

1. EXECUTIVE SUMMARY

Achievements:

The single most important achievement for UNICEF in the Democratic People's Republic of Korea was the successful negotiation with the Global Funds for Tuberculosis, AIDS and Malaria (GFATM) that resulted in the signing of the agreement for UNICEF to be the Principal Recipient (PR). While adding to the challenge for UNICEF and its partners of ensuring programme delivery in a unique country environment, the agreement provides unprecedented opportunity to redress the acute shortages of medicines, equipment and technical knowledge affecting the national TB Control and Malaria programme.

The second major achievement was the completion of Multiple Indicator Cluster Survey (MICS), which had commenced in 2009. Expected to be released in January 2011, the report will serve as a useful resource in planning for children in DPRK.

Significant shortfalls:

The Decentralized Wastewater Treatment System (DeWATS) approach of WASH programme was evaluated by a third party. The evaluation report provided a number of recommendations for a similar approach in future and the evaluation process offered opportunities for capacity development of the MoCM.

The 'Focus County Approach' was implemented in selected counties to demonstrate the results of programme synergies. All programmes developed specific pilot interventions in 10 counties intended for replication. The major challenges were 1) lack of access to data due to which progress could not be measured 2) funding constraints as a result of which some activities could not be implemented.

Collaborative partnerships:

Partnership with GAVI continued in procurement of tetravalent (DTP-HepB) vaccine, upgrading cold chain system, and strengthening health system capacity. Due to this partnership, 94.5% of children <1 year were vaccinated with three doses of DTP-HepB vaccine. Comprehensive multi-year plan on EPI (2011-2015) was developed. This provided opportunity to introduce new and under used vaccines in the country.

UNICEF worked closely with WHO as Sub Recipient (SR) for GFATM. Grants for Malaria and TB follow the national strategy with main thrust on building the capacity of the MoPH staff at all levels, raise awareness of communities in accessing early diagnosis and seeking prompt treatment. UNICEF regularly updates the members of the Country Coordination Committee consisting of the Government, UN agencies, bilateral organizations and civil society. UNICEF is actively exploring opportunities to collaborate with WFP to support TB patients.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The year 2010 was marked by a series of reforms in the social and economic sphere in the Democratic People's Republic of Korea (DPRK). In November 2009, a currency reform was announced. It is early, however, to assess the longer-term impacts of this currency reform on the national economy and household security. Data on government spending on social services is not available.

The successful completion of the population census conducted in 2008 for the first time in 15 years with support from the United Nations Population Fund (UNFPA), and the multi-indicator cluster survey (MICS) supported by UNICEF, in 2009 – served to provide data on the critical issues affecting women and children. These exercises also provided an opportunity to strengthen the capacity and knowledge of technical government staff.

According to MICS, one out of three children is stunted and one out of five is under weight. The geographical variation in stunting among the provinces, ranging from 22% to 46%, is sharp. MICS also showed diarrhoea incidence as 14% noting it as one of the most important causes of morbidity amongst children, and contributing to high mortality figures.

According to MICS, 98% of children (aged 6-59 months) received two doses of vitamin A supplements and 98% of women received one dose of vitamin A supplements post partum within two months of delivery. In addition, 98% of children (aged 2-5 years) received de-worming pills regularly. These are substantial achievements for DPRK and represent significant goals that many countries strive to achieve. Complementary breastfeeding continued in just under a third of children aged 6-9 months, and 86% continued to be breastfed up to 12-15 months. Gains in reducing U5MR have been sustained according to figures generated by the Inter-agency Group (33/1000) in 2008. Neonatal death is one of the major causes of infant mortality in DPRK as in many other countries in the region. According to "Count Down 2015" report published in 2010, neonatal deaths accounted for 51% of under five mortality in DPRK, which is significantly higher than the global average where neonatal deaths account for 40% of under-five mortality [UNFPA: 2005 State of the World Population 2005 http://www.unfpa.org/swp/2005/presskit/factsheets/facts_rh.htm]

Due to shortage of energy and problems of availability of hardware spare parts, water scarcity is very high. The 2008 census shows that nationally, for 22% people above the age of 15 years, collecting water is one of the daily major activities. There is a variation by location – 29% of people in rural areas need to collect water compared to 18% in urban.

The MICS shows that only about two-thirds of mothers practice safe disposal of baby faeces. Hygiene practices such as hand washing with soap are critical to reduce diarrhoeal diseases but regular hygiene is compromised by shortage of running water and lack of improved sanitation amenities. Nationally 42% families use traditional shallow pit latrines that need frequent evacuation. The evacuated material is applied in the vegetable gardens or farms often without composting.

The country's vulnerability to natural disasters exacerbates the problems of water and sanitation. DPRK faced a local emergency in July – August 2010, as a result of heavy rains and flooding in Siniju province. This led to the displacement of 23,600 people including 2,700 children. The likelihood of natural disasters has prompted UNICEF to include emergency preparedness in its programming, especially in the area of water, sanitation and hygiene. Emergency preparedness is a prominent subject in education material for schools.

DPRK has made impressive gains in education by successfully establishing an extensive primary and secondary school system as well as institutions for higher learning. The priority on education during the reconstruction effort resulted in the development of an extensive infrastructure. The challenge is to provide quality education in light of the fact that investments and social spending have reduced over time.

In 2009, the estimated incidence of TB in the DPRK was 344 cases per 100,000 population, which is the third highest rate reported in SEARO region after Timore Leste and Myanmar. DPRK is already at the pre-elimination phase in Malaria. Both programmes will be accelerated with the support of GFATM.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:

The year 2010 was an exceptionally challenging one with major deadlines of documents related to the next Country Programme to be met. In addition, the year saw several priority tasks including negotiation with GFATM, preparation of agreement, implementation, recruitment for assisting in the Malaria and TB programme's implementation assigned to the care of the existing staff and taking up most of their

time. The existing staff consequently shared a heavy workload related to the GFATM until the full time staff came on board later in the year. Finalization of the MICS report remained a high priority, as it will emerge as a key planning tool in future years. The installation of Proms 9.1 and completion of two year Rolling Works Plans were done on time though involving heavy staff time. Shortage of technical capacity among national staff places a heavy burden on international staff. Long term planning of programmes also remains a challenge in view of the absence of written policy documents and data on children and women. Despite these challenges, the office has been able to move the programme agenda ahead without much disruption of activities.

As 2010 was the new country programme preparation year, it provided an opportunity to review and formulate UNICEF strategy and activities on behalf of children. In health, for instance, the shift has been made to focus on neonatal deaths, which contribute significantly to < 1 year deaths. A shift has been made also in the Gravity flow scheme so that the bulk of support is moving from towns to the rural villages where most of the shortages of social services occur. MICS helped immensely in clearly showing the disparity between rural and urban children, necessitating the country programme's shift to rural areas. Initial dialogue on these changed directions has been found to be positive. Early Child care and its development at the community level is just beginning, which will be an additional activity to be supported in the new country programme.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

Capacity building of government counterparts and partners was a key activity in 2010 encompassing every sphere of UNICEF's work. A total of 240 household doctors from Tongrim and Unsan were trained for 11 days on clinical IMCI in August 2010. Following the development of a training package for household doctors with WHO, UNFPA, and IFRC, training at the county level started in October. Some 274 household doctors were trained from Pyoksong and Singye counties. In addition, 304 health staff in three counties were trained in newborn care and obstetric emergency care package. With the expansion of CMAM activities to three additional counties of Singye, Pyoksong and Jongpyong, a four-day training for 34 medical doctors was organized with the support of a Regional Office consultant.

