES) of the MoPH for water quality testing, Education Commission for school sanitation and hygiene promotion and people's committees mainly at the county level. Strategic partners include IFRC and European NGOs, locally known as EUPS Units.

### **UNICEF and Education interventions in DPRK:**

In DPRK, a national 12-year free compulsory education policy ensures that all children complete secondary education, clearly supporting targets in relation to MDG Goal 2 (achieving universal education). Literacy rates are near universal.

Still, teaching methods have not evolved alongside international standards. While selected multimedia materials have been introduced in some urban centres, basic teaching materials do not meet the quantity needs of the country. UNICEF's Education Programme contributes to the realisation of children's right to education as per CRC article 28 and supports the UNSF social development outcome and MDGs 2, 3, 4 and 6 through efforts aimed at improving the quality of education and child friendliness of school environment. The main implementing partner is the Education Commission (former MoE, Ministry of Education) and the key strategic partner is UNESCO.

UNICEF supports the development of national standards and frameworks for Early Learning and Development Standards and Child Friendly School Concept and expansion of new approaches in teacher training and instructional methodologies, Life Skills Based Education and curriculum and textbook revision, especially of Mathematics and English language teaching. UNICEF also supports the introduction of innovative interventions and models in the focus counties related to WASH, improved classroom facilities, learning materials and multimedia approaches, as well as to school-based management, which can be expanded to broader areas by the Government and other partners.

To improve the efficiency of data management at national and sub-national level for improved planning and monitoring, the Programme is supporting the EC with the establishment of comprehensive monitoring system of MDGs and Education for All (EFA) in DPRK and the introduction and strengthening of Education Management Information System (EMIS). The Programme also supports national efforts for disaster risk reduction and management through preparedness, response and early recovery as per the revised Core Commitments to Children (CCCs).