Executive Summary

Whilst the programming environment in 2013 was marked by a tense situation surrounding the Korean peninsula, additional sanctions, and a challenging funding landscape, the 2011-2015 UNICEF Country Programme of Cooperation (CP) for children and women in DPRK stayed on course. This was confirmed by the Mid-Term Review (MTR) held in mid-2013, which found that the overall key strategies of the CP remained valid, and underlined the importance of further augmenting its equity focus and related monitoring and data collection.

Specifically in 2013, UNICEF continued to support the nutritional requirements of children and women through prevention and treatment of undernutrition, including strategy development, provision of multi-micronutrients and awareness creation. The draft National Nutrition Strategy, along with Community Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF) and Micronutrient guidelines are expected to further support dealing with nutrition in a systematic way. The CP extensively supported CMAM in 1,000 R诊所s in 29 counties, 29 county hospitals, 12 provincial paediatric hospitals and 14 Baby Homes.

Over 95 per cent immunisation rate was sustained, and during the bi-annual Child Health Days around one million children aged 24–59 months were de-wormed, and 1.5 million children aged 6–59 months received vitamin A. To optimize the immunisation coverage throughout the country, a solution-oriented 'Bottleneck Analysis' was concluded. Maternal Health and Integrated Management of Childhood Illness (IMCI) were found as the most enabling factors for successful health coverage.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) continued to rate the performance of the TB and malaria grants as ‘very good’ during 2013. The achievements of this joint partnership (with UNICEF as Principal Recipient, the World Health Organization (WHO) as Sub-Recipient and Ministry of Public Health as implementing partner) included reduction in overall malaria incidence with 100 per cent treatment of malaria cases. While the Global TB Report for 2013 shows that the programme has achieved 91 per cent case detection rate for new-smear-positive cases of TB, the routine programme management information system reports show an achievement of above 90 per cent treatment success rate for all smear-positive patients, against the target of 85 per cent.

In water, sanitation and hygiene, UNICEF sustained its promotion of gravity-fed water systems (GFS) with strong Government and community participation. In 2013, an additional 30,150 households (in 6 county towns and 5 ri's) gained 24-hour access to safe drinking water after 11 GFS were completed. The Education programme strived to improve learning abilities by focusing on child-friendly school (CFS) systems and child-centred learning. The Korean and English version of the CFS framework is ready and its standards are being followed as key reference points.

Both the MTR and the year-end Annual Review highlighted some key areas as opportunities towards the nationwide realization of children’s and women’s rights in the DPRK. These included measures aimed at promoting the convergence of interventions towards enhanced inter-sectoral collaboration, strengthened communication for development, improved monitoring of tangible results for children and women, and related policy advocacy and planning. A major challenge is that, with the exception of the earmarked TB and malaria grants from GFATM, the UNICEF Country Programme in DPRK relies largely on unpredictable, often short-term emergency funding. As such, continued concerted fundraising efforts are essential.

Country Situation as Affecting Children & Women

The first part of 2013 saw a restrained programming context due to the increased tense situation in and around the Korean peninsula. This was augmented by additional international sanctions, a drying funding
landscape and constraints on bank transfer modalities. External humanitarian assistance continued to play a significant role in safeguarding and promoting the well-being of the population. Humanitarian and thematic funding modalities continued as the key sources of funding for the Country Programme along with substantive support from The Global Fund to Fight Aids, TB and Malaria for tuberculosis and malaria interventions.

As per the 2008 Census, DPRK has a population of approximately 24 million, out of whom 6.1 million women are of child-bearing age and approximately 360,000 are pregnant women. The average annual population growth rate is 0.86 per cent. DPRK has a large urban population (60 per cent) with no significant movement from rural to urban centres. The age group 0-14 years accounts for 27 per cent of the population. Women represent 51.4 per cent of the total population indicating a favourable sex ratio. Women in general enjoy equal rights. However, roles are still marked by cultural patterns and stereotypes with women taking care of the majority of the household chores and care of young children. Prevalence of disability varies by age: 0.3 per cent for children of 5 to 9 years old (girls 0.2 per cent and boys 0.3 per cent) and 0.5 per cent for children of 10 to 19 years old (girls: 0.4 per cent and boys: 0.6 per cent).

The Infant Mortality Rate (IMR) of 23/1,000 live births and the Maternal Mortality Rate (MMR) of 81/100,000 live births continue to be higher than in the 1990s. Neonatal death is one of the major causes of infant mortality, which according to “A Promise Renewed” Progress Report published in September, accounts for 56 per cent of under-five mortality against the global average of 40 per cent. Ministry of Public Health (MoPH) routine data show evidence of consistent improvement in the prevention and control of TB and malaria. The TB mortality rate was estimated at 25/100,000 population (WHO Global TB Report 2013), showing a significant decrease from the 2008 baseline of 39. There was 90 per cent treatment success rate for all smear positive patients against the target of 85 per cent. In 2013, the annual burden of all forms of TB cases was 91,885. About 1 per cent of all TB cases who were provided treatment were children below 5 years. Estimates have indicated a burden of 3,900 cases of multi-drug resistant tuberculosis (MDR-TB) per year (Green Light Committee – PMDT Monitoring Report 2012). The malaria incidence in 2012 reduced to 1.55 per 1000 populations against the baseline of 1.57 cases.

DPRK has a history of chronic food insecurity and high levels of maternal and child under-nutrition, also linked to some extent to isolation and climate change. The 2012 National Nutrition Survey (NNS) found that about one in four children (27.9 per cent) is stunted (too short for their age) with disparities across provinces. The prevalence of Global Acute Malnutrition (GAM) in under-5 children is 4.0 per cent while 0.6 per cent is severely acute malnourished (SAM). Almost a quarter of women aged 15-49 (23.2 per cent) are under-nourished, with a mid-upper arm circumference (MUAC) of less than 225 mm. However, the coverage of immunisation, Vitamin A and mebendazole remained high at 98 per cent and 100 per cent respectively.

As far as the ‘enabling environment’ is concerned, bottleneck analyses indicated that the highly centralized and vertical system in DPRK limits the possibilities of multi-sectoral interventions. On the ‘supply side’, the limited technical capacity in public health and nutrition highlights the need for further capacity strengthening, including for enhancement of Quality Control and Quality Assurance for drugs, and improved warehouse and logistic information system management. On the ‘demand side’, a focus on targeted interventions to the most at risk people at community level, is needed together with improving knowledge, and adoption of preventive interventions for effective health, nutrition and hygiene behavioural changes.

The situation in the WASH sector is of concern. The dated, extensive piped water supply systems constructed in the early 1980s are in ailing conditions due to low levels of rehabilitation, shortage of electricity and natural disasters. The 2008 Census report showed that 22 per cent of the population (30 per cent rural; 18 per cent urban) spends time in fetching water from different sources. Women are disproportionately responsible for collecting water (68 per cent women; 32 per cent men). In rural areas, latrines are predominantly rudimentary and ineffective in preventing faecal materials from entering into the human environment. Findings from a joint Ministry of City Management (MoCM) and UNICEF pilot assessment of
water supply facilities in two counties in 2012 showed that most of the piped systems are not or are only partially functioning, forcing many households to supplement their water consumption from dug wells and tube wells too often close to sources of contamination.

DPRK has already achieved Millennium Development Goal (MDG) 2 targets by reaching near-universal secondary education with no significant social and geographical differences. In 2012, the Government of DPRK decided to extend the duration of free and compulsory school education from 11 to 12 years, by adding one more year to its existing four years of primary education. However, several issues have begun to challenge and even reverse some of the impressive gains of the past three decades.

A significant number of children who are without primary caregivers or having visual or hearing impairments, live in state-run institutions (Baby Homes, Children’s Homes, Primary and Secondary Boarding Schools and Special Schools for disabled children). Latest Education Commission (EC) data show that approximately 13,000 children aged 0-17 years are living in 53 institutions across the country.

In view of preparation for the next Country Programme starting in 2016, the Office is considering initiating an update of the latest Situation Analysis in the course of 2014. Overcoming the current access constraints on Country Programme operations would allow for a more accurate assessment of the situation of children and women and support improved delivery of necessary interventions across the whole of the country.

Recognizing the importance of an up-to-date and robust data-set for further assessing the situation of children and women in DPRK, the Office is reviewing possible related research/study exercises with Government.

**Country Programme Analytical Overview**

Notwithstanding the challenging country context faced in 2013, the Country Programme retained its significance by contributing to critical and life-saving interventions to support women and children living in DPRK. For resource optimization, the UNICEF conscientiously attempted to focus on the most relevant and feasible results in an efficient and effective way. The MTR, conducted in mid-2013, underlined the importance of further rationalizing some outcomes and outputs level results of the 2011-2015 Country Programme.