UNICEF organized a study tour of four officials from the Education Commission to Paris to UNESCO's International Institute of Educational Planning on International Practices and New Trends in Education Planning and Management. This team also visited the Academy of Science in China during the same trip. In-country training on EduInfo was organized for 25 Officials of MOE and CBS. This was facilitated by a Resource Person from the DevInfo Support Centre of EAPRO. A total of 25 Master Trainers was trained by the Regional Advisor on the use of the standard guidebook and protocols of emergency preparedness and response.

In the WASH programme, 160 local engineers and technicians were trained on construction, supervision and operation, and maintenance of GFS system; 200 work unit chiefs were trained on construction of water supply components; 15 technicians from MoCM and the academy of science received water quality surveillance training; and four senior officials of MoCM and NCC undertook a two-week study tour to Vietnam and China to enhance their knowledge in the areas of sector planning and development.

In the TB and malaria prevention programme, 224 laboratory technicians were trained on diagnosis and laboratory quality control; 2653 health personnel received clinical refresher training on malaria case management; 98 Malaria programme officers were trained on vector biology/IRS, and 1980 sprayers in spraying techniques. In addition, 22

persons were trained as trainers in malaria data management, and 28 TB technical staff in monitoring and evaluation, and supervision.

3.1.2.2 Effective Advocacy:

Advocacy has been a key strategy to leverage resources for women and children. In 2010, UNICEF advocated with the Minister and Deputy Minister for Health and the Secretary General of National Coordinating Committee (NCC) to secure the Government's contribution for GAVI vaccines. Thus, uninterrupted supply of DTP-HepB vaccines has been assured. UNICEF also worked with the Government and GFATM in negotiating and finalising the agreement for the HIV/AIDS, TB and Malaria grant that resulted in a grant of US\$ 88 million over five years, to DPRK. The negotiation was intense and was completed within the time frame allocated by the GFATM Board. Ambassadors of countries who are on the UNICEF Executive Board were briefed on the Country Programme Document for 2011-2015 in Pyongyang – prior to the board meetings – on the contents of the document to keep their countries informed with the intended programme of cooperation with the Government. During the course of the year, the Representative visited Seoul on three occasions to discuss the support provided by the Republic of Korea to the DPRK. This includes a trip to join UNRC and the Director of OCHA to brief Ambassadors accredited to DPRK to support CERF activities for humanitarian support in the country. Visiting Ambassadors are regularly briefed on UNICEF's activities. The Representative also took an Italian delegation on a field trip to the project sites. At the 25th Annual UNICEF National Committee meeting in Seoul, the Representative made a presentation and had number of discussions with the delegates on the work of UNICEF in DPRK.

3.1.2.3 Strategic Partnerships:

Centred on the CRC agenda, UNICEF continued to advocate, mobilize and encourage greater participation in policy dialogue, service delivery and leveraging resources for children in DPRK. Efforts were mad, this year to generate common advocacy positions, to undertake joint programming with UN agencies and to strengthen approaches to critical cross-cutting concerns such as equity, gender, disaster risk reduction, reliable data collection and planning and monitoring.

UNICEF's country programming in DPRK has been generously supported by UN agencies, donors, and partners. National partners include the NCC, MoPH, MoCM, Education Commission and the Central Bureau of Statistics. In the sphere of health, partnerships with GAVI, WHO, UNFPA, GFATM, the Italian Development Cooperation, and IFRC helped in mobilising and securing resources and improving service delivery. As the principal recipient of the GFATM, UNICEF works in close cooperation with WHO, who is the sub recipient for this grant. UNICEF also works very closely with the WFP in the nutrition related issues affecting the most vulnerable population.

In the sphere of Water and Sanitation, UNICEF chairs the inter-agency Theme Group on water, sanitation and hygiene that brings together all sector partners including EU AidCo, European NGOs and IFRC and SIDA. UNICEF also collaborated with EU NGO in establishing a pilot water quality surveillance and monitoring system in one of the UNICEF supported focus counties.

Partners in education include UNESCO and the British Council.

3.1.2.4 Knowledge Management:

UNICEF and other UN agencies have committed to accelerate efforts for increased and efficient use of data and information in the five-year strategy document of the United Nations Strategic Framework (2011-2015). The Government of DPRK is also a committed partner as a co-signatory. UNICEF took several steps in 2010 to enhance the information base for programming in a generally information-deficient environment. With continuous

advocacy, UNICEF was able to acquire six-monthly data for selected counties where UNICEF assistance is provided. Though the quality of data needs to be improved, this could be a good beginning. The biggest achievement in the area of knowledge and data on children is the completion of MICS, which was initially scheduled during the 2004-2006 country programme but was delayed and conducted only in October 2009. The final report was being compiled until the end of 2010. A number of international study tours were arranged in the areas of WASH, Health and Education for government counterparts and UNICEF staff in particular, to see UNICEF assisted activities in other countries that could be adapted in DPRK. Exposure was also provided to develop capacities for overall improved planning for children. A number of trainings were organized within the country by international experts, for UNICEF staff and counterparts to increase understanding of cross cutting programming concepts such as Results Based Management (RBM) and C4D.

3.1.2.5 C4D Communication for Development:

UNICEF's role in promoting positive behaviours has become extremely critical in its programming. During the year, key childcare practices were promoted through training workshops of Community-IMCI (C-IMCI), which was successfully initiated in additional three counties in 2010. C4D methods such as, in depth interview of mothers, focus groups and observation during home visits were reinforced. Four documents of C-IMCI package were completed and made available for further expansion in 2011.

Hygiene promotion C4D activities included the distribution of education posters and leaflets in project supported communities in collaboration with health/nutrition and education programme. In addition, hand washing with soap was promoted in schools and childcare institutions on the occasion of Global Hand Washing Day and Child Health Day in focus counties. Key hygiene promotion messages were developed together with the WASH theme group. These included messages on safe excreta management, safe water storage, using tap water for washing and bathing, and hand washing with soap at four critical times.

In the malaria programme, household doctors were trained on behaviour change communication and case management; 20 persons from agencies such as the People's Committees, Women's organizations, the Youth League and Trade Unions were trained in BCC.

Much needed training on C4D took place in the later part of 2010. The office is already in the process of developing the C4D plan of 2011.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:

A human rights-based approach, with an emphasis on the promotion of equity and evidence based programming, is being promoted, allowing for the identification of pockets of vulnerabilities, where possible in DPRK. A session on HRBAP was conducted during the course of planning for the UNSF. More attention to this aspect will be given in the coming years.

3.1.3.2 Gender Equality and Mainstreaming:

All programme component results reflect disparities between urban and rural areas, national and sub national levels. The country programme directly addresses the needs of the most vulnerable children including remote geographical areas (Ryangang, Jagang and North Hamgyong) with poor child social indicators. Given the strategic importance of gender equality in the development process, both the current and the new country programme ensure that the gender perspective is mainstreamed.

UNICEF's regional Gender Advisor was invited in 2009 to support the programme team in addressing gender focus in programming based on which the work plans for 2010 considered gender elements, where possible. While gender parity has been achieved in

the education sector, and it is not noted as an issue in the Education programme of the Government of DPRK, a careful analysis of all programmes is required to identify gender gaps and challenges therein. Based on lessons learned, gender equality and mainstreaming will continue to be addressed with more emphasis in the new Country Programme (2011-2015).

