



Health Thematic Report for 2016

Prepared by UNICEF in the Democratic People's Republic of Korea (DPRK)

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Brief on UNICEF's Health Programme in DPRK

In 2016, UNICEF's health programme contributed for significant achievements in maternal, neonatal and child survival and development in DPRK:

- The comprehensive multiyear plan (cMYP) 2016-20 and medium term strategic plan (MTSP) 2016-20 were updated in close collaboration of WHO and Ministry of Public Health and the Every New-born Action Plan 2016-2020 was developed with UNICEF support.
- The routine immunization coverage sustained above 96 percent nationwide. The programme ensured availability of vaccines according to the national immunization schedule throughout the year. About 342,000 under one children received vaccination against vaccine preventable diseases and 348,000 pregnant women received 2 doses of Tetanus Toxoid (Td) vaccine across the country during the year
- More than 95% live births were attended by the skilled birth attendants at health facility or home; more than 90 percent children with diarrhoea received ORS and more than 95% children in 94 supported counties were treated for pneumonia with antibiotics.

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Cover photo:

©UNICEF/DPRK 2016/Tariq, Nine months old child being vaccinated in Tong Ill dong clinic, Pyongyang, DPR Korea

Abbreviations and Acronyms

BCG	Bacillus Calmette-Guérin
CHD	Child Health Days
CMAM	Community Management of Acute Malnutrition
CP	Country Programme
DPRK	Democratic People's Republic of Korea
DPT	Diphtheria, Pertussis, Tetanus
EmONC	Emergency Obstetric and Newborn care
EPI	Expanded Programme on Immunization
ECD	Early Childhood Development
HAR	Humanitarian Action Report
ICN	Institute of Child Nutrition
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal & Childhood Illness
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
MoPH	Ministry of Public Health
MT	Metric Ton
NCC	National Coordination Committee
ORE	Other Resources Emergency
ORR	Other Resources Regular
ORS	Oral Rehydration Salts
PLW	Pregnant Lactating Women
RR	Regular Resources
RWP	Rolling Work Plan
TT	Tetanus Toxoid
UNSF	United Nations Strategic Framework

All abbreviations and acronyms are found in the report, the below list is not exclusive.

Executive Summary

The Democratic People's Republic of Korea (DPRK) is in the midst of a protracted, humanitarian emergency. An estimated 18 million people are dependent on Government food rations while 10.5 million people are believed to be undernourished. A lack of access to basic services including water and sanitation, as well as a weak health infrastructure further threatens the well-being of the population, particularly young children and pregnant and breastfeeding women. The humanitarian situation in DPRK is further exacerbated by frequent natural disasters, especially floods and drought, with an estimated 5.6 million people in DPRK affected by natural disasters between 2004 and 2016. These frequent disasters compound people's vulnerabilities and need for humanitarian assistance. In the context of human rights-based programming, the essence of UNICEF's work in DPR Korea is about sharing international lessons learned, and the provision of technical expertise and resources for lifesaving interventions.

In 2016, UNICEF's health programme contributed for significant achievements in maternal, neonatal and child survival and development in DPRK:

- The comprehensive multiyear plan (cMYP) 2016-20 and medium term strategic plan (MTSP) 2016-20 were updated in close collaboration of WHO and Ministry of Public Health and the Every Newborn Action Plan 2016-2020 was developed with UNICEF support.
- The routine immunization coverage sustained above 96 percent nationwide. The programme ensured availability of vaccines according to the national immunization schedule throughout the year. About 342,000 under one children received vaccination against vaccine preventable diseases and 348,000 pregnant women received 2 doses of Tetanus Toxoid (Td) vaccine across the country during the year
- Successful implementation of community Integrated Management of Newborn and Childhood Illnesses (cIMNCI). Provision of ORS for treatment of diarrhoea (about 1.7 million under five children) nationwide and Essential Medicines (focusing about 700,000 under five children) in 94 counties may be linked to the decline in prevalence of pneumonia from 15 to 12 and diarrhoea from 15 to less than 6 in the country.
- Briefly, more than 95% live births were attended by the skilled birth attendants at health facility or home; more than 90 percent children with diarrhoea received ORS and more than 95% children in 94 supported counties were treated for pneumonia with antibiotics.
- The support for maternal and neonatal services through basic and comprehensive EmONC reached about 30,000 pregnant women and newborn – a significant contribution in averting maternal and neonatal morbidity and mortality.