A 2013 rapid assessment of the so-called “Focus County Approach” acknowledged the importance of improved convergent programming to holistically address the development needs of children in 15 selected target counties. Changes observed in the Focus Counties included reduction in diarrhoea and pneumonia cases, enhanced capacity of technical staff and service providers, and innovations and modelling for replication.

The country has an orderly institutional mechanism which contributes to making programme implementation at the formal level prompt and efficient. However, this does not necessarily make it equally easy to reach the remotest parts. The programme plan specifies that the northern and eastern mountainous provinces require concerted efforts to bring them at par with the national averages. For example, the high national immunisation level of DPRK does not necessarily indicate that each province or county has the same levels of coverage. Furthermore, high coverage should also be accompanied by enhanced quality.

In the case of the country’s high literacy and access to formal education along with gender equality, there is considerable opportunity to further support teaching/learning methodologies as well as learning achievement as such, which UNICEF is striving to contribute to in this current Country Programme.

The substantial funding provided by the GFATM is instrumental in improving the prevention and management
of TB and malaria morbidity, thereby directly benefiting patients, as well as their families and communities at large. The related programme interventions are also contributing to systemic integration so that the rest of the health system also benefits from this inflow of funding.

In WASH, the gravity-fed systems have brought about obvious changes to people’s lives and the programme seeks opportunity to strengthen the otherwise, fragile sanitation and hygiene scenario in the country. The soon to be completed Water Assessment Survey will further enrich the existing limited knowledge base.

Together with partners, UNICEF supported the drafting of the country's Nutrition Strategy. The challenge facing the country is to fund and take this forward so that issues related to food security and undernutrition are comprehensively tackled. Sanitation, hygiene and nutrition results can only be achieved if greater investments in the communities are made on a sustained basis.

During the year the Office endeavoured to enhance communication for development (C4D) initiatives and to promote selected knowledge management initiatives, in order to help further paving the way for future investment in children and women of DPRK. The Office continued to work on a general “no access, no assistance” basis, and recognised the importance of monitoring and of generation and use of data at subnational levels in order to further maximize returns on the investments made.

**Humanitarian Assistance**

In 2013, the UNICEF DPRK office relied extensively on humanitarian funding, and an appeal for US$22,790,000 obtained US$13,593,780 (almost 60 per cent), which includes approximately US$736,000 carry-forward from 2012). The main humanitarian targets were met, with a notable 1,000 CMAM service delivery-sites reached, and over 80 per cent of enrolled severe acute malnutrition children recovered. However due to the funding gap there was, amongst others, a shortage in the required multi-micronutrient supplementation for pregnant/lactating women.

During the July/August floods, the Office responded by providing eight emergency health kits, water and hygiene kits, and water purification tablets. In total approximately 100,000 people in four provinces benefitted, while around 2 million people accessed critical hygiene information regarding diarrhoea prevention. Despite the non-availability of any substantial humanitarian funding for the Education programme, some educational kits distribution and rehabilitation support took place in the most affected areas.

As lead of various sector theme groups, UNICEF facilitated coordination of emergency related work undertaken in the areas of Nutrition, WASH, Education, while also acting as co-lead in the Health sector related theme group. A team from the MoPH was trained abroad in nutrition-in-emergencies, and selected education staff benefitted from in-country training on education-in-emergencies.

**Effective Advocacy**

*Partially met benchmarks*

Throughout 2013 UNICEF made concerted efforts to further enhance the development of an environment conducive for children by further streamlining its advocacy objectives and evidence-based key messages, while focusing on the main challenges faced by children in DPRK. The Office continued advocacy efforts at several levels in the country as well as abroad, involving amongst others, meetings in Seoul, Beijing, and Brussels.

The 2012 National Nutrition Survey undertaken by the Central Bureau of Statistics (CBS), the national Child
Nutrition Institute and MOPH with support by WHO, World Food Programme (WFP) and UNICEF was released officially by the Government in March 2013, and the results of this important survey were enriching the existing Situation Analysis. Furthermore, they have also been used to underline the importance of multi-sectoral approaches. In this respect the Office also continued to advocate with Government and partners to invest in the management of the moderate acute malnourished children as an essential part of the CMAM initiative.

Noteworthy is that in-country advocacy with the National Coordination Committee (NCC) and the Ministry of Public Health in particular contributed to DPRK Government fulfilling its co-financing obligation for new vaccine (pentavalent). The importance of this contribution was advocated by highlighting the role of immunization in averting vaccine-preventable morbidity and mortality, and emphasizing the importance of demonstrated ownership of the country through committing and fulfilling its related financial contributions.

2013 saw continued coverage by local mass media (TV, newspaper and radio) of events related to child health such as the bi-annual Child Health Days, World TB Day, Malaria Day, World Breastfeeding Week and Global Hand washing Day. The National Television also re-broadcasted the UNICEF-Grand People Study House produced cartoon-film “Pyolam and Ball”, which promotes hand washing among children. Adaptation of this cartoon-film to a comic book took place to increase coverage of children in rural areas. A planned study tour to Cambodia on their Child Friendly Schools initiative and Education Management Information System was postponed to early 2014. This study trip will benefit the education professionals from DPRK, and simultaneously provide an opportunity to inform the hosts about the education system in DPRK, which is characterized by universal enrolment and retention up to secondary level.

A challenging area of advocacy is related to the situation of children living and learning in Children's Homes, Boarding Schools and Special Schools for disabled children, involving 13,000 children (0-17 years of age) living in 53 institutions across the country.

A visit of the UNICEF East Asia and the Pacific Regional Director and Regional Planning Adviser at the time for children at high level and with partners. Noteworthy is also that the Office received valuable support from communication colleagues in UNICEF East Asia and Pacific Regional Office (EAPRO) for the development and issuance of press releases and human interest stories, while also helpful guidance and support was provided for the recent revitalization of the Office’s website.

**Capacity Development**

*Partially met benchmarks*

UNICEF supported strengthening existing capacity by addressing gaps in knowledge and skills of managers and service providers at national and local levels, and by community awareness raising.

The Health programme focused on enhancing essential skills for delivering quality Maternal and Child Health services through training of 2,862 household doctors, midwives, and community volunteers. Provincial, county and national level managers were equipped with skills related to bottleneck analysis, planning and management of health programmes and needs assessment in the area of Maternal and Neonatal Health. TB and malaria related interventions focused on capacity strengthening at both the individual and institutional level. In order to improve malaria diagnosis, 859 lab technicians from 859 R/’s in eight provinces were equipped with skills on malaria microscopy. The treatment skills of staff from 123 malaria endemic counties were also enhanced through training, thus ensuring 100 per cent treatment of reported malaria cases according to the national protocol. Augmentation of the skills of 62 county staff and 2,480 field sprayers resulted in quality indoor residual spraying. Furthermore 2,300 household doctors and volunteers from 123 counties were equipped with the necessary skills for implementation of communication activities for malaria...
The management of Paediatric TB was further improved by equipping 1050 staff of NGOs and 190 staff from county hospitals with skills for detection and prevention of paediatric TB. Programmatic management of MDR-TB was also improved through training provided to 48 staff from sub-national levels. As part of the institutional capacity building related initiatives, local and international training was organized for the National Drug Regulatory Authority and TB Reference Laboratory.

The Nutrition programme contributed towards enhancing skills of 349 health workers on Community Management of Acute Malnutrition and 255 health workers in promotion of appropriate Infant and Young Child feeding practices. UNICEF also facilitated the development of national CMAM, IYCF and micronutrient guidelines in collaboration with the Institute of Child Nutrition, MOPH and the State Planning Commission. Five technical officers from MOPH were also equipped with skills for nutrition-in-emergencies through international training.

The WASH programme facilitated the Project Management Unit of the Ministry of City Management (MoCM) to provide training in design and construction of gravity-fed systems at County levels and for the management of the operation and maintenance of the completed systems at the project level. The Central Bureau of Statistics (CBS) and MoCM received training as well as equipment for the conduct of the Water Assessment Survey.

The Education programme organized for 25 resource persons of the Education Commission to work under the guidance of an external consultant to finalize the English Curriculum for primary and secondary grades. Training was provided on textbook development and child-centred/activity based classrooms and in development of tools/questionnaires for learning assessment. 100 teachers and education administrators from 10 most vulnerable counties were oriented on education-in-emergency, while 35 teachers and teacher trainers from six counties were trained on child-centred teaching methods.

**Communication for Development**

*Partially met benchmarks*

So far most of the UNICEF programmes have predominantly focused on the production of information, education and communication (IEC) materials and organization of awareness-generation events on key issues for children and other strategies which produced somewhat small-scale, fragmented and short-term behaviour changes. As underlined during the MTR, communication strategies targeted towards improving the situation of the most vulnerable children need to systematically increase knowledge and promote beneficial changes in attitudes, behaviours, and norms at all levels from 2014 and beyond. In this respect, a valuable Communication for Development (C4D) workshop was held, facilitated by specialists from UNICEF headquarters (HQ) and EAPRO, focused on pneumonia, diarrhoea and new born care, involving 35 officials from relevant line ministries and staff of UNICEF DPRK.