3.1.3.3 Environmental Sustainability:

Issues of environmental sustainability were discussed in the formulation of the UNSF in particular with the UNDP and UNEP, and especially those affecting children and women. Possibility of partnership explored with the UNEP within the WASH programme in the carbon credit gained out of the gravity flow schemes. UNICEF is also planning to work closely with UNDP and EUPS units in water resource management in the up streaming of GFS source.

3.2 Programme Components:

Title: *Health, nutrition and care*

Purpose:

Purpose of the Programme Component

The Health and Nutrition programme provides an integrated package of high-impact child survival interventions towards achieving the millennium development goals (MDGs) 4, 5 and 6. The programme's key results focus on the availability and utilization of quality health services with particular attention to primary and secondary level health facilities in line with the UN Strategic Framework.

The regular programme has three components:

- Child Health including Immunization
- Maternal Health
- Nutrition and Care.

The GFATM is supporting the DPRK in tuberculosis and malaria. In Malaria, the GFATM supports the DPRK's programme "Aiming for the Pre-elimination of malaria programme through an expanded and comprehensive approach to malaria control" by decreasing the overall morbidity of malaria by 50% and reducing morbidity in the higher transmission zones by 70% of the 2007 levels. 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, and enhancing components of the national malaria and TB control programme.

The GFATM-supported TB Programme 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 and case detection of all forms of TB, in excess of 85% (including children and those with MDR-TB, confirmed through quality smears, cultures or other diagnostic tests) and sustaining uniformly high treatment success rates above 85% across 11 provinces. 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, communication and social mobilization to improve awareness and utilization of services, developing and implementing interventions under the Programmatic Management for MDR-TB and contributing to health systems strengthening.

Resources Used:

The original CPD plan for the regular Health and Nutrition Programme was US\$ 6,800,000. However, in the 2010 annual workplan, a total of US\$ 13,093,500 was planned for the programme out of which US\$ 8,506,784.72 was allocated to the programme for 2010. As of 14 December a total of US\$ 7,809,412.44 was utilized.

All amounts in US \$

Source	CPAPlan 2010	AWP Planned 2010	Allocation 2010	Requisitioned 2010	% Requisitioned
RR (GC)	450,000	688,000	854,084.71	851,320.43	99.67
RR(GP)			200,000	200,000	100
RR (EPF)*					
OR	6,350,000	6,405,500	319,168.48	315,719.49	99
ORE (HAR)		6,000,000	7,133,553	6,442,372.52	90
Total	6,800,000	13,093,500	8,506,806.19	7,809,412.44	92

ROK did not release any funds to UNICEF this year Last year funds were received on 28 December 2009 and were used in 2010

The OR and ER/HAR contributions allocated to the programme in 2010 came from a variety of sources as follows:

All amounts in US\$

Donor	Total Amount	OR	ER/HAR
Global Thematic - ECD	74.51	74.51	
Glocal Thematic - YCS	319,093.97	319,093.97	
Global - Thematic Humanitarian Resp.	482,601.57		482,601.57
Sweden - SIDA	352,597.70		352,597.70
German Committee for UNICEF	344,253.56		344,253.56
Government of Italy	703,763.15		703,763.15
Republic of Korea	3,329,000		3,329,000
UNOCHA UN Office	72,244		72,244
UNOCHA UN Office	1,149,077.62		1,149,077.62
UNOCHA UN Office	700,015.40		700,015.40
Grand Total	7,452,721.48	319,168.48	7,133,553

The original plan for the TB and Malaria Programme was as follows:

Source	CPAP Plan 2010	AWP Planned 2010	Allocation 2010	Requisitioned 2010	%Requisitioned
RR	0	0	0	0	0
OR	0	14,901,401.79	14,901,401.79	9,961,677.14	67
Total	0	14,901,401.79	14,901,401.79	9,961,677.14	67

Result Achieved:

Routine immunization coverage remained high (>95%). DPRK government contributed US\$ 374,500 for co-financing procurement of DTP-HepB vaccine. A nationwide cold chain replacement plan was completed. The Comprehensive EPI multi-year plan was updated for five years.

Around 12,000 essential medicine kits were available to 2,573 ri clinic (Ri clinics which are the village level health facilities) clinics and 85 district hospitals in remote areas. Locally produced 4.5 million ORS sachets and imported Zinc tablets were distributed nationwide.

More than 60,000 health workers and nursery caregivers provided knowledge on key health messages.

The antenatal care package was updated. EMoC kits were made available and health staff were trained. A neonatal death survey was conducted.

IEC material on safe pregnancy and safe delivery was developed and one million copies were provided.

Ten Inter-agency emergency health kits were pre-positioned.

Three Maternity Hospitals were certified as Baby Friendly. Three additional training centres of excellence were equipped.

All provinces were reached with the BFHI initiative. DPRK observed International World Breastfeeding Week in a remote province to focus in the rural villages as part of equity approach.

Household doctors provided an information package gift to newly-wed couples.

The model care nursery framework was expanded and rehabilitation work was completed. Experience sharing through local study tours continued.

The pilot CMAM project was re-visited to review progress.

Focus was on stunting and prevention of malnutrition through promotion of exclusive breastfeeding and appropriate complementary feeding. A core activity is to make the PlumpyDoz available.

Micronutrient supplementation is ongoing and supplementation of iron and folic tablets to adolescent girls from 16 – 17 years of age has started in schools.

Sprinkles - a micronutrient powder was distributed to 14 baby homes and nurseries.

Under Malaria and TB programme, project management units (PMU) were established at PR (UNICEF) SR (WHO) and the MoPH.

A total of 450 microscopes and reagents were supplied to 450 new diagnostic centres. 21 vehicles, 166 tricycles and 1,440 bicycles, 56 motorcycles and 300,000 Long Lasting Insecticide Nets (LLIN) were distributed. Deltamethrine and equipment for Indoor Residual Spraying (IRS) were distributed. IRS was undertaken targeting 509,952 households in six areas and 26,332 night workers were protected using Permethrin impregnated clothing. Procurement of TB drugs, health product, renovations and rehabilitation of medical warehouse at central and lower levels has begun.

Factors or constraints affecting performance:

Regular programme:

A shortage of technical expertise among UNICEF national staff contributed to delays in programme implementation. Constraints included a high turnover of trained staff, a shortage of updated knowledge among service providers, especially household doctors working at the grassroots level, limited monitoring knowledge and practice among programme managers, a lack of coverage data and delays in distribution of

There was no pool of trainers for C-MCI.

There was insufficient inter-ministerial coordination in the production of iodized salt.

Malaria and TB Programme:

There were delays in procurement of insecticides for IRS and treating outerwear of night workers, resulting in late implementation. This impacted programme delivery as IRS was applied to only 76% of the targeted houses and only 26% of night workers in high-risk areas received protective clothing.

Shortage of Streptomycin was encountered in treating a selected group of TB patients. The cost of this drug escalated by 400%. Therefore, two significant re-programming exercises were undertaken resulting in postponement of many activities.

WHO is being asked to accelerate recruitment of staff to ensure the implementation of activities is not affected.

Monitoring and evaluation:

Under the regular programme, international staff visited the field for 91 days. Feedback was provided to partners. Monitoring visits to Central Medical Warehouse and ORS factory were conducted. Programme Reviews were held to assess progress and identify

future interventions. A review of the health and nutrition theme group activities in the last three years was carried out.