Few facts:

- The under-five mortality rate is 14/1000 live births against the MDG-4 target of 15/ 1000 live births.
- Progress on achieving MDG 5 has been slow despite high levels of antenatal care and institutional deliveries;
- The recent data shows a decreasing trend in MMR from 87 per 100,000 live births in 2015 to 66 in 2016.
- Half of under-5 deaths are during neonatal period while diarrhoea and pneumonia are main causes of child health mortality and morbidity in the country.

Strategic Context of 2016

UNICEF provided life-saving support in health; nutrition; Water, Sanitation and Hygiene (WASH); and tuberculosis (TB) and malaria programmes, while also supporting children and women to cope with protracted crises in the country. UNICEF ensured essential services were available – including immunization and nutrition despite the disruption of the UNICEF banking channel for over 10 months.

The humanitarian situation in the DPRK is characterized by chronic food insecurity and limited access to quality health and water, sanitation and hygiene (WASH) services, which have resulted in chronic undernutrition and poor health outcomes. In 2016, an estimated 18 million people were food insecure and 200,000 children were affected by acute malnutrition. UN mortality estimates of 2015 indicate that 9,000 children under-five still die every year in DPRK, meaning that on the average 25 children still die every day from largely preventable and treatable diseases. Pneumonia and Diarrhoea remains major childhood killers with 12 and 6 per cent respectively. In DPRK, there are major knowledge and skill gaps among human resource at different levels. The in-service training is based on outdated knowledge and practices and there is non-existence of an on-the job training mechanism. This is leading to poor quality of service provision without consideration of global standards and treatment protocols. There is chronic shortage of essential medicines and basic and lifesaving equipment at all levels. This is one of the major causes of morbidity and mortality in the country.

In August 2016, heavy rains from Typhoon Lionrock in North Hamgyong Province resulted in widespread flooding and the destruction of infrastructure, livestock and crops, affecting more than 600,000 people. Children, pregnant women and lactating mothers faced an increased risk of water-borne diseases – with a four-fold increase in diarrhoea – as well as communicable disease outbreaks. The number of children suffering from acute malnutrition in flood-affected areas in need of life-saving treatment quadrupled from 500 to 2,000 during the first three month of the emergency. The Government had requested the support of the international community to meet humanitarian needs and international community including UNICEF's health programme responded. The external humanitarian assistance continued to play a significant role in safeguarding and promoting well-being of the most vulnerable population in DPRK. Humanitarian and thematic funding modalities continued to be key sources of funding besides UNICEF Regular Resources.

UNICEF DPRK CO chairs several inter-agency sectoral working groups (SWGs) previously called thematic working groups; Nutrition, WASH and the Education SWGs and participates actively in the Health SWG co-led by WHO and UNICEF bringing together all relevant sectoral partners like sister agencies, bilateral, European Union, European Non-Governmental Organizations, and International Federation of Red Cross and Red Crescent Societies (IFRC) to the stated SWGs. These SWGs are working under the leadership of the Resident Coordinator (RC) and the UNCT strategic priorities to streamline the multi-sectoral approach.

Timely availability of data in all programs is a limitation to monitor and assess the progress made against the related Medium Term Strategic Plan (MTSP) indicators and related outcome areas. Positive discussions culminated into an agreement with Central Bureau of Statistics (CBS) on the needs to submit key programme indicators on quarterly and annual bases through establishment of specific data centre in CBS.

RESULTS IN THE OUTCOME AREA

Despite the challenging country context and the intermittent frequent disruptions in banking channel resulting in limited cash availability in the country, the health programme was able to deliver critical interventions to support health of women and children living in DPRK. For resource optimization, the programme focussed on the most relevant and feasible results to achieve high impact with minimum cost and successfully managed to introduce key initiatives in the programme to upgrade, expand service access and utilization / uptake and improve quality of the evidence based maternal and new-born care services. The funds from the thematic grant were used for the procurement and distribution of health supplies including essential medicine kits and ORS and related capacity development for the correct use of supplies.