Furthermore, under the Malaria programme, 2,300 household doctors and volunteers from eight malaria transmission provinces were trained on IEC/Behavioural Change Communication strategy. 7,000 CD-ROMs, titled “Let us Prevent Malaria”, containing relevant IEC messages were provided to health centres for use during community education activities. Under the TB programme, a set of guidelines on management of paediatric TB were developed and distributed. These guidelines for doctors also included suggestions on ways to improve awareness in the community on timely diagnosis and management of childhood TB. The National TV channel also broadcast messages once every quarter to counter TB related stigma and misconceptions in the community.

Additionally in 2013, UNICEF facilitated translation of the Facts for Life booklet into Korean, and subsequently dissemination of 8,000 copies for wider use in awareness creation on key health and nutrition issues, while 10,000 leaflets and 1,000 posters on breastfeeding were distributed during the World Breastfeeding Week.
celebrated in Nampo city and Chollima district.

Hygiene and sanitation promotion events were organised across the country on the World Water Day, the Global Hand Washing Day, and the World Toilet Day. Together with counterparts, events to mark these days were organised in and outside of Pyongyang, while also focusing on active involvement by various partners, international organisations, universities and children from educational institutions. At county level, awareness workshops that were organised for community and children on related themes were highly appreciated. A cartoon book based on the animation film “Phyolnam” on “hand-washing with soap” was distributed to over 1,800 schools and libraries in the target area. The film was re-broadcast several times on national TV at critical times throughout the year. Consultative meetings were also held with MoPH on development of a C4D strategy for safe management of excreta used as fertilizer in farms.

To promote life skills-based education among school children, activity-based materials on topics as hand washing, traffic safety and environmental protection were provided to 1,300 kindergartens and 170 schools in 16 counties, benefitting over 50,000 children.

During the remainder of the 2011-2015 Country Programme further technical investment in C4D will be pursued, while also further strengthening the related advocacy with higher levels of Government for key multi-sectoral interventions, e.g. for the prevention of malnutrition.

Service Delivery

Partially met benchmarks

The Health programme continued strengthening the existing health delivery network. About 81 per cent of county hospitals supported by UNICEF have been providing Basic and Comprehensive Emergency Obstetric and Neonatal care, as a key step towards reducing maternal and neonatal morbidity and mortality. 83 per cent of pregnant women received antenatal care, 98 per cent received two doses of Tetanus Toxoid vaccine, DPT-3 coverage remained above 96 per cent and 98 per cent of children 6-59 months received Vitamin-A, 98.5 per cent of children 2-5 years children received de-worming tablets twice a year during the Child Health Days. Provision of essential medicines including oral rehydration salts (ORS) and zinc continued in 94 counties, a major support to ensure availability of essential services for the population.

UNICEF supported the expansion of 1,000 CMAM service delivery sites in 29 counties including 29 county hospitals and 12 provincial paediatric hospitals and 14 Baby Homes. The communities and County People’s Committees in the targeted most vulnerable counties in the North-Eastern Provinces were equipped with knowledge and skills to screen, early treat and monitor SAM children in their respective areas. In 2013, UNICEF procured and facilitated in-country logistics of supplies, micronutrients and medicines to all CMAM service delivery sites in the targeted eight provinces. In total, about 18,000 SAM children were treated at village and community levels. Routine multiple micronutrient supplementations continued targeting pre-pregnant and pregnant and lactating women as well as children under the age of two years, reaching more than 2.4 million beneficiaries.

The Malaria and TB programme contributed to strengthening of the service delivery by the health system in areas such as monitoring and evaluation, and supply chain management, and also enhanced the capacity of the National Drug Regulatory Authority (NDRA) to ensure quality assurance/quality control systems for all drugs. The National Monitoring and Evaluation (M&E) plan and Procurement and Supply Management (PSM) plan were updated and routine field monitoring conducted. Drugs and consumables for malaria and TB were procured to ensure uninterrupted service delivery. 73 microscopy centres and 9 MDR-TB wards were renovated for improvement in TB diagnosis and treatment.

Counties for WASH interventions were selected based on malnutrition rates and incidence of diarrhoea.
Gravity-fed systems, a proven cost-effective and sustainable solution in DPRK, is a preferred mode for providing safe water. Local communities have demonstrated versatile capacity to maintain these systems effectively over time, and both Government and communities contribute to the required capital investment for labour and construction materials like sand and gravels. 30,150 households (132,160 people) in 6 county towns and 5 ris gained access to safe drinking water in 2013. Through humanitarian assistance, UNICEF in collaboration with partners provided emergency water services in 23 counties reaching an estimated 200,000 affected persons.

In education, age validation of the Early Learning Development Standards (ELDS) was completed leading to the finalization of the standards for nationwide application. UNICEF assisted the Education Commission to hold a workshop towards standardizing the minimum activity materials to be available in all early learning centres. UNICEF also supported holding of the second round of workshops on the Information and Communication Technology (ICT)-pedagogy integration which was facilitated by a UNESCO resource person.

Strategic Partnerships

*Partially met benchmarks*

Strategic partnerships with donors are key especially given the country’s specific context, and the need for more predictable funding support. The strong partnership between the GAVI Alliance, UNICEF, WHO and the Government led to the recognition of DPRK as one of the few countries to reach Gold Standard for its immunization programme. The introduction of pentavalent vaccine, including the continued fulfilment by the Government of its co-financing obligation for this vaccine in 2013 as well, is illustrative of this strong partnership.

The GFATM-supported TB and Malaria programme, involving the Government, WHO as Sub-Recipient and UNICEF as the Principal Recipient, continued to achieve 'very good' performance results, creating expectations by partners concerned of a continued engagement with the GFATM under their New Funding Model. Related consultations will need to be further pursued in early 2014.

Concerted communication efforts with donors, including those based in-country helped to ensure a variety of funding sources contributing to the continuity of the main programme interventions during this challenging year. Of note is that in June, the UNICEF Representative and Nutrition Specialist visited the Ministry of Unification and the Korean Committee for UNICEF in Seoul, Republic of Korea (RoK) to brief on the UNICEF supported interventions in DPRK and to advocate for resumption of funding. Valuable support was provided by UNICEF's Public Sector Alliances and Resource Mobilisation Office (PARMO). During the second half of 2013 the Representative was part of a UN Country Team (UNCT) delegation who undertook a donor briefing in Beijing, and that the German National Committee for UNICEF, along with a private donor, visited DPRK involving meetings with Government officials and a joint field visit to observe ongoing UNICEF-supported project activities.

Programme reviews and discussions of sectoral plans of action took place during visits and teleconferences with several UNICEF Regional Advisers as part of the Mid-Term Review process. In mid-2013, the UNICEF Regional Director and Planning Adviser completed a one-week visit to participate in the joint Government of DPRK/UNICEF Mid-Term Review meeting. During their mission they also had a chance to make a field visit and meet with DPRK authorities, UNCT members and partners.

The 2012 National Nutrition Survey - which was released in March 2013 and was the result of a collaborative partnership between the Central Bureau of Statistics, the Institute of Child Nutrition, and MOPH, as well as UNICEF, WFP and WHO - was helpful in related advocacy with Government and partners concerned for further promotion of multi-sectoral cooperation in the area of nutrition.
During 2013 UNICEF continued to lead the WASH, Education and Nutrition Theme groups and to co-lead with WHO the Health Theme group. Furthermore, during the course of the year, UNICEF also became the Chair of the Data and M&E Theme Group. Additionally, UNICEF continued to partner with UNESCO (operating from Beijing) in expanding ICT.

Collaboration with locally-based UN Agencies and international NGOs, the so-called (European Union Project Support Units (EUPS Units) was further intensified during the year.

**Knowledge Management**

*Partially met benchmarks*

The 2013 Mid-Term Review (MTR) process as well as the implementation of the Integrated Monitoring and Evaluation Plan (IMEP) contributed to further increasing the knowledge on the situation of children. The results of the MTR also contributed to the mid-term review of the UN Strategic Framework (UNSF) 2011-2015.

In the first half of the year a rapid assessment of the 'Focus County Approach', operational since the previous Country Programme was conducted jointly by the NCC, line ministries and concerned UNICEF staff. This assessment served as an important input to the 2013 MTR to further enhance the ongoing implementation of a convergence approach.

In Health an EPI related Bottleneck Analysis workshop was conducted to identify implementation constraints and preparing the stage for developing the strategic orientation for the programme. This provided the opportunity to equip 50 participants from MoPH with tools to identify implementation bottlenecks and barriers and to underline the importance of the equity-focused programming. A knowledge, attitudes and practice (KAP) survey provided information on effectiveness of trainings on health providers and identified different approaches for making the training effective. 'National TB Guidelines' and 'Childhood TB Guidelines' were developed to augment the knowledge of service providers. For the malaria information system, results of entomological studies were disseminated through seminars. Re-stratification of ri’s was undertaken to understand the needs of most disadvantaged populations from an equity perspective shifting from county (macro) level planning and reporting of interventions to ri level (micro). Tools for local level data analysis for malaria and TB were introduced to take corrective actions in low performing areas.