Several mechanisms are in place for UNICEF as the PR to monitor implementation: regular monitoring field visits by the Project Management (that includes PR and SR staff); review and analysis of quarterly reports from the SR and MoPH; and review and planning meetings. An M&E task force has been established. UNICEF has taken the lead to ensure harmonization of monitoring tools. Each of the partner's PMU includes dedicated M&E officers. The Regional Office and HQ provide guidance to ensure financial and programmatic M&E systems for Global Fund Projects are consonant with UNICEF's policies and procedures.

Strategic partnerships included those with GAVI, GFATM, WHO, UNFPA and IFRC.

Future Workplan:

- Develop and implement National Plans for Measles Elimination
 - Introduce new vaccines through GAVI support (Pentavalent)
 - Procure routine vaccines and vaccination devices
 - Train vaccinators and cold chain technicians
 - Support newborn resuscitation, early initiation of breastfeeding and prevention of hypothermia
 - Support treatment of childhood pneumonia, diarrhoea and malaria
 - Provide equipment for appropriate newborn care
 - Improve quality of antenatal care and increased access to basic and comprehensive obstetric care in health facilities
 - Develop national protocol and guidelines to operationalize the Medium Term Strategic Health Plan
 - Support provincial training institutions through materials and equipment
 - Support training in (i) HHD package (ii) Clinical and community-IMCI (iii) Comprehensive maternal and newborn care package (iv) Basic and emergency obstetric care package
 - Expand clinical and community IMCI
 - Provide essential medicine kits
 - Continue support for local production of ORS
 - C4D for campaigns on pneumonia
 - Prepare disaster risk reduction plans following CCCs
 - Develop national nutrition policy, review existing policies, guidelines and protocols
 - Continue BF promotional activities. Build capacity for improved complementary feeding
 - Support local production of ready-to-use food
 - Explore partnerships to increase production of iodized salt
 - Update the existing MOU on salt production
 - Expand CMAM
 - Support Supplementary Feeding Programme jointly with WFP
 - Lead UN joint programming in Health and Nutrition
- Malaria and TB Programme**
- Support improved laboratory diagnosis and case management
 - Decentralization and expansion of laboratory services including refurbishing microscopy sites, provision of light microscopes, reagents and other equipment
 - Training and refresher training and expansion of a national quality assurance system
 - Convening of a Workshop to develop the National Malaria Monitoring and Evaluation Plan
 - Targeted activities to increase awareness of TB among health care providers outside the health sector and community based organizations
 - Prepare proposal for the Green Light Committee (GLC)
 - Increase monitoring of programme and assets to ensure compliance.

Title: Basic education quality

Purpose:

Purpose of the Programme Component:

The Basic Education Quality Programme focuses on strengthening the quality of education both at national and county level and on improving sanitation facilities in schools. In line with the UN Strategic Framework, the programme's key results are to contribute to improvements in the quality and environment of education. The programme directly contributes to MDGs 2 and 3.

The Programme has two components:

- Quality Education and Innovations
- Child Friendly Approaches in focus counties.

The main implementing partners are the Education Commission (EC), the Academy of Education and Science and local authorities mainly at county level. The main strategic partner is UNESCO.

Resources Used:

a) Resources Used:

The original CPD plan for the Programme was only US\$150,000 for 2010. However funds were received from the Global Thematic-Basic Education as well as from the Global Response. The overall funding during 2010 has been summarized in the two tables below:

(Amounts in US\$)

Source	CPAP Plan 2010	AWP 2010	Allocation 2010	Requisitioned 2010	% Requisitioned
RR	150,000.00	510,000.00	591,406.42	591,406.42	100
OR	0	1,000,000.00			
ORE (HAR)	0	1,000,000.00	1,053,879.62	848,162.14	80.48
Total	150,000.00	2,510,000.00	1,645,286.04	1,439,568.56	87.52

The OR Contribution allocated to the programme in 2010 came from a variety of sources as follows:

Donor	Total Amount	OR	ER
Global Thematic - Girls Education	7,601.44	7,601.44	
Global Thematic - Basic Education	914,613.96	914,613.96	
Global Thematic - Humanitarian Response	131,664.22		131,664.22
Total	1,053,879.62	922,215.40	131,664.22

In addition to the PBA based funding to the programme, the Asia Pacific Shared Services Centre (APSSC) of Regional Office also allocated US\$ 100,000 in the form of CRQ from the Regional Basket for Capacity Development Initiatives during emergency.

Result Achieved:

The programme continued collaboration with the EC (formerly Ministry of Education) creating the base for future development of activities. Steps were taken in the areas of curriculum revision (Mathematics), Life Skills material, hygiene promotion and Early Learning Development Standards. As in previous years, the programme tried to keep a balance between technical support and supply provision.

Revision of Mathematics Curriculum: Revision of the Mathematics curriculum in primary schools has reached its final year, concluding the piloting and the

completing the final curriculum document. An implementation plan has been drafted in collaboration with EC. Significant steps have been taken for the revision of textbooks and teacher's guide, and a revision plan has been drafted. The positive experience of the Mathematics curriculum paved the way for initiating the renewal of the curriculum of English as second language. Agreement has been reached on a master plan including training of trainers, teacher training, curriculum revision and textbooks update.

Early Learning Development Standards (ELDS): The EC and the MoPH finalized the first draft of the document for the age group 0 to 4 (MoPH as leader), and 5 to 6 years old (EC as leader). Capacity was provided for undertaking content validation. The completion of age and content validation was delayed due to unavailability of the Resource Person.

Life Skills Based Education (LSBE): For the first time LSBE materials were developed for primary grades 1 to 4 on issues including traffic accident prevention, health and hygiene and environmental protection Child Friendly Schools: Discussions took place on integrating the concepts of Red Flag School Movement and international practices in CFS. Translation of the guidelines for the Red Flag School Movement were completed and shared by EC. Sanitation was accorded priority as a part of child friendliness in schools. Monitoring visits were undertaken to many of the 53 sites where toilets were constructed in schools with UNICEF support.

Emergency Preparedness: Supplies provided included a) 200 stationery kits for primary schools, b) 300 stationery kits for secondary schools c) 130 recreational kits d) 50 classroom kits e) 30 tarpaulins and f) four tents for schools of Sinuju City, North Phyongan Province and seven other provinces affected by floods in 2009 and 2010. Materials were procured to replenish the stock for an estimated 20,000 school children. For the safety of these items the EC warehouse was renovated with material support from UNICEF. The highlight of emergency preparedness was the training of 25 Master Trainers by the Regional Advisor on use of the standard guidebook and protocols of preparedness and response.

Rehabilitation of Schools, Kindergartens and Boarding Schools: UNICEF, in collaboration with EC and local authorities supported the rehabilitation of six kindergarten and schools and three children's homes and boarding schools.

Supply Assistance: Printing consumables (ink, spare parts) for the printing of 7,200,000 textbooks for kindergarten and primary schools on the subjects of Mother Tongue, counting, drawing and handcrafts, mathematics, and music were procured. UNICEF supported supplies included IT equipment for mathematics textbook development team, DVDs for multimedia teaching materials, transformer for Hamhung Boarding School and ECD kits for kindergartens. To ensure adequate support to Boarding Schools (institutions for children aged 7 – 16 without primary caregivers), UNICEF procured 50,000 bars of soap - yearly requirement of these institutions for one year.