Within the context of the below outcomes as stated in the MTSP 2011-17 Results Framework and related references, the health programme achieved the following results in 2016;

Policies, national strategy and technical guidelines for effective implementation

Equity-focused national policies, legislation, national strategies and plans are adopted for scaling-up selected high impact evidence based interventions. UNICEF supported updating of the comprehensive multiyear plan (cMYP) 2016-2020 and medium term strategic plan (MTSP) 2016-2020. The MTSP defines the national priorities and is the main reference document for setting targets to achieve national and global targets. The MTSP 2016-2020 was updated jointly by WHO, UNICEF and Ministry of Public Health. Additionally, the comprehensive multiyear plan for 2016-2020 (cMYP 2016-20) was developed to guide the immunization programme. Similarly, UNICEF provided technical support for development of “Every Newborn Action Plan (ENAP) 2016-2020” leading to focussed approach in reducing neonatal mortality that is currently responsible for about 50% of the under-five mortality.

UNICEF provided technical assistance and facilitated capacity development to technical working groups in Ministry of Public Health (MoPH). UNICEF also supported successful implementation of the planned activities with special focus on strengthening the cross sectoral linkages with other line ministries. The health programme supported the development of tOPV-bOPV switch implementation plan following the global movement and its implementation in 2016.

Access and quality of services

The health programme strived to support the immunization programme targeting 355,000 children under one year of age and 362,000 pregnant women nationwide with the provision of vaccines and injection devices as well as enhancing access through strengthening the cold chain infrastructure.

To ensure the quality of services, UNICEF supported capacity building activities for the household doctors and Gynae/Obs doctors as well as the EPI cold chain staff. Earlier in the year, the activities linked with capacity building and local procurement were affected due to in-country cash availability issues but with improved situation the health programme reviewed the progress for priority setting to achieve the programme targets. UNICEF provided extensive and innovative capacity building initiative including simplified training at different levels especially for cold chain technicians on the installation & trouble-shooting of the solar direct drive refrigerators and the vaccination staff on “must to know” of the immunization. The simplified training materials and guidelines were developed for the training activities for both the cadres. A training session was organized for the MoPH staff on vaccine wastage and forecasting.

In the area of maternal and neonatal health, UNICEF continued advocacy and capacity building of the care providers for ensuring at least four (4) quality antenatal care visits for pregnant women as well as the logistic support (essential devices like stethoscope, BP Apparatus and blood & urine testing equipment).

For Scaling up of evidence based interventions nationwide, UNICEF provided extensive capacity building support so that lifesaving interventions; early initiation of breast feeding, timely cord clamping, cord care with chlorhexidine, skin to skin contact, use of antenatal corticosteroids for preterm deliveries and use of misoprostol are in practice across the country. This is remarkable achievement and it is expected that the scaling up of these interventions has contributed significantly in reduction of maternal and neonatal mortality.

Through GAVI support, expansion of effective IMNCI has already been initiated in 25 counties including capacity building (development of training material, essential service package) and 25% of the 208 counties will be implementing IMNCI strategy by end 2018. UNICEF supported capacity building of about 2,000 household doctors and community midwives and equipped them with basic and essential instruments and medicine. The emphasis remained on reducing the childhood mortality through preventive and curative services. Development of a pool of master trainers was undertaken in the first quarter of the year. The

subsequent cascade of trainings started in the last quarter of 2016 due to non-availability of cash in country for printing of the training material.

Quality Assurance remained one of the priority areas through capacity building, use of devices, improving monitoring and supportive supervision and recoding and reporting instruments. UNICEF facilitated field monitoring and supportive supervision capacity of the MoPH by supporting the transport (vehicles and fuel cost) of the supervisory staff. Regular joint (MoPH and UNICEF) field monitoring activities provided an opportunity for having direct observations of implementation of programmes and utilization of supplies and to take corrective measures in time to improve the quality of service delivery. All EPI refrigerators in the country were equipped with FridgeTag-2 device and all the cold rooms with MultiLog-2 devices for continued temperature monitoring for ensuring quality storage of the vaccines. The temperature monitoring charts were revised for Fridge Tag-2 device (FT-2) data and the FT-2 data compilation instrument was developed. The programme introduced “vaccination coverage monitoring charts” for the monitoring of EPI coverage trends at all levels. The field monitoring and supportive supervision was enhanced by supporting the mobility (vehicles and fuel cost) of supervisory staff.

a. Utilization, behaviour and participation

The programme aimed to ensure that children, pregnant women, caregivers and communities seek preventive, promotive and curative immunization and Maternal and child healthcare services (basic and comprehensive EmONC services), including the most vulnerable. Immunization programme reached more than 342,000 children under one year of age and more than 350,000 pregnant women in the country. Similarly, the health programme in DPRK further expanded the community integrated management of childhood illnesses (CIMNCI), thereby, supporting the early screening, identification and, if required, referral of the common childhood illnesses and diseases.