The Nutrition programme facilitated the development of the National Nutrition Strategy and Action Plan 2014-18. Different aspects of the conceptual framework were addressed, including the need to adopt a multi-sectoral approach to address under-nutrition among U5 and mothers, with a focus on care practices, adequate and diversified nutrition, IYCF, MN supplementation, food fortification and WASH. 'Facts for Life' was translated in Korean and disseminated.

The Education programme organized two important workshops for the technical teams of Education Commission (EC), whereby a group of 25 resource persons were able to finalize the English curriculum including writing of textbooks, and a technical team was trained on the preparation of tools/questionnaires conform international standards of ‘Programme for International Student Assessment’ (PISA) and methods of sampling for the pilot assessment.

In WASH knowledge-generating exercises contributed to increased Government awareness of the need for quality data on the water sector, resulting in the scaling up of a water facilities assessment survey, and the national adoption of new construction norms to improve latrines in new houses.

Limited work was undertaken in relation to Korinfo and MICS, and in 2014 further attention needs to be paid.
to the overall capacity building of CBS and the use of Korinfo at sub-national levels, as well as to the possible conduct of new critical research/study activities.

**Human Rights Based Approach to Cooperation**

*Partially met benchmarks*

UNICEF continued its efforts to advocate for children’s rights as per the Convention on the Rights of the Child (CRC). Application of a human rights-based approach in DPRK continues to be dealt where possible with an emphasis on the promotion of equity and evidence-based programming, allowing for the identification of pockets of vulnerabilities. As such, while some interventions are nationwide, others specifically target the most vulnerable.

Feeding into the 2013 MTR, the 2011 Situation Analysis was particularly enriched by the 2012 National Nutrition Survey released in 2013, and by the pilot water facilities assessment survey, which both highlighted vulnerabilities of population and established grounds for further advocacy in the areas of nutrition and water. The 2012 NNS identified pockets of high level of under-nutrition as well as within country inequities particularly in the uplands and northern-eastern provinces. Accordingly, UNICEF facilitated further consolidation of CMAM services in the most affected counties and provinces with high level of under-nutrition.

An Expanded Programme on Immunization (EPI) Bottleneck Analysis, as well as a Needs Assessment of Maternal and Neonatal Health were key areas undertaken by the Health programme to identify vulnerable populations and the ways to reach all concerned with basic service package. The immunization services are being provided across the country, with greater equity-focus on reaching all eligible women and children especially the most vulnerable groups. 2013 also saw an intensification of efforts made to specifically target interventions for the prevention and control of malaria in identified high risk groups, including farmers, who comprise the occupational group with the highest burden of malaria.

In 2010, the UN General Assembly recognized sanitation and water as a human right, essential to the full enjoyment of life and all other human rights, and on 24 July 2013 the General Assembly unanimously voted to adopt a resolution on ‘Sanitation for All’. In DPRK, UNICEF and the Government started piloting a ‘WASH for All’ initiative in 3ri’s, aimed at reaching universal coverage for both improved water supply and improved sanitation in line with the standards for the WASH targets for the MDGs. The WASH programme aims to complement programme interventions among the most vulnerable communities based on prevailing rates of undernutrition and diarrhoea.

In Education, there was a continued focus on ensuring quality of education for children in remote rural areas through support to branch schools as well as children living in institutions without primary caregivers through support to Children’s Homes and Boarding Schools. UNICEF continued to support the 11 special schools for disabled children with CFS elements and Teaching Learning Materials.

The DPRK Government submitted in December 2007 its third and fourth CRC Periodic Report which was examined by the UN Committee on the Rights of the Child in Jan 2009. In its Concluding Observations, the Committee invited the State Party to submit the fifth Periodic Report by October 2012. With related preparations underway, the expectation is that it will be completed by early 2015.

**Gender Equality**

*Partially met benchmarks*
According to the Census 2008, the sex-ratio male: female in DPRK is 0.95. The number of deaths is slightly higher in the male group (male: female ratio: 1.087). The rate of pregnancies before the age of 20 years is about 0.1 per cent of all pregnancies. No information is available on gender-based violence and human trafficking. Women in general enjoy equal rights. However, roles are still marked by cultural patterns and stereotypes with women taking care of the majority of the household chores and care of young children. Provision of maternity leave (2 months before delivery and 3 months after delivery) and workplace nursery arrangements upon return to work after maternity leave are valuable in promoting exclusive breastfeeding. There is no difference in the status of undernutrition between boys and girls as illustrated by the 2012 NNS released in 2013. However, all service providers in the CMAM facilities are sensitized to closely follow up on girls affected by SAM to break the intergenerational cycle of malnutrition in DPRK more effectively.

Free health care is offered to all with equal access to both sexes. The last EPI coverage survey report illustrated that all children in the country received immunization services irrespective of their sex. The community Integrated Management of Childhood Illness enables both men and women to identify and care for their sick children.

Women and girls are disproportionately responsible for collecting water. According to the 2008 Population Census conducted by the Central Bureau of Statistics, [reported in 2009] 22 percent of the people over the age of 15 spend time fetching water (30 per cent rural; 18 per cent urban). Of these, 68 per cent are women. The gravity-fed water systems implemented by the WASH programme include household connections and the distribution plan of the emergency materials factors the number of girls and boys, women and men. This approach is relieving women and girls of the disproportional drudgery of fetching water from community sources.

Noteworthy is that both the Malaria and TB Programme recording and reporting systems have been developed to collect and report gender disaggregated data, enabling corrective action in case of any evidence of inequality in rendering services. The TB programme also includes a separate indicator on TB cases among women in reproductive age group as part of the Performance Framework and Results Matrix. In the Malaria programme, pregnant women and families with under-5 children are especially targeted for important interventions such as the distribution of long lasting insecticide treated nets. Priority is also accorded to gender related issues while planning for distribution of supplies, training of health workers and designing of C4D materials such as leaflets for communities.

At the end of 2013, the UN Resident Coordinator’s Office started the recruiting a gender expert in relation to an assessment of effectiveness and compliance of the UNCT in DPRK with respect to UN standards, guidelines and practices to address gender equality and effectively mainstream gender issues into the UN humanitarian and development programmes.

**Environmental Sustainability**

*Partially met benchmarks*

UNICEF continued advocacy with Government agencies and donors to scale-up the cost-effective and environmentally friendly GFS approach besides exploring low-cost and innovative solutions. A pilot ‘WASH All’ Project to achieve universal coverage of water supply and sanitation is in the feasibility and design stage in 3 provinces. Communities are supported to protect ‘catchments’ for completed and on-going GFS project construction sites and safe disposal of excreta in households to avoid the contamination of the living environment and also to prevent the spread of waterborne diseases.

The use of mountain sources for GFS is an environmental friendly solution as it does not require electricity generated from burning coal. Moreover, this creates awareness among communities on the need for protecting forest and saving water sources. With UNICEF’s support, the MoCM continued to enhance
knowledge among local engineers/technicians about the importance of forest protection and rejuvenation.

Partnerships in hygiene and sanitation promotion were expanded with the agencies of the MoPH to develop hygiene messages linked with safe management of excreta used in agriculture. This is expected to ensure hygienic handling of sludge from latrines and prevent environmental contamination. UNICEF also worked together with the European Union-supported INGOs, the so-called EUPS Units, in protecting water sources from contamination and expanding support for small scale decentralized wastewater treatment systems and improvement of existing latrines. This will further reduce the proportion of people not using improved sanitation facilities.

The Health programme continued efforts to support systems strengthening by maintaining environmental sustainability principles using solar energy for the cold chain; for running of laboratory for malaria diagnosis and data reporting; and provided power back-up for IT equipment related to malaria data reporting and microscopy test at central and eight provincial Hygiene and Anti-Epidemic Institutions. UNICEF, through GAVI funding, is ensuring availability of such systems in areas without electricity. During the year, 130 solar refrigerators were procured and installed in 16 remote counties. In addition, the Health programme promoted safe disposal of injection waste by using safety boxes and its proper disposal.

On a selective basis, UNICEF provided PVC double-paned windows in educational institutions taken up for rehabilitation by the Education programme. Such windows do not require wood and are more efficient in preserving energy inside the classroom during harsh winter. During 2013, the Education programme printed and distributed several materials on environmental protection under the life-skill based education in primary schools and kindergartens.

UNICEF participated in the Agriculture, Climate Change, Environment and Energy Theme Group meetings facilitated by the UN Development Programme (UNDP). The Office used this multi-UN agency forum to advocate issues related to environment and climate change which impact children’s rights to survival and development. The WASH programme works closely with both the WASH Theme Group and the Agriculture, Climate Change, Environment Theme Group in promoting environment friendly sanitation options in rural and semi-urban areas by introducing compost type latrines and small scale decentralized wastewater treatment systems.