Factors or constraints affecting performance:

There were delays in taking up activities in the areas of curriculum development in English and age and content validation of EDLS. Support provided at county level was limited to infrastructure rehabilitation of schools/kindergartens/boarding schools.

Progress in some areas was affected by the unavailability of external Resource Persons. The capacities of national institutions available in the country need to be developed to conduct activities independent of external support.

There was a lack of adequate disaggregated information at the sub-national level. Therefore, building of a good database with equity focus within the proposed EMIS will be a priority in the future.

Monitoring and evaluation:

No sector analysis or evaluation was conducted in 2010. In total the education team conducted 41 field visits totalling 55 days during the year to monitor progress.

Future Workplan:

EC and UNICEF will conduct the following priority activities in 2011:

- Continue to revise the Mathematics curriculum, with a focus on the implementation plan for the new curriculum and the revision of textbooks and teacher's guide
- Start revision of the English curriculum, including preparation and agreement on the Master Plan consisting of the training of trainers, teacher training, curriculum and textbook revision
- Pay special attention to ELDS (Early Learning Development Standards) focusing, in particular, on capacity on undertaking content and age validation
- Focus on exploring effective ways for contextualising CFS concepts into the DPRK education system
- Formulate and introduce the framework of heuristic (student-centred) teaching methodologies
- Build on the positive steps of LSBE and support the printing of a range of materials that have been finalized during the current years such as Flip Charts on Hygiene and Sanitation and group/game cards on a variety of • Strengthen the capacity of EC on education sector planning and data analysis through trainings and utilization of software linked to Korea Info (EFA Info)
- Support boarding schools/children's home for children without primary caregivers through improvement of sanitation facilities, provision of soap and other recreational and learning materials
- Continue support to school WASH through increased focus on Hygiene Promotion (LSBE) and infrastructure improvement through increased availability of latrines and hand wash facilities at county level, to generate behaviour change on hygiene practices.

Title: *Water, sanitation and hygiene*

Purpose:

The Water, Sanitation and Hygiene (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.

The Programme includes the following components:

- WASH for All
- WASH in focus counties
- WASH in Emergencies.

These 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.

Resources Used:

b) Resources Used:

The originally planned funding for 2010 programme was US\$ 6,330,080. However, a total of US\$ 3,166,065 was raised for the programme. Due to a significant funding gap the programme was reviewed and revised in July 2010. As of December a total of US\$ 2,975,773 was utilized which constituted 94% of the available fund.

Amounts in US\$

Source	CPAP Plan 2010	AWP Planned 2010	Allocation 2010	Requisitioned 2010	% Requisitioned
RR	330,080	330,080	830,000	829,982	100
ORR	3,000,000	3,000,000	1,322,312	1,255,574	95
ORE /HAR 2010	3,000,000	3,000,000	1,013,753	890,227	88
Total	6,330,080	6,330,080	3,166,065	2,975,773	94

The ORR and ORE contributions allocated to the programme in 2010 came from a variety of sources as follows:

Donor	Total Amount	ORR	ORE
AusAID	250,805.96	250,805.96	
German Committee	24,475.62	24,475.62	
Global Thematic - Humanitarian	68,716.66		68,716.66
Young child survival and development	1,047,030.95	1,047,030.95	
SIDA	945,036.75		945,036.75
Total	2,336,065.84	1,322,312.43	1,013,753.41

Result Achieved:

UNICEF supported a pilot project on water quality surveillance (WQS) in partnership with EUPS Unit 3. Two international consultants were recruited to build the capacity of personnel and establish water quality surveillance systems in two focus counties. The consultants also developed draft WQS guidelines.

Promotion of gravity-fed water supply systems: WASH programme supported the construction and installation work of two GFS systems in Yangdok, Tongchon and Tongrim benefiting 57,219 people, including 20,000 children under 17 years of age. A large rural water supply system was almost completed covering five ris with 14,200 people. Design and feasibility of nine GFS systems were finalized, majority of supplies procured and construction work commenced.

The MoCM is increasingly taking the lead in project design and construction supervision. In all project sites a pre-construction training was organized for local technicians and engineers on construction and installation of various components of GFS.

Sanitation: More than 40% of the rural population uses shallow pit latrines that are unhygienic and need frequent evacuation. Evacuated material is often applied in the kitchen gardens and farms without proper composting. UNICEF and other members of WASH Theme Group sensitized stakeholders at all levels to address the challenge of rural sanitation. UNICEF-led WASH Theme group finalized the rural sanitation guidelines that are being translated in Korean.

Hygiene Education: The WASH section supported the health programme in finalizing the design of hand washing training centre in one of the focus counties.

Emergency Preparedness and Response: UNICEF provided life saving WASH emergency supplies from its prepositioned stock (water purification tablets, buckets, jerry cans and soap) to cater to the needs of 15,000 people affected by floods in Siniju. UNICEF also

supported emergency rehabilitation of flood damaged water system and provided calcium hypochlorite powder for improving the water supply quality of partially affected 360,000 people of Siniju City. A hygiene promotion session was organized by Government partners in all affected communities.

The WASH component of the interagency contingency plan for preparedness and response was updated in coordination with WASH Theme Group partners.

Factors or constraints affecting performance:

Procurement and transportation of WASH supplies, especially pipes and fittings from China took much longer than expected.

There is also a considerable problem procuring locally produced construction materials such as cement and iron bars.

Hand pump installation in schools once again suffered a setback. Although an assessment was made of spare parts for rigs, many are not in stock. Only 14 out of 20 different spare parts needed have been identified and ordered.

Out of planned US\$ 6.33 million only US\$ 3.16 million were secured. As a result of this shortfall about 60,000 people will have to wait to have access to safe water.

Though the Government of DPRK considers GFS as a national priority, it has not allocated its own resources to take this initiative to scale.

Access to data on sector indicators is limited and data available is often outdated.

Monitoring and evaluation:

WASH construction and installation was regularly monitored and supervised by UNICEF. The project support unit of MoCM was proactive in carrying out construction and installation trainings. UNICEF and MoCM also organized number of joint field monitoring visits. Two donor missions visited WASH projects this year.

UNICEF supported MoCM in piloting a Decentralized Wastewater Treatment System (DeWATS) catering to 10,000 people. In October 2010, UNICEF and MoCM evaluated the pilot project introduced in October 2009. The evaluation gave recommendations for the future based on lessons learned. The pilot project provided opportunities for capacity development of MoCM staff and its replicability needs to be reviewed.

In 2010, the WASH team conducted 90 field visits totaling more than 150 days to monitor programme progress.

Partnership and inter-agency collaboration:

UNICEF continued to chair the inter-agency Theme Group on water, sanitation and hygiene, which brings together all sector partners including EU AidCo, INGOs and IFRC. Several key areas of cooperation were agreed with partners at the beginning of the year. This includes monitoring of water quality through surveillance techniques; common approach on promoting rural sanitation; streamlining the hygiene promotion package and sharing lessons and experiences in implementing DeWATS.

Future Workplan:

The following priority interventions agreed between Government line ministries (MoCM and MoPH), NCC and UNICEF will be implemented under the rolling work plan in 2011 – 2012.