Every opportunity was seized to ensure utilization of preventive and curative services. Participation and interaction of communities is limited due to unique program implementation environment however during events such as Child Health Day key messages are disseminated to parents and care provider of about 1.7 million children to promote key caring practices. The introduction of IPV in routine immunization also provided an excellent opportunity to print and disseminate messages on importance of completing full course on vaccines on time

The programme ensured availability of oral rehydration solution (ORS) for the treatment of diarrhoea targeting about 1.7 million children under 5 nationwide. However, due to funding constraints, the essential medicine could only be ensured for 94 prioritized counties during 2016.

Maternal and Neonatal Health: The activities for the enhanced coverage and quality of maternal and new-born care interventions remained on track despite difficulties while working in cash conservation mode in the country office. In maternal health the scope of support remained limited to 16 counties ensuring availability of essential maternal and new-born care (quality ANC, intra-natal and post-natal care). Above 95% of the deliveries are attended by skilled birth attendants in the country. However, capacity to manage the complications due to non-availability of essential equipment and required competencies was a major challenge. To overcome this, a package of services for midwives and household doctors has been developed which is under piloting in 10 selected counties focussing 2,000 household doctors and midwives.

Promotion and implementation of community integrated management of new-born and childhood illnesses (CIMNCI): Keeping in view the slow progress in achieving MDG-4 targets of under-five mortality, UNICEF facilitated the promotion and implementation of community integrated management of new-born and childhood illnesses (CIMNCI) in the country. As part of its commitment in the country programme, UNICEF continued provision of essential medicines and 5.4 million sachets of oral rehydration salt (ORS) during the year. In the year 2016, 86,332 children were treated with antibiotics for pneumonia and 820,149 children with diarrhoea were treated with ORS in addition to other childhood ailments in 94 counties. Due to declining trend in funding especially from ROK, the EMK support (4833 kits) remained partial leaving major gaps.

Through GAVI support, expansion of effective IMNCI has already been initiated in 25 counties including capacity building (development of training material, essential service package). 25% of the 208 counties will be implementing IMNCI strategy by end 2018. The reports revealed significant reduction in diarrhoea from 15 to 6 and pneumonia from 15 to 12 percent. (A promised renewed report 2015) may be attributed to UNICEF's technical and material support.

Vitamin A coverage during the 2nd phase of the child health day remained more than 99%. More than 95 % children had antibiotic for the treatment of pneumonia in 94 counties while above 90% children were treated with ORS for diarrhoea.

UNICEF facilitated un-interrupted supply of routine EPI antigens for the programme. In 2016, no vaccine stock outs were noted except IPV due to global supply issues. UNICEF supported the development of the first cold chain equipment inventory (CCEI) for the EPI programme to guide the future procurements and rehabilitation of the cold chain infrastructure in the country. The cold chain infrastructure was expanded through GAVI HSS2 support with the addition of 500 solar direct drive (SDD) refrigerators at Ri hospitals to improve access thereby supporting equity in immunization. To address the grid electricity issues, the 210 county medical warehouses were equipped with SDD refrigerators. The programme was provided with the spare parts and tool kits for regular maintenance of the cold chain equipment.

The immunization programme was able to vaccinate 342,000 children under 1 year and more than 350,000 pregnant women with disparities in provincial DPT3 coverage narrowed from 8.5% to 0.6% reflecting a significant contribution to the maternal and under one morbidity and mortality. The pentavalent -3 coverage remained more than 97%, 98% for measles and 98.8% Td vaccination with two doses (2016 EPI coverage report). There was no death reported due to measles and tetanus during the year and the country maintained its polio free status.

b. Humanitarian response

The DPRK Health programme aimed at providing a package of integrated health, nutrition and WASH services to children and women in areas affected by humanitarian crisis. The strategy focussed on availability of quality immunization services nationwide, EmONC services in the target counties and IMNCI services in the 25 identified counties. The programme ensured availability of ORS for treatment of diarrhoea nationwide and essential medicine in 94 identified counties.