South-South and Triangular Cooperation

2013 saw a number of learning events with countries of the South. Additionally during 2013, the Government’s CRC Coordinator and the Coordinator for UNICEF of the National Coordinating Committee (NCC), as well as the UNICEF DPRK Representative participated in the Second High Level Meeting on South South Cooperation for Child Rights in Asia and the Pacific convened in New Delhi in Oct. This important meeting concluded with a unanimously adopted consensual declaration, the so-called “New Delhi Declaration”, in which governments renewed their commitments to the rights of children and pledged support to each other in the achievement of those rights. In addition to reaffirming States’ commitments to children’s rights, the Delhi Declaration also did set out a series of recommendations that will serve as a roadmap for future cooperation, including collaboration on ways to improve the collection of data on children and the undertaking of multi-country research and studies into children’s issues and the best means to address them.

During the statement made by the Government of DPRK the importance of the principle of children first was stressed. The statement highlighted, amongst others, various study tours and exchanges of expertise which took place in recent years in areas such as child nutrition, infant mortality rate reduction, child and maternal health, baby-friendly hospitals and salt iodization, etc. involving collaboration with UNICEF, WHO, and with various governments such as Cambodia, China, India, Mongolia, Thailand and Vietnam. These activities were
reported as helping experts to share useful experiences and contributed, especially, to building foundations for updating national strategies and promotion of key interventions for children and women in DPRK.

Amongst other South to South initiatives that took place in 2013, specifically noteworthy is one related to the TB and Malaria programme which availed of the opportunity for training in neighbouring countries for strengthening the capacity of the National Disease Control Programmes. The capacity of the National Malaria programme was further enhanced for Monitoring & Evaluation and entomology through training programs held in China and Sri Lanka respectively. The capacity building of key institutions was supported through strengthening of National Drug Regulatory Authority through Quality Assurance/Quality Control (QA/QC) training in India and TB Reference Laboratory through exposure visit to Supra National Reference Laboratory, Hong Kong.

A planned study to Cambodia to learn about their work in the area of Child-Friendly Schools and in the establishment of a comprehensive Education Management System (EMIS) could not take place in late 2013, and has been postponed until 2014.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**DP Republic of Korea – 5150**

**PC 1 – Health**

**On-track**

**PCR 5150/A0/06/614 PCR 1:** By 2015, capacity of national and local governments strengthened to formulate and implement relevant policies and results-oriented strategies to manage the health system nationwide.

**Progress:** In 2013 the focus was on developing Provincial Plans of Action based on Health Sector Medium Term Strategic Plan (MTSP) 2011-2015 and a related “Workshop on Developing Provincial Plans of Action” was organized jointly by MoPH and UNICEF. The participants were provincial public health directors and the national managers from MoPH. The workshop objectives included: (i) to develop province-wide plans of action based on major strategic areas of the Health Sector MTSP; (ii) to identify evidence-based activities or interventions which could easily be implemented, and; (iii) to share the major outcomes of EPI bottleneck analysis workshop with the provincial directors.

Seven out of 10 provinces prepared draft plans of action which will be finalised by each Provincial Director early in 2014 after proper consultation with the respective County Public Health Directors concerned. Ministry of Public Health will coordinate with remaining three provinces to undertake the same exercise so that comprehensive plan of action is implemented.

In particular the implementation and scaling up of evidence based maternal, neonatal and child health interventions through Provincial plans of actions will contribute significantly in reducing morbidity and mortality.

**WHO,** who took lead role in developing this MTSP due to some other priorities could not participate in this workshop. Joint efforts are required to ensure implementation of MTSP to achieve the desired objectives especially achieving MDG 4 and 5 targets.

The progress and relevance of this Programme Component Result (PCR) was discussed at length during the MTR process. It was strongly felt that the identified activities under PCR-1 could have been incorporated into an Intermediate Result (IR) instead of a separate PCR. Based on these discussions it was decided to drop this PCR for the remaining part of the country programme cycle. Hence, two PCRs Health were merged into one PCR.

**On-track**

**IR 5150/A0/06/614/001 1.1:** Old-Nat health sectoral policies sans to support high impact, measurable interventions at national and provincial levels for maternal and child health outcomes developed.

**Progress:** The Health Sector Medium Term Strategic Plan endorsed in 2012 at national level was operationalized in seven out of 10 provinces where draft plans of action have included high impact evidence-based interventions. Hence during the reporting period operationalization of the MTSP remained the key area of focus. The MTSP workshop facilitated by UNICEF in September provided an opportunity for the provincial directors and national managers to discuss and come up with provincial plans to ensure implementation of MTSP. The level of participation and commitment was very high and it is expected that from April 2014 the provincial plans of actions will be operationalized at the field level. The key recommendations from the workshop include:

- Install solar refrigerators in each Ri hospital to extend cold chain system up to the primary level health facilities;
- Review of plans of action will be undertaken regularly to update on progress;
- Universal vaccination coverage across the country with focus on low performing provinces (88 per cent) and counties based on EPI Bottleneck analysis findings.

Two meetings were planned between provincial and national managers to review the progress during the year. However due to lengthy Government procedures and process only one meeting was be arranged.

**On-track**

**IR 5150/A0/06/614/002 1.2** Provincial health sectoral policies and plans to support high impact, measurable interventions at provincial levels for maternal and child health outcomes operationalized.

**Progress:** There is limited information on the availability, quality and utilization of Emergency Obstetric and Neonatal Care (EmONC) services, including human resources adequacy and competencies, actual use of existing equipment and supplies, referral system and quality of care. To fill this information gap and support evidence-based planning and management for Maternal and Neonatal Health “needs assessment of maternal and neonatal health” in the country was initiated in August jointly by MOPH, UNICEF and UNFPA. The data collection was completed, and analysis is in progress with the final report expected in early 2014. This assessment is expected...
Availability of reliable information for evidence-based planning and management is the main bottleneck which is expected to be overcome with this needs assessment report.

**PCR 5150/A0/06/615 O1.2:** By 2015, access, delivery and utilization of quality basic Health Services improved for children and women at national and sub-national levels with emphasis on low coverage areas. 2011-2013: Government strengthened to increase access to, delivery and utilization of quality basic health services for children and women.

**Progress:** In 2013, according to fourth EPI quarterly report, above 96 per cent vaccination coverage was achieved and sustained against vaccine preventable diseases. Furthermore, support was provided for the submission of a Health System Strengthening (HSS) proposal to GAVI for 2014-2018 funding amounting to US$32 million. The proposal is in its final stages of approval, and targets not only immunization programs but intends also to strengthen the overall Health System in the country.

As part of the capacity building initiative, 726 household doctors were trained on household doctors training package in 2013. Household doctors and volunteers were also trained on clinical and community IMCI respectively. The implementation of this activity contributed significantly in overcoming capacity gap among service providers to provide quality services for children and women in the country.

During the year, concerted efforts took place to further strengthen the capacity of health facilities through the provision of Basic and Comprehensive Emergency Obstetric and Neonatal Care to ensure positive outcome of delivery both for mother and neonates. Training of staff and availability of basic equipment remained key areas of focus to strengthen the capacity of health facilities.

Overall funding situation was good to implement most of the planned activities under this PCR. Further strengthening and interaction with the key technical groups/task forces on EPI, maternal health, and IMCI were the most enabling and facilitating factors for the successful implementation of the planned activities.

Community-IMCI was expanded to five more focus counties (Jongpyong, Tongchon, Unchon, Unsan and Unryul) to improve key care practices and increase community participation in child survival interventions.

**IR 5150/A0/06/615/001 1.1** By 2015, national and provincial authorities have the capacity to develop policies, strategies and provincial plans of action to implement Health Sector Medium Term Strategic plan of 2011-2015. 2013: By 2013, enhanced capacity of health service providers to deliver quality basic health services for children and women.

**Progress:** The knowledge and skill gap is one of the major concerns in the country, therefore the IR specifically focused on extensive capacity building initiatives to bridge this gap and to ensure quality of care. A total of 2,862 service providers and volunteers were trained in 2013, as per below:

**Household doctors training package:** 726 household doctors from seven counties were trained on the household doctors (HHD) training package. The package of training enhances knowledge and skills of household doctors on prevention and treatment of maternal, neonatal and child ailments. Due to their presence at grassroots level, HHD play a vital role in health system in providing health services to the population.

**Under IMCI:** 276 household doctors and 1,500 volunteers/nursery caretakers were trained on clinical and community IMCI respectively in six focused counties. In addition, 1,500 copies of community IMCI training materials, 300 copies clinical IMCI training material print and distributed before the training. Moreover, 1,500 volunteer bags were procured and distributed among the volunteers to facilitate their awareness creation activities.