- Update National water supply sector plan
 - Conduct water supply system status assessment in a pilot province
 - Develop rural water supply design manual with a special focus on ri level
- GFS
- Evaluate pilot water quality surveillance (WQS) system established in 2010
 - Develop and implement strategies for promoting improved sanitation in households
 - Develop and implement plans to provide technical support to local pipe factories for producing quality pipes

- Develop new partnership with Grand People's Study Hall and Department of Hygiene and Anti-epidemic Station in implementing activities to promote hand washing with soap
- Complete construction work in four towns and five ris
- Carry out detailed technical survey and designs of two pilot ri schemes and implement water for all action
- Promotion of improved sanitation for all in one pilot ri
- Ensure all childcare homes and schools have running water in WASH Programme supported county towns and rural villages
- Provide technical and managerial support to Education and Nutrition programmes in installing sanitation facilities in childcare homes and schools.

Title: *Planning and advocacy*

Purpose:

In keeping with the UN Strategic Framework, the programme's key result was to improve and enhance the management and utilization of data and key statistics for national planning, including for the monitoring of progress towards the Millennium Development Goals (MDGs). The programme aimed at:

- Updating statistics for national planning and monitoring of progress towards MDGs
- Providing support to the Central Bureau of Statistics to develop skills to conduct national surveys to monitor social indicators and contribute to monitoring MDG progress
- Training counterparts and UNICEF staff in UNICEF procedures, programme management and disaster relief management
- Strengthening the collaboration of sectoral programmes at the national and focus-county levels.

Resources Used:

The original CPD plan for the Programme was US\$340,000 for 2010. Funds were received from the regular resources, Global Thematic, and RoK and HAR-2008. The overall funding during 2010 is summarized in the table below:

Amounts in US\$

Sources	CPAP Plan 2010	AWP Plan 2010	Allocation 2010	Requisitioned 2010	% Requisitioned
RR	340,000	365,000	67,336.35	67,347.08	100
ORR			266,951.08	266,243.06	100
ORE			20,000.00	1,794.00	8
Total	340,000	365,000	354,307.43	333,590.14	94.66

Result Achieved:

Finalization of MICS Report: The key achievement of the programme was the finalization of the MICS report by the Central Bureau of Statistics in active consultation with experts from the Regional Office and HQ of UNICEF. It was an extensive exercise and the report will be printed and launched in January 2011.

Preparation of new County Programme Document (CPD), the Country Programme Action Plan (CPAP) for 2011-15 and Rolling WorkPlan (2011-12): 2010 was the last year of the Country Programme. Hence the year was actively devoted to the development of the new CPD and CPAP for the next five years, 2011-2015. The

CPD for the new programme (2011-2015) was finalized in close consultation with the Government and the UNCT partners and the CPAP approved before the end of the year. ProMS 9.1 version was installed ahead of time and Rolling Work Plans were prepared for two years (2011-2012).

SitAn: In order to support the development of the new country programme and the CPAP the office completed the Situation Analysis (SitAn) of the children and women of the country. The SitAn was based on secondary sources and inputs from different sectors.

Capacity Building of Counterparts and UNICEF staff: A delegation of officials from the line ministries and National Coordination Committee (NCC) for UNICEF visited Cambodia and China to learn about UNICEF assisted interventions and innovations in programming for women and children. UNICEF also organized two important workshops on C4D and RBM. The participants for the training were UNICEF programme staff, officials from the line ministries and representatives of other UN agencies. The trainings were found extremely useful for the preparation of CPAP and the Rolling Work Plans as they gave a fresh perspective to the planning exercise.

Factors or constraints affecting performance:

In 2010, the major tasks achieved included the finalization of MICS, SitAn, CPD, CPAP, CPMP and related documents. However limited human resources for this additional workload of preparing the CPD, CPAP and finalising MICS stretched the capacity of the staff on board. Two important trainings on C4D and RBM were organized. Time constraints and unavailability of a suitable resource person hampered the completion of the review of the focus county approach, which will now be undertaken in 2011.

Lack of disaggregated data is a constraint for precise planning at all levels and efforts will continue in the next country programme to strengthen the disaggregated database of the Government for better understanding of equity related challenges.

Monitoring and evaluation:

Regular coordination meetings were held between NCC and the UNICEF to monitor progress in the implementation of the work plans as well as sorting out implementation issues.

Partnerships and inter-agency collaboration:

The main partners were NCC and the Central Bureau of Statistics.

Future Workplan:

Based on the discussion held during the annual review, NCC and UNICEF agreed to the following priority activities in 2011:

- Capacity development of Government officials at national, provincial and selected county levels in data collection and use for monitoring achievement of progress towards the MDGs and the CPD results
- Enhance the capacities of UNICEF staff and the counterparts for the implementation of innovative interventions in the CPD
- Replicate evidence-based new programme and partnership initiatives
- Continuous support to timely national reporting on the CRC and CEDAW.

Title: Cross-sectoral costs

Purpose:

To provide overall operations support for the successful implementation of the country programme

Resources Used:

Total approved for 2010 as per CPD: USD 186, 200

Total available for 2010 from all sources: RR USD 191, 979; OR USD 195,168;

Total: USD 387,147

Any special allocations (list): None

List of donors: RoK

Result Achieved:

Operations support entailed: ICT support to the office due to the organisational changes and the requirement of meeting the organisational new standards; office support towards mitigating the risk of poor electrical power supplies through installation of a centralised UPS system; meeting the increased requirement of fuel for vehicles due to almost doubled size of the office and the increased requirements of setting up the GFATM project as well as field trips for further monitoring activities (not fully projected in GFATM budget). It is worthwhile to mention that this year the office met the requirement of the additional cost for heating during the winter time from the internal resources (while during the past several years the office was receiving additional funds from RO budget).

Future Workplan:

Cross sectoral expenses in the future will represent only the Programme Cross Sectoral Expenses.

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:

With the allocation of GFATM funds to UNICEF DPRK, amounting to US\$ 88m for five years, there was a need to revisit DAT/ToA and the workflow processes two times during the year for all operational practices. This was done during the first half of 2010. In addition, all staff was trained on Financial Circular (FC) 34, FC19, FC15 and the DAT/ToA.

As some new staff members do not have UNICEF background, there will be continuous on the job training for them in DAT/ToA in 2011.

The composition of office advisory committees was reviewed and updated to reflect the on-going changes in the staff members and to balance the representation of Programme and Operations staff members.

CMT met on a quarterly basis to discuss essential issues regarding the office and programme management, office management indicators and essential risk management issues.

Staff meetings were held regularly to keep staff well informed about the changes in the organisation and management decisions.

4.1.2 Strategic Risk Management:

At the beginning of the year the office reviewed the risks and developed a Risk Matrix with support from EAPRO Regional Office and HQs (New York, Geneva, and Copenhagen) given the conditions of the GFATM and country situation. This helped to develop the risk

matrix for the whole office with the participation of the staff. As new staff joined the country office during the last quarter of the year, and with the completion of CPAP for 2011-2015, ERM will be thoroughly reviewed together in the beginning of the year and submitted by end January 2011.

As agreed with GFATM, UNICEF DPRK has ensured that all cash transactions with the government are on reimbursement basis and follow an established procedure. The process is as follows: Government requests for the activities to be carried out, UNICEF approves it based on the agreed work plan and also helps in monitoring activities. Once the agreed activities are conducted, Government requests for the reimbursement and UNICEF processes payments after reviewing necessary documents.

To facilitate the integration of new staff into the country office work environment, the office conducted 2-day orientation session and training activities in Finance and HR rules and regulations.

The office finalized the Business Continuity Plan, which has been uploaded on the intranet.