UNICEF proactively communicated the humanitarian needs of children and women through Humanitarian Action for Children (HAC). However, International economic sanctions, limited funds from donors and competing global humanitarian crises resulted in increased funding gap for UNICEF's humanitarian response in country. The programme received only 27 per cent of the US\$27.8 million funding required. Due to funding shortfalls, UNICEF DPRK was only able to provide 5,413 of a planned 10,400 Essential Medicines Kits. This allowed about 364,337 children aged under 5 (of the 700,000 target) to access treatment for pneumonia, preventing an estimated 4,372 deaths. Estimates show that provision of ORS by UNICEF in the country may have helped avert over 10,200 deaths among under five children

Flood emergency in North Hamgyong: Flooding in the northern part of country in September 2016 mainly affected the health care services for pregnant & lactating women, children and elderly required urgent UN response. UNICEF health programme refocused its attention to supporting the continuation of responsive maternal, neonatal and child health services in the affected region.

Twenty temporary health clinics were established, and essential medicines and emergency health kits were provided to meet the needs of 600,000 people. More than 44,000 children aged under 5 received vitamin A. UNICEF supplied 30 winterized tents to establish temporary hospitals, sufficient essential medicines and emergency health kits (6 IEHKs and 550 essential medicine kits) including basic equipment, oral rehydration salt and clean delivery kits to ensure non-interruption of health care services pending the reconstruction of damaged infrastructure. Keeping in view the difficult terrain of the affected areas, 300 special kits comprising of basic medical equipment, essential drugs and supplies in a back-pack were provided for the community

based household doctors to respond to the common ailments and diseases at the household/community level. Additional resources and support including supplies for antenatal and obstetric care, new-born babies' resuscitation and treatment of sick children were also provided. According to preliminary data, 120,188 cases of diarrhoea and 119,074 cases of ARI were treated in addition to other minor ailments. In the six counties, with damaged health facilities, 1,381 home deliveries were conducted using UNICEF provided clean delivery kits.

Due to funding shortfalls, UNICEF DPRK was only able to provide 5,413 of a planned 10,400 Essential Medicines Kits. This allowed about 364,337 children aged under 5 (of the 700,000 target) to access treatment for pneumonia, preventing an estimated 4,372 deaths. More than 5.3 million ORS sachets were provided nationwide for 1.7 million children aged under 5. Estimates show that additional ORS may have helped avert over 10,200 deaths among these children.

The main bottlenecks identified across different components of the health programme are:

- Difficulty in attracting funding: For several years, there have been difficulties for UNICEF to attract humanitarian funding to DPRK, including for the immunization programme in DPRK. The situation became more complex with insufficient allocation of resources by the Government. In the absence of assured funding the vaccination programme in DPRK faced challenge of continued supply of vaccines and injection devices. This affected the in-country logistics, securing enough space in the central medical warehouses, warehouses' management technical capacity and availability of transportation means to ensure timely delivery to the remote areas. Similarly, the shortage of financial resources affected the nationwide availability of the essential medicines and basic lifesaving equipment and devices.
- Limitations on communication among stakeholders: The DPRK has a centralised and vertical decision making system. There is limited communication between ministries and within departments of the same ministry at different layers (i.e. national, provincial, and counties') which affects the planning, implementation and slows down timely access to data for planning purposes.

The lessons learnt:

Gathering a strong evidence base and learnings for programming is critical to improve the quality of UNICEF programmes in DPRK. The following lessons have been derived from implementation of the project funded by the generous contribution from the thematic funding. Below learnings were discussed and agreed upon with Government counterparts during the formal mid-year and end of year review meetings:

- **Importance of technical support in DPRK:** The MoPH has recognized importance of technical assistance provided by UNICEF in the country. The joint monitoring visits to the health care facilities highlighted the need for increased technical support in the area of capacity building. The joint monitoring visits to the project areas further highlighted the difference in results for the women in the children in the healthcare facilities where UNICEF had taken intensive capacity building activities compared to the non-project areas.
- **Increased recognition on the importance of data sharing for enhanced programming and fund raising:** UNICEF was able to attract resources for ensuring un-interrupted supply of vaccines and injection devices during 2016. This was due to timely availability of immunisation coverage data and communication of the critical needs with the donors.