**Under Maternal Health:** A total of 360 health staffs were trained on basic and comprehensive maternal and new-born care training package from Unryul, Unsan and Unchon counties. Existing training modules were printed and distributed. ANC card (350,000 copies) revised to include country specific key messages printed and distributed. 500,000 copies of Partograph (which is an important tool to assess maternal and neonatal wellbeing and progress during labour) printed and distribution is on-going.

By end November 2013 the data collection was completed for the maternal and new born care needs assessment in collaboration with a population centre supported by an external expert. The final report is due in early 2014 to support evidence-based planning and management of Maternal and Neonatal Health.

Frequent transfer of trained staff is emerging as a bottleneck under this IR. This will be addressed through organizing regular training while it was also highlighted as an issue during the Annual Review meeting conducted in Dec’ 2013.
**IR 5150/A0/06/615/002 1.2** By 2015, coverage and quality of maternal and new-born care interventions increased in programme areas (16 selected counties) with emphasis on population groups with low coverage. 2011 - 2013: By 2015, increased coverage and quality of maternal and newborn intervention packages, including antenatal care, skilled birth attendance and emergency obstetric care, with emphasis on population groups with low coverage levels (compared to national average).

**Progress:** Significant progress was made during the year against the planned targets under this IR which include the following:

- 81 per cent of the UNICEF supported Ri clinics equipped to provide basic emergency obstetric and neonatal care, this was achieved by provision of appropriate equipment and trained staff for concerned to ensure quality of care.
- In addition 81 per cent of county hospitals in UNICEF supported areas are able to provide comprehensive emergency obstetric and neonatal care. This was a significant improvement to provide quality services by having required equipment and trained staff in the health facilities.
- Regarding ANC focus was given on improving Quality of Care. About 83 per cent of pregnant women in 16 UNICEF supported counties received Blood Pressure, Urine and Blood test during the ANC visit. This is a major shift from quantity to quality of in those health facilities.
- 97 per cent of deliveries which in absolute numbers is 28,880 out of 29,748 pregnant women were attended by Skilled Birth Attendants in 16 focus counties.
- About 98.7 per cent of pregnant women received two doses of TT vaccine during the year as major step to eliminate Tetanus. The main bottleneck is lack of resources for providing basic equipment to operationalize all county/Ri clinics with standard maternal and new-born care, and also to provide basic and comprehensive emergency obstetric care.

In addition data on number of women having Postnatal care on 2nd and 4th day after delivery is also an issue, according to the policy the mothers after delivery have to stay for five days in the hospital however actual status of postnatal care is yet to be fully established. These will be areas of focus in 2014 rolling work plan.

**IR 5150/A0/06/615/003 1.3** By 2015, coverage and quality of high impact interventions, including provision of Essential Medicines, address diarrhoea and pneumonia sustained in 94 counties, with emphasis on low coverage areas among U5 children (boys and girls). 2011 - 2013: By 2015, increased coverage and quality of clinic based services for diarrhoea and pneumonia prevention & treatment, with emphasis on population groups with low coverage levels (compared to national average)

**Progress:** Through activities against this IR the key childhood killers pneumonia and diarrhoea were particular focused on to ensure availability of essential medicines and enhancing relevant knowledge and skills of staff concerned to provide appropriate care. The progress included:

- Continued provision of Essential Medicine kits: A total of 9,700 essential medicine kits were procured out of planned 10,360 kits and distributed to 94 county hospitals and 2,351 Ri clinics. The focus was on Ri clinics and county hospitals in six provinces (South and North Hwanghae, North Hamgyong, Kangwon, Pyongyang and Nampo city) to serve 10.5 million people in those six provinces. UNICEF continued support for local production and distribution of 4.8 million ORS sachets required annually for the entire country to ensure availability of ORS for diarrhoea treatment.

- Twice a year conduct of Child Health Days continued during the months of May and November targeting about 1.76 million under-five children to reduce child morbidity and mortality. 99.5 per cent (1,022,433) of children aged 24-59 months were dewormed during the child health days. 98.43 per cent (1,524,804) of children aged 6-59 months also received 2 doses of vitamin ‘A’ during the child health days.

Despite follow up with UNICEF Copenhagen the planned Growth Monitoring and Promotion programs (GMP) assessment could not be conducted during the year, this will be done in early 2014.

UNICEF supported Essential Medicines in 94 counties out of 208 counties. The remaining counties are supposed to be covered by International Federation of Red Cross and Red Crescent Societies (IFRC). However, the IFRC started phasing out from essential medicines distribution which has created huge gaps. With funding shortfalls and less partners there will be major gaps in provision of essential medicines to treat childhood illnesses, especially diarrhoea and pneumonia.

**IR 5150/A0/06/615/004 1.4** By 2015, high and sustained National immunization coverage for infants (girls and boys) and pregnant women with focus on reaching hard to reach areas. 2011-2013: By 2015, increased coverage of high-impact preventive and outreach interventions for women, girls and boys, with focus on reaching population groups with low coverage levels (compared to national average).
**Progress:** Two significant achievements under this IR during the year 2013 were:

- **Bottleneck analysis workshop:** The "Bottlenecks Analysis Workshop on Immunization" was organized on 17-18 September with the participation of five north-eastern provinces where coverage is less than national average (88 per cent). This workshop provided an excellent opportunity to identify and analyse the barriers leading to low coverage in those provinces in the DPRK. The analysis was done against the six key determinants of effective coverage including Supply, human Resource, Accessibility, Initial use, Continuity/Impact. The following recommendations/next steps emerged from the Bottleneck analysis workshop:
  - Conduct provincial level workshops in each of the five provinces to develop county-specific micro-plans to address the identified bottlenecks;
  - The Provincial Directors of Public Health to develop detailed plans of action for their respective province to overcome the identified bottlenecks.

- **Submission of GAVI HSS II proposal (US$32 Million):** The Expanded Programme on Immunization is one of the most successful public health programs in DPRK, and the country has been able to achieve high vaccination coverage since 2007. UNICEF support has played a vital role in this regards. The performance has created a trust between donors and the country EPI program. UNICEF and WHO facilitated the MOHP in preparing the GAVI HSS II 2014-18. This new proposal will support not only the immunization programme but will also strengthen the overall health system in the country.

Other key results under this IR:

- More than 96 per cent coverage of all antigens achieved and sustained in 2013 for children who are less than a year old.
- 98.5 per cent pregnant woman received two doses of TT vaccine.
- Procured required vaccines, vaccination devices and cold chain equipment (130 solar refrigerators) including 2 refrigerated trucks as per Government request as well as printing of recording and reporting forms to sustain high EPI coverage.
- Immunization hand-book printed and distributed.

One of the major bottlenecks was the lack of cold chain facility at the RI levels where most of the vaccination takes place. Solar refrigerators are critical for immunization programme at the country and lower level. With limited funds only 130 solar refrigerators were procured in 2013 for RI hospitals and installed. Funding is the main challenge in equipping all 500 RI hospital with solar refrigerators.

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**PCR 5150/A0/06/615/005 1.5**

By 2015, improved Government capacity to prevent morbidity and mortality amongst girls, boys and women in emergencies based on health Core Commitments for Children. 2011-2013: By 2015, improved Government capacity in emergency preparedness, early recovery and response including long-term strategies for risk reduction relating to health Core Corporate Commitments for Children (CCCs).

**Progress:** Key results under this IR:

- As part of the timely response to the July/August flood emergency, the Health team took part in a joint UN rapid assessment mission and distributed eight complete sets of Inter-agency emergency health kits to serve 80,000 flood affected population in three provinces based on Government request.
- About 7,110 under five children were supported with essential medicines during the floods in July/August.
- 20 complete sets of Inter-agency emergency health kits were procured to ensure prepositioning for timely response in case of any possible emergency.

Although three Health cluster meetings were held during flood emergency, the coordination mechanism participation and commitment remained patchy. The country is prone to natural disasters hence Cluster coordination mechanism should be well in place.

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**PCR 5150/A0/06/618 2014 - 2015 Outcome 02**

By 2015, the National Malaria Programme (NMP) effectively implements interventions for pre-elimination of malaria. 2011 - 2013 PCR 3: By 2015, Morbidity from malaria will be reduced by 50 per cent from the 2009 baseline.