4.1.3 Evaluation:

The regional office organized an oversight mission led by two senior UNICEF retiree consultants to the country office in September 2010 to assess GFATM implementation both programmatically and operationally. A plan of action was developed based on the recommendations made by the team. This is reviewed periodically by the CMT.

As agreed with the GFATM, UNICEF DPRK office will be audited annually and first such audit is expected in the 7-21 April of 2011.

4.1.4 Information Technology and Communication:

The office underwent major ICT expansion to accommodate additional staff and consultants. An electric audit and assessment of the office was undertaken by external consultants. Power supply improvements were initiated and will be finalized in 2011. Other activities included implementation of LAN. Procurement of hardware and telecommunication infrastructure was completed in a timely manner. Given the limited service support infrastructure in ICT in the country, UNICEF ICT staff implemented most of the activities.

As part of the global ICT priorities, the office upgraded to Office 2007 and ProMS to 9.1 version on schedule.

The backup connectivity system contract was extended with four UN Agencies with increased capacity to accommodate UNDP and to improve the quality of the connection. DPRK has one ICT officer and support is normally requested from other country offices in the region/RO, when the officer is on long leave to ensure that there is no disruption. This costs US\$ 12,000 – 15,000 annually. This issue will be discussed with the UNCT for possible inter-agency ICT support to save funds.

Telecommunications expansion planned could not be completed due to lack of technical skills in the country. Low voltage electricity and lack of technical knowledge will continue to pose a problem for DPRK. There has been increased support of SB from NYHQ due to the increase in funding and human resources by supporting the HR post and upgrading the Operations Manager post from P3 to P4. However with the same level of SB for office operations as in the past and with the low level of ORR, it will be very difficult to ensure the maintenance of the office including the heating system which requires about US\$ 30,000 – US\$ 40,000 during the winter. This needs to continue considering the increased size of office, low ORR and harsh winters of DPRK.

Since telephone connection is unreliable, Skype has been a reliable means of communication in the office. To organize teleconference in more than one location, the support of OPSCEN and the Regional Office is sought.

One computer per person policy has been implemented.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

The Representative undertook three missions to Seoul – to brief on the interventions made from the RoK funds and to submit the proposal of US\$ 8million for 2010. He also attended the meeting with UNRC and Director of UNOCHA in Seoul to brief the ambassadors for DPRK based in Seoul. There was a briefing to Swedish ambassador resident in Pyongyang. Representative also made the presentation to executives of the national committees who met in Seoul in April. As a result there has been support to increase funding from NatCom from 2012 to US\$ 2 million from US\$1 m in the past. UK NatCom contributed US\$ 10,000 for the first time thus opening the door for more cooperation. There are indications that SIDA and Italian development cooperation will renew their contribution. 2010 was also a difficult year especially after increase tension in the Korean peninsula. Consequently, the RoK funding became uncertain and traditional donors like the Australians postponed their visit to DPRK. Many donors have tied their support to political development, which has made the fundraising for UNICEF supported programme in DPRK problematic not only for UNICEF but also for other UN agencies. Field trips with donors such as the Italian Development Corporation IDC, SIDA and AusAid were conducted successfully.

The office continually advocates with the Government of DPRK to ensure that co-financing obligations of about US\$ 500,000 per year are paid so that the GAVI support for immunization continues.

In 2011, the office will develop a fundraising document and reach out to some NatComs especially Hong Kong, and the UK. UNICEF, DPRK website will be updated on a regular basis.

4.2.2 Management of Financial and Other Assets:

Operations were managed using the Support Budget and programme funds as the former is insufficient to cover operating costs. The latter was kept within the planned 25% of the programme budget. Due to limited service providers and suppliers in the country, the office is selective in the local procurements.

The office received funds to improve the electrical power supply system. Following the assessment of the power supply system, equipment to minimize risks from poor quality power supply and increased electricity consumption was procured. The old 75 KVA generator was replaced with a new 220 KVA generator.

Office space for new staff was created within the compound. A rent-free arrangement was negotiated with the Government saving about US\$ 18,000 –US\$ 20,000 per year.

A physical control check of office inventory was conducted and records updated.

Three additional vehicles were procured to provide logistic support in 2010.

4.2.3 Supply:

The supply component of UNICEF assistance is US\$17.4 million and about 75% of the total country programme. The value of offshore and local procurement is US\$ 15.5 million and US\$ 1.9 million respectively.

Since UNICEF became the PR of GFATM, the total supply increased by over 100% compared to 2009.

The Supply Division offered efficient support with offshore procurement. With the exception of a delay in delivery of a few PGMs, the China office provided commendable procurement support (US\$3.3million, 19% of all supplies).

Supply plan implementation rate was 79% in 2010. About 37% of the supply requisitions were issued in the first quarter, and 11% in the last quarter.

There were delays in receiving goods transported over land from China owing to low capacity of surface transport in DPRK. The office will advocate with Government counterparts to enhance their capacity in this area. UNICEF procured LLIN mosquito nets two months before the malaria season. Streptomycin drugs have been delayed due to their unavailability in the international market. UNICEF prepared loan agreement with Government for all equipment procured through GFATM. A monitoring system has been established to ensure that supplies are used for the intended purpose.

4.3 Human Resource Capacity:

Human resource management

In 2010, the office was supported by China, India, Mongolia and Copenhagen in completing the GFATM grant agreement and recruitment. Supported by the RO and DHR, the office hired five international temporary staff including two retirees, one on secondment from Somalia and two consultants to support the TB and Malaria programme. In the meantime, seven long-term staff (one supply and logistic officer upgraded to L3 and one HR officer P2) and five international staff to assist the GF supported programme were recruited and are on board. A candidate was selected for the post of Deputy Representative and is expected to join mid Feb. The post of Operations Manager was upgraded to P4, and recruitment is in process. Meanwhile, a UNICEF retiree will support the office till the post is filled. An Education Specialist joined in August.

The learning and development plan was implemented through funds allocated from OR and RR from country office in addition to GFATM. The office reached 76% implementation rate of the total training plan with 100% use of the fund allocated from RO.

Group training activities were successfully implemented. These were on ProMS, RBM, C4D and Competency Based Interview. Some 70% of staff benefited from the staff development activities. HRD allocated two hours every Friday for self learning.

A staff member was trained in the RO as a Peer Support Volunteer.

Based on a UN Security Management Team decision, all international staff will be provided with mobile phones as the VHF radio sets are no longer permitted. UNICEF contributed to the development of the security plan, which is now operational.

Office improvement committee was constituted to improve the office environment to increase staff productivity. A monthly staff meeting has been regularized to ensure greater interaction between staff and the management.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

DPRK is not a market economy and the efforts of joint procurement or negotiated better rates are not realistic in this country.

Office space for new staff was created within the compound. A rent-free arrangement was negotiated with the Government saving about US\$ 18,000 – US\$ 20,000 per year.