Supply and Programme Monitoring activities

MoPH has full time national technical groups working on the management, coordination and oversight of UNICEF supported health interventions in DPRK. UNICEF's technical experts work closely with these technical groups in order to strengthen the correct utilisation of humanitarian supplies at National, Provincial, County, City and Ri/Dong levels. The UNICEF health team is actively involved in regular field monitoring visits jointly with the WHO and MoPH team. Monitoring and supportive supervision of the healthcare services in the health facilities as well as monitoring visits to the central and provincial and counties' medical warehouses. UNICEF uses a comprehensive check-list allow observing the capacity of the healthcare providers in order to ensure appropriate utilization of UNICEF supplies and to verify the functionality of the supply chain. The observations made during the joint field monitoring visits are reviewed over the monthly, quarterly, midyear and annual review meetings for identifying the corrective measures. Specific supply monitoring activities were designed and implemented as an integral component of the health programme. UNICEF's expat staff spent 158 days in the field in monitoring the use of supplies including of essential medicines, ORS, vaccines & injection devices and basic equipment. Analysis and findings from monitoring visits were shared with MoPH on a regular basis through programme review meetings in order to strengthen the programme performance and information flow.

Financial Analysis

In 2016, for MTSP OA-1 (Health), the planned amount was US\$ 12,258,705 to support implementation of the planned activities in 2016 RWP. In total US\$ 9,473,006 were made available with different life spans (all funding sources: RR, OR and ORE) from different donors like the Korean Committee for UNICEF, CERF, Canada and Sweden (SIDA). The overall utilization rate of the allocated resources in 2016 was 100 per cent for RR, OR and ORE combined. The allocated/ utilised funds were critical to push forward the humanitarian health agenda in DPRK.

Outcome Area 4: Health

DPR Korea

Table-1 Planned and Funded for the Country Programme 2016 (in US Dollars)

Output	Fund Type	Planned	Funded
01-01 Immunization	Sub-total	3,844,732	3,399,853
	ORE		787,616
	ORR	3,844,732	2,492,108
	RR		120,129
01-03 Maternal and Newborn health	Sub-total	41,000	100,358
	ORE		49,816
	ORR		
	RR	41,000	50,542
01-04 Child health	Sub-total	811,895	4,618,144
	ORE		3,796,714
	ORR	463,101	461,149
	RR	348,794	360,281
01-05 Health systems strengthening	Sub-total	602,037	60,040
	ORR	140,351	51,101
	RR	461,686	8,939
01-06 Health and emergencies	Sub-total	7,000,000	647,496
	ORE	7,000,000	373,122
	ORR		14,394

	RR		259,980
01-07 Health # General	Sub-total		
	ORR		199,665
	RR		447,449
		12,258,705	9,473,006

Table-2: Outcome Area 4: Health

DPR Korea

Country-level thematic contributions to outcome area received in 2016 (in US Dollars)

Donors	Contribution Amount	Programmable Amount
Global – Thematic Humanitarian Response	3,017	2,865
Global - Health	62,484	58,716
Total	65,501	61,581

The DPRK Country Programme received thematic contributions from the Korean Committee for UNICEF grant reference SC149901 for programmable amount of US\$ 154,048 for the Health programme. DPRK funding context is largely dependent on the political situation in the Korean peninsula, the thematic Health funds were very useful and timely in addressing the critical needs of children in the most vulnerable districts. Other resources especially emergency funds received against the HAC and the underfunded window of CERF helped the programme to place timely orders of critical programme supplies. However, the emergency funds which are usually of short life-span (less than a year to one years) remain the main source of funding for the Health programme.

Table-3: Outcome Area 4: Health

DPR Korea

2016 Expenditure in the Outcome Area (in US Dollars)

Organizational Targets	Expenditure Amount			
	ORE	ORR	RR	Total
01-01 Immunization	787,616	2,492,108	120,129	3,399,853
01-03 Maternal and Newborn health	49,816		50,542	50,542
01-04 Child health	3,796,714	461,149	360,281	360,281
01-05 Health systems strengthening		51,101	8,939	8,939
01-06 Health and emergencies	373,122	14,394	259,980	259,980
01-07 Health # General		199,665	447,449	447,449
	5,007,268	3,218,417	1,247,320	9,473,006

Table -4: Outcome Area 4: Health
DPR Korea
2016 Thematic Expenses by Programme Area (in US Dollars)

04 Health	Expense
Other Resources - Emergency	2,865
01-04 Child health	2,111
01-06 Health and emergencies	754
Other Resources - Regular	58,716
01-06 Health and emergencies	14,394
01-07 Health General	44,322
Grand Total	61,581

Table-5: Outcome Area 4: Health
DPR Korea
Expenses by Specific Intervention Codes (in US Dollars)