**Progress:** The GFATM-supported programme for malaria involves UNICEF as Principal Recipient, WHO as Sub-Recipient and MoPH as implementing partner. The current data available from routine recording and reporting system shows evidence of consistent improvement in the prevention and control of malaria in the country. Against the baseline of 1.57 cases of malaria per 1000 population, the overall malaria incidence in 2012 reduced to 1.55 per 1000 populations. Women contributed to 43.9 per cent and under 5 children contributed to 1.1 per cent of the total malaria cases. In 2013, a total of 71,375 suspects, clinical and confirmed malaria cases were registered as of September, which included 14,479 clinical and confirmed cases. Overall, there is a declining trend of malaria cases, as malaria cases in the period January to September 2013 decreased by 33 per cent as compared with corresponding period in 2012. The Mass Primaquine Prophylactic Treatment campaign was also successfully completed in 2013. The malaria programme has furthermore contributed to the strengthening of health systems, in areas such as monitoring and evaluation and supply chain management. The programme also provided technical support for strengthening the National Drug Regulatory Authority (NDRA) which will ensure the implementation of
strengthening of the disease surveillance system, entomological surveillance and monitoring through onsite data verification exercises. These have helped the programme managers in understanding the malaria situation and using the evidence for informed decision making.

The analysis of the determinants in line with MoRES, revealed that the majority of reported cases of malaria in 2013 were farmers by occupation and there is a need to improve the coverage, quality of interventions including knowledge and awareness in this group. The re-stratification of RI (lowest administrative unit) was undertaken according to the burden of malaria cases. This exercise has helped in developing better understanding of the needs of most disadvantaged populations with an equity perspective by enabling targeting of interventions to the communities most in need. Tools for local level data analysis for malaria and TB were also developed in order to improve the quality of confirmatory diagnosis for malaria. The percentage of suspected malaria cases undergoing confirmatory laboratory diagnosis improved significantly up to 94 per cent against the target of 80 per cent, as a result of conscious efforts made by country partners to improve the capacity of health workers for diagnosis of malaria cases. There are 859 RI hospitals who conducted malaria light microscopy in 123 high and medium transmission provinces.

A total of 71,375 (suspect, clinical and confirmed) malaria cases received anti-malarial treatment according to the national protocol in 123 counties in 8 malaria epidemic provinces. These included 14,479 clinical and confirmed cases. These improvements can also be attributed to the sustained improvements in diagnostic ability through supply of microscopes, reagents, capacity building and periodic monitoring. The training of 123 household doctors from 123 counties on clinical management of malaria cases has resulted in 100 per cent of the cases receiving the treatment as per the National Malaria treatment guidelines. The post test of the training showed a significant improvement in the awareness and knowledge of county level staff on malaria case management.

**IR 5150/A0/06/618/001** By 2015, Health workers are able to diagnose and treat malaria on a timely basis. (FA-1 & OT-09).

**Progress:**

990 (859 Ri, 8 provincial and 123 county level) lab technicians were equipped with skills for malaria microscopy at different levels in order to improve the quality of confirmatory diagnosis for malaria. The percentage of suspected malaria cases undergoing confirmatory laboratory diagnosis improved significantly up to 94 per cent against the target of 80 per cent, as a result of conscious efforts made by country partners to improve the capacity of health workers for diagnosis of malaria cases. There are 859 RI hospitals who conducted malaria light microscopy in 123 high and medium transmission provinces.

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**IR 5150/A0/06/618/002** By 2015, households in targeted areas are provided with Long Lasting Insecticide treated Nets and are reached by Indoor Residual Spray.

**Progress:** Work clothes of a total of 100,787 people in occupational risk group in 520 Ris of 32 high malaria transmission counties in eight provinces were impregnated with permethrin. A total of 602,369 households in 562 Ris of 62 medium malaria transmission counties in eight provinces received Indoor Residual Spray. Various efforts were undertaken to ensure better targeting and quality of these two interventions. In addition, 2,480 field sprayers from 62 counties were equipped with knowledge and technical updates for ensuring quality IRS.

At years end, cumulatively 711,960 LLINs were distributed to 605,215 households in malaria high transmission area in 5 provinces. Priority was given to households with pregnant women and under five children. Monitoring visits were regularly conducted to ensure utilization of LLINs.

A big challenge is that the resources available only suffice for partial coverage (50 per cent) of the total population. There is an increased need for advocacy for improved resource allocation for sustaining and scaling up these interventions in the future. Efforts are being made to prepare a proposal for the new funding model of the GFATM.

**IR 5150/A0/06/618/003** By 2015, household doctors are equipped with skills and materials for improving awareness of malaria (modes of transmission, early detection and prevention) among individuals, families and communities.

**Progress:** 2300 RI level household doctors and volunteers were equipped with skills for creating awareness on malaria prevention and treatment. The improved capacity of the household doctors has resulted in improved referral of suspect cases and follow up for complete treatment. A total of 5,700 health facilities in 157 counties in eight provinces received malaria IEC materials, with information for the general public on prevention and treatment of malaria. Based on the epidemiological data, which shows high burden of cases in the occupational group of ‘farmers’, the programme has a specific focus on improving skills, knowledge and awareness on key interventions in this group.
Tuberculosis

development and implementation of National TB guideline, Childhood TB guideline and Programmatic Management of Drugs Resistant TB (PMDT)

efforts included strengthening supply chain management, monitoring and evaluation systems for more effective and efficient management and administration of the project.

Progress: The National Malaria Programme, with support from WHO and UNICEF, established a computerized network for online data management and created a mechanism for the reporting of data from 12 provinces to central level. This was done with installation of software and training of staff on data management. In addition, solar power support was also provided as back up in order to ensure uninterrupted power supply for data entry and transmission.

Six sentinel sites in six provinces conducted insecticide susceptibility tests in 2013. Several capacity building efforts were undertaken to strengthen the sentinel sites and surveillance systems. All accessories for equipment of entomological research were procured and distributed to these sites for assessing the effect of vector control interventions and taking further action to improve vector control in national malaria program.

As a result of these initiatives, the programme was able to monitor the efficacy of LLINs and IRS with deltamethrin in malaria endemic areas for improving integrated vector management.

Effective and efficient management and administration of the project.

Progress: The capacity development of the national malaria programme for effective and efficient management and administration of the project is an ongoing process which includes training in programme management, coordination meetings, development and implementation of monitoring and evaluation plan and procurement and supply management plan. Three staff from MoPH enhanced their skills in M&E through a training which was held in National Institute of Parasitology, Shanghai WHO Collaborating Centre. In addition, two entomologists from the Central Hygienic and Anti Epidemic Institute were equipped with skills for improved surveillance by participating in an international training in Sri Lanka.

About 55,600 adult malaria treatment courses (chloroquine and primaquine) was procured in time for the malaria season which not only covered the anticipated cases but also included approximately 50 per cent buffer. In addition to the treatment, primaquine for mass primaquine prophylactic treatment was procured and distributed to the 144 high risk Ris in 29 counties targeting 0.4M household members. Supplies for the next year have already been procured which will support the same activity targeting approximately 1.3M individuals.

Laboratory supplies to support the malaria blood smear microscopy were procured which enabled 63,768 suspected malaria cases to undergo confirmatory laboratory diagnosis. Procurement of next year’s supplies is already in the pipeline. Insecticides (deltamethrin in all quantities are already in the procurement pipeline for next year.

The Malaria grant has received consistently high rating of A1/A2 from the donor (GFATM) for performance management. The most recent period (from July to December 2012) was rated as A2 by the donor indicating good performance management. The key challenges identified include the need for further strengthening of the Country Coordination Mechanism (CCM) in areas of grant oversight and monitoring service delivery and the further improving the quality of laboratory diagnosis of malaria.

Interventions for prevention and control of TB in 11 provinces. 2011 - 2013 PCR 4: By 2015, the morbidity and mortality related to tuberculosis are reduced by 50 per cent.

Progress: DPR Korea is one of the high TB burden countries in the Asia Pacific region with a incidence rate of 409 per 100,000 population and notification rate of 371 per 100,000 population for all forms of TB cases (WHO Global TB Report 2013). The annual burden of all forms of TB cases was 91,885 in 2012. Out of these cases, 38.2 per cent were constituted by women. 21.7 per cent of the total smear positive TB patients were constituted by women in the age group of 15-44 years. Under 5 children contributed to about 1 per cent of all TB cases who were provided treatment. 3,900 cases of MDR-TB (Multi Drug Resistant Tuberculosis) are estimated per year. The mortality rate was estimated at 25/100,000 population (WHO Global TB Report 2013), showing a significant decrease from the 2008 baseline of 39.

Together with the National TB Programme and WHO as Sub-Recipient, UNICEF as Principal Recipient of the GFATM support has made several efforts to achieve the targets in the National TB strategic plan for improving TB case notifications and treatment success. These efforts included strengthening supply chain management, monitoring and evaluation systems for more disaggregated data analysis, development and implementation of National TB guideline, Childhood TB guideline and Programmatic Management of Drugs Resistant Tuberculosis (PMDT) guideline.
The analysis of the determinants in line with MoRES highlighted the resource and capacity gaps in scaling up MDR-TB services. In addition, the coordination among partner agencies working for MDR-TB and capacity for local level analysis of TB programme data were also identified as areas for improvement. The current needs of the programme include the expansion of MDR-TB treatment and surveillance capacity to cover all smear positive patients against the target of 85 per cent. These results were achieved due to the coordinated efforts and implementation of several technical activities, which included updating of national TB guideline and capacity building activities of staff involved in diagnosis and management of TB cases. The National M&E plan and PSM plans were implemented and progress monitored on a regular basis through M&E taskforce meetings, weekly progress review meetings, onsite data verifications and PSM taskforce meetings.