4.4.2 Changes in AMP:

The AMP will be prepared and reviewed in every CMT meeting to make it an active plan. With increased staff, the leave plan and R and R will be better managed. The fund raising document will be prepared on time and DAT/TOA will be strictly monitored.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. *Neonatal Death Survey*
2. *Evaluation of pilot DeWATS project.*
3. *Source of Water, Source of Life*

5.2 List of Other Publications

1. *Household Doctor Training Package*
2. *2011 Desk Calendar*
3. *Leaflet on safe delivery and safe pregnancy*
4. *Updated Child Immunization Card*
5. *Leaflets for Child Health "A healthy Mother for a healthy Baby"*
6. *Essential newborn care for ri level training*
7. *Poster on BFHI 10 steps*
8. *Leaflets for BFHI on Promotion of Breastfeeding*
9. *Breastfeeding and Complementary feeding*
10. *Leaflets on Malaria Prevention*
11. *Group Cards and Game Cards for Life Skills Based Education*

6. INNOVATION & LESSONS LEARNED:

Title: *Promotion of rural water supply and sanitation for equity*

Contact Person: Ramesh Bhusal rbhusal@unicef.org

Abstract:

In 2010, the UNICEF-supported WASH programme adopted a balanced approach to water, sanitation and hygiene activities in rural and urban areas. Prior to this, WASH interventions were mostly county town focused. This was necessary to address the relatively wider gap in WASH service provisions among rural and urban settings.

Innovation or Lessons Learned:

The rural population is more deprived as compared to the urban population. The lesson learned is that a more balanced approach is required in selection of geographic areas for programme interventions. Hygiene education also needs to be further promoted especially in rural areas to improve people's knowledge and capacity.

Potential Application:

Diarrhoea and acute respiratory infections are the two leading causes of morbidity among the under five children in DPRK. According to 2009 MICS report, children living in rural areas are more susceptible to diarrhoea compared to their urban counterparts. This can be attributed to relatively low access to improved WASH facilities in rural areas. Further, expansion of sustainable gravity-fed water supply system is a national priority for DPRK. In this regard, it is more cost effective to install GFS systems in rural areas due to availability and proximity of good water sources and of local materials such as sand and gravel. By targeting rural areas, as also WASH facilities in health clinics and rural hospitals and improving uptake of the facilities by communities, the project is contributing to MDG 4 and 5.

Issue/Background:

According to 2008 census report, larger share of rural population (29% rural compared to 18% urban) spent time collecting water on a daily basis. There is a similar trend in sanitation as well; 58% families use flush toilets while 42% (mostly in rural areas) use traditional pit latrines. Traditional pit latrines are shallow in depth and need frequent

evacuation. There is also a gender dimension to accessing WASH facilities, as in every two out of three occasions, women fetch water and take the burden of handling excreta while evacuating latrines.

Strategy and Implementation:

WASH partner agencies are in agreement that, to achieve MDG 4, 5 and 7, a focus on equity – especially geographical disparity – is critical. Since 2010, the selection of project communities has been on proven needs, based on information from 2008 census and 2009 MICS. In 2010, six rural communities (five ris and one small rural town) were selected for project support compared to three urban locations. The third party evaluation of pilot decentralized wastewater treatment system (DeWATS) concluded that the pilot was too big in scale and expensive and needed to be adapted for small scale wastewater treatment. UNICEF and its partners have therefore agreed to focus on rural sanitation including promotion of small scale rural DeWATS. The rural sanitation guideline has been finalized and will be used as a tool to advocate and create awareness on the need to improve sanitation in rural areas.

Progress and Results:

One rural GFS project is fully complete in Tongrim county providing safe and reliable drinking water to 8,366 people. More than 85% of construction and installation works have been completed for Miru area GFS project covering five rural ris. This project will benefit 14,200 very needy people who spend at least one hour per day per family fetching water. The design for Tosan county town (Tosan is a small rural town with 12,000 people) GFS project is complete and construction has begun. MoCM and UNICEF have jointly identified five rural ris projects and all preparatory activities (feasibility study, technical design and placement of procurement orders for pipes and construction materials) are complete. The Chhangmeri water system in Yonthan county has been developed as a model project for covering all households living in different work-units in the ri. This is the first time UNICEF has implemented a ri level project covering all families. This approach will be assessed and further developed in coming years. Rural sanitation guidelines were finalized by WASH partners, including MoPH. Significantly, this is the first time MoPH and MoCM have come together to discuss sanitation, which so far had fallen under the jurisdiction of MoPH.

Next Steps:

UNICEF and MoCM have agreed to implement the urban-rural balanced WASH programme in the next country programme, 2011 – 2015. The number of urban and rural communities to be supported during the next 5 years has been agreed. In cooperation with EUPS Units, two rural ri level projects will be implemented piloting number of alternative technologies to cover the entire population of the ri under “Water for all” scheme. Likewise, improved sanitation will be piloted using various sanitation options in partnership with EUPS Units for demonstration and learning purpose under the “Total sanitation” scheme. In addition, a strategy will be developed to promote improved sanitation in all new buildings that Government supports to build every year. All these initiatives are included in 2011 – 2012 rolling work plan.

Title: *Working together with partners to improve the knowledge and skills of household doctors in providing quality health services at the primary level health facilities*

Contact Person: Dr. Kamrulislam kislam@unicef.org

Abstract:

Health infrastructure is well established throughout the country. The household doctor system in DPRK provides integrated first-line preventive and curative services for 100 to 150 households. On average one doctor is assigned for 130 households, which is a unique situation in providing preventive and curative services in communities. There are approximately 50,000 household doctors in DPRK, all of whom are medically trained but

require frequent capacity building in terms of knowledge and skills to provide quality services. Upgrading their capacity especially in managing maternal, newborn and child problems is a critical entry point to address health issues that would be one of the long-term contributions towards strengthening the overall health system.

Innovation or Lessons Learned:

To update the knowledge and skills of household doctors requires a huge amount of resources which the country office does not have. Therefore, the health programme mobilized other partner agencies working in DPRK to develop the household doctor package to upgrade their knowledge and skills. A long consultative process was undertaken to develop this package containing 14 modules. Each partner agency (WHO, UNFPA, and IFRC) was given the responsibility to develop three modules based on their area of expertise. Thereafter, each module was reviewed in the health theme group meeting headed by UNICEF. This consultative and collaborative effort worked very well. The package was finalized in July 2010 and endorsed by the Ministry of Public Health.

Potential Application:

This initiative was well received by partner agencies that provided full cooperation in conducting training for household doctors in different provinces/counties in the country. In 2010, UNFPA, IFRC and UNICEF conducted training only in some selected counties in their respective areas which will be scaled up in 2011 as capacity building of health staff especially household doctors is one of the key priorities of MoPH, DPRK. A total of 400 master trainers were trained (40 from each province) and the required numbers of household doctor training packages were printed by UNICEF. Availability of master trainers along with training package at national, provincial and county levels would be essential to scale up nationwide. It is important to note that this issue is a programme priority amongst partner agencies working in the country.

Issue/Background:

From field observations it was clear that quality of health services at the primary level health facility needed urgent improvement. The need for building skills in delivering preventive and curative services by the household doctors was a logical priority that prompted this joint collaborative initiative.

Strategy and Implementation:

Firstly, this initiative meets with the government requirement as a priority area. Secondly, Health and Nutrition theme group chaired by UNICEF was used as a coordinating body to implement this strategy of upgrading the knowledge and skills of household doctors in delivering quality basic health services at the grassroots. Partners like WHO, UNFPA and IFRC not only helped develop the package but also funded the cascade training organized in different provinces/counties.

Progress and Results:

This is a new initiative. It will take time to assess and measure impact and results. However, with the scaling up strategy it is expected that considerable progress will be observed with regard to service delivery and quality.

Next Steps:

These include: conducting cascade training for household doctors by the WHO, UNFPA IFRC and UNICEF in 2011. Following the training, a KAP survey will be undertaken to evaluate the improvement of knowledge and skills among the trained household doctors. Also, a supportive supervision plan to ensure quality of household doctors training programme will be designed.