Specific Intervention Codes	Expense
01-01-14 Immunization General	3,307,789
01-03-02 MNTE General	47,432
01-03-04 Maternal and new-born care including Emergency Obstetric care	52,926
01-04-01 Pneumonia treatment incl. antibiotics	3,881,136
01-04-03 ORS and ORT	243,312
01-04-10 IMNCI facilities	493,696
01-05-01 Health management at district or sub-national levels	-40
01-05-05 Health systems strengthening General	60,081
01-07-05 Health technical assistance to regional and country offices	574,213
1043 Routine immunization	92,064
1046 Health intervention packages general (including deworming)	72,902
1141 Health preparedness plan in humanitarian action	647,497
Grand Total	9,473,008

Future Work Plan

UNICEF will continue to support the humanitarian needs in the country and advocate with the Government in the development and implementation of child and women centred health sector policies, focusing on the provision of life-saving humanitarian interventions for the most vulnerable communities. In line with the UN strategic Framework (UNSF), the programme will contribute to the strengthening of health-care delivery to provide urgently required gender-sensitive, evidence-based preventive and curative services, which will help to reduce maternal, neonatal and under-five morbidity and mortality, and prevent and control malaria and tuberculosis. UNICEF will also support the Disaster Management Unit of the Ministry of Public Health to better identify humanitarian needs and risks, and to promptly and effectively prepare for and respond to emergencies.

The Integrated Management of Newborn and Childhood Illnesses (IMNCI) programme will focus on the major causes of under-five mortality, including pneumonia, diarrhoea and undernutrition. Along with the provision of essential medicine kits, the programme will be implemented in 50 priority counties affected by the protracted humanitarian crises. In these counties, 5,000 household doctors (male and female) will be trained and supplied with essential medicines and basic equipment to provide effective antenatal care, basic curative services and health promotion. The delivery of immunization services will be supported nationally and will be improved by training managers, upgrading the cold chain and enhancing monitoring systems to ensure quality services, with particular attention to hard-to reach villages and those affected by the protracted humanitarian crisis. Based on further needs assessment, a total of 89 counties may also receive the essential medicine kits.

A costed package of evidence-based emergency obstetric and newborn care services will be implemented in nine convergent counties to demonstrate its contribution to reducing maternal and neonatal mortality, and to inform scale up by the Government. In brief, the health programme will focus on;

- Expanded Program on Immunization (EPI) services and cold chain to Ri level to ensure immunization of eligible children and women against EPI vaccine preventable diseases (as GAVI HSS2).
- Expand Integrated Management of Neonatal and Childhood Illnesses (IMNCI) in 25 counties to prevent and manage childhood illness especially pneumonia and diarrhoea as per global standards.
- Strengthening Maternal and Neonatal Health to reduce maternal and neonatal morbidity and mortality in 16 counties, with particular focus on Quality of ANC and Emergency Obstetric and Neonatal care (EmONC).
- Facilitate conduct of Child Health Days in May and November to reach children with evidence based interventions including administration of Vitamin A and Deworming and also awareness raising on diarrhoea pneumonia.
- Continue provision of Essential Medicines to 94 counties in six provinces. The yearly target remains around 10,000 EM kits. The focus will be six provinces (North and South Hwanghae, North Hamgyong, Kangwon, Ryanggang and Pyongyang) to serve over 11.83 million populations in the country. Basic objective is to ensure availability of essential medicines for treatment of Pneumonia and Diarrhoea in particular.
- There will be greater focus on coverage of and scaling up evidence based interventions as the priority for health program in 2015 and beyond in line with Post 2015 development agenda. A set of effective interventions including: Early initiation of Breast feeding within one hour, Antenatal Corticosteroids for preterm labour, Kangaroo Mother Care for preterm and prevention of hypothermia, umbilical cord care with chlorhexidine, delayed cord clamping for prevention of anaemia, use misoprostol and promoting key caring practices will be scaled up across the country.
- Respond to any possible emergencies to provide humanitarian services in line with Core Commitment for Children.

Expression of Thanks

The humanitarian support in DPR Korea faces challenge of uncertain funding due to historically sensitive political situation. Thematic funding, under these circumstances, plays an even more critical role in supporting the maternal and child survival interventions in the country. UNICEF DPR Korea wishes to express its gratitude for the National Committees for UNICEF in Korea and Norway for their generous support to humanitarian programming in DPRK. UNICEF looks forward to continuing partnership with National Committees in order to realize the rights and support the survival of the most vulnerable children and women in DPRK.