224 lab technicians were also equipped with skills on smear microscopy and external quality assurance for improved diagnosis of TB cases. In addition, the programme also supported the successful renovation of 73 microscopy centres, provision of lab consumables, microscopes and X-ray consumables on a regular basis, which contributed towards the improvement in TB diagnosis and treatment.

In order to ensure high quality treatment, 18,410 kits of Category II, 157,016 kits of Category I & III and were procured and distributed.

**Progress:** While the Global TB report 2013 shows that the programme has achieved 91 per cent case detection rate for new smear positive cases of Tuberculosis, the routine programme MIS reports show an achievement of above 90 per cent treatment success rate of all smear positive patients against the target of 85 per cent. These results were achieved due to the coordinated efforts and implementation of several technical activities, which included updating of national TB guideline and capacity building activities of staff involved in diagnosis and management of TB cases. The National M&E plan and PSM plans were implemented and progress monitored on a regular basis through M&E taskforce meetings, weekly progress review meetings, onsite data verifications and PSM taskforce meetings.

By 2015, health workers in the non-health sector are equipped with knowledge, skills and materials to identify and refer TB suspects. 1,050 health workers in non-health sectors representing Korean Federation of Red Cross and Korean Federation of People with Disabilities were equipped with basic knowledge and skills for detecting TB suspects and providing early diagnosis and timely treatment. This training was aimed to address the equity issue by ensuring that people who may not access the health system may also receive support for detection and early diagnosis through the health workers in the non-health sector. In previous years, 9,987 health workers in non-health sectors such as railways and police were oriented to ensure identification and referral of symptomatic to the microscopy and treatment centres at all levels.

**Progress:** 1,050 health workers in non-health sectors representing Korean Federation of Red Cross and Korean Federation of People with Disabilities were equipped with basic knowledge and skills for detecting TB suspects and providing early diagnosis and timely treatment. This training was aimed to address the equity issue by ensuring that people who may not access the health system may also receive support for detection and early diagnosis through the health workers in the non-health sector. In previous years, 9,987 health workers in non-health sectors such as railways and police were oriented to ensure identification and referral of symptomatic to the microscopy and treatment centres at all levels.

In addition, the World TB Day was commemorated with active involvement of health care institutions and other UN agencies. The 2013 theme for the World TB Day campaign was "Stop TB In My lifetime". Availing this opportunity, UNICEF made advocacy efforts through public addresses focusing on the need to prioritize the implementation of childhood TB interventions. Due emphasis was given on issues related to prevention, early diagnosis and treatment of children. Paediatric TB guidelines and training materials were also developed along with the roll out of the plan for training of health workers and service providers.

**Progress:** In order to improve the capacity for management of MDR-TB, 48 programme staff were equipped with skills and knowledge in line with the National Programmatic Management of Drug Resistant TB (PMDT) guidelines. In addition, eight staff also received international training on the management issues related to MDR-TB. The National PMDT guidelines were updated in line with the Global PMDT
PC 2 - Nutrition and care

**PCR 5150/A0/06/607 2013 - 2015 Outcome 06** By 2015, the Government implements a comprehensive sustainable nutrition programme including adequate Infant and Young Child Feeding (IYCF), Micronutrients and Management of Acute Malnutrition programmes. 2011-2013 PCR 9: By 2015, child and maternal nutrition improved at local and national levels. (By 2015, the Government implement a comprehensive sustainable nutrition programme including adequate Infant and Young Child Feeding, micronutrients and management of acute malnutrition programs)

**Progress:** As a result of working together with partners there was:

- Increased participation and ownership of nutrition interventions by the Government through the further strengthening of two active national technical groups, the involvement of the Child Nutrition Institute, the renewed collaboration of the State Planning Commission, and the drafting of important national technical documents including the CMAM guidelines and a National Nutrition Strategy;
- Wide dissemination of the results of the 2012 NNS;
- An increase by 37 per cent of the proportion of infants aged 6-8 months who received complementary food on time, compared to 28.8 per cent in 2011), and;
- 17,585 severely acute malnourished children treated, with a percentage of cured children (86 per cent in provincial hospitals, 81 per cent in county hospitals, 91 per cent in ri/dong clinics and 92 per cent in baby homes) higher than the global Sphere recommendations (above or equal to 75 per cent), demonstrating the quality of care provided to malnourished children, particularly at household level.

However, there are certain bottlenecks in achieving desired results particularly related to limited Multi-sectoral collaboration, and communication for behaviour change such as early initiation of Breast feeding, Exclusive Breast Feeding, Complementary feeding especially importance of food diversity both for children and mothers and continuation of breast feeding for two years.
IR 5150/A0/06/607/001 IR 09.1 By 2015, National and Provincial Government capacity to develop and institutionalize policies and strategy framework/plan for effective implementation of child and maternal nutrition programme.

Progress: Valuable progress was made in 2013 with the Government in which UNICEF has facilitated discussion and development of National Nutrition Strategy, National CMAM, IYCF and Micronutrient guidelines. These documents are being reviewed by MOPH technical committees in preparation for endorsement which is expected in early 2014. Chronic food insecurity, dependence on food aid and relatively high levels of maternal and child undernutrition are still prevailing in DPR Korea, mostly as a result of isolation, economic challenges, sanctions and climate change. Although Global Acute Malnutrition is relatively low at national level, within country inequity exists as GAM level is still high in the eastern and northern provinces. In spite of the progress made over the last decade in reducing stunting and wasting, this reduction is precarious as the country continues to face several challenges in filling the food security gaps, dependency on food aid. In addition, food fortification and Iodine Deficiency Disorder (IDD) programme are weak. The health and WASH services are in critical need for upgrading and in need for essential supplies and equipment.

Discussion on bottlenecks and determinants, and measures to address them was initiated in the health and nutrition sectors. The programmatic context is to a large extent centralized and vertical in the country, thereby limiting the possibilities of designing, implementing and monitoring multi-sectoral interventions to address the immediate and underlying causes of undernutrition. The technical capacity of decision makers and service providers in public health and nutrition needs to be further strengthened and upgraded in order to cope with the most recent developments in these fields. Availability of essential nutrition supplies, medicines and micronutrients are vital ensuring quality preventive and curative nutrition interventions. Improving warehousing capacity, management and in-country logistics is another area needing further strengthening in 2014.

Timely data flow, feedback mechanisms and dissemination to stakeholders is another area of concern in nutrition programming as the existing Information Management System is providing limited nutrition related data. On the demand side, a national focus on delivery of low-cost high-impact targeted interventions to the most at risk groups (pre-pregnancy, pregnancy, lactation, new-borns, the first 24 months of life and all US children) is very critical to be institutionalised and should be delivered at scale to achieve sustainable impact/reduction of US undernutrition. At community and service delivery levels, the need to deliver an integrated minimum package of health, WASH and nutrition interventions and motivation to achieve behavioural change at care givers and service providers also highly needed for positive and sustained impact, and will be considered in 2014 work plan. A discussion with the International Conference on Nutrition (ICN) and MOPH is ongoing to strengthen the performance of the National Health Information System to accommodate different nutrition programmatic indicators as well as to strengthen supportive supervision and monitoring activities.

Another important achievement in 2013 was the support provided to Government for printing and dissemination of the report on the National Nutrition Survey conducted in 2012, which provides detailed anthropometric and feeding practices at national and sub-national level.

IR 5150/A0/06/607/002 By 2015, health facilities, baby homes, nurseries and communities have the capacity to promote adequate breastfeeding and appropriate complementary feeding practices.

Progress: In 2013, UNICEF facilitated the assessment and certification of Nampo maternity hospital bringing the total Baby Friendly Hospital Initiative (BFHI) hospitals to 10 (one hospital per province) and a re-assessment of three other maternity hospitals by the BFHI Friendly Technical group to document implementation status of BFHI against set standards. Through this extensive exercise 255 doctors and managers of maternity hospitals were trained on breastfeeding counselling, an important skill to communicate effectively with mothers to promote early initiation, exclusive breastfeeding as well as timely introduction of complementary feeding within the context of appropriate IYCF practices.

In August 2012 UNICEF also supported the World Breastfeeding Week celebration held in Nampo city and Chollima district with 260 participants who attended the presentations made and visited the photo exhibition, as well as observed breastfeeding practices among mothers and the key messages provided by caregivers at that same time. During this event also the dissemination of 10,000 leaflets, 1,000 posters on the promotion of breastfeeding was made through this event.

BFHI assessment tool kits and training material were updated with recent knowledge and experience from World Alliance for Breastfeeding Action and the county context. A picture card for BF counselling and promotion is under development by ICN technical staff.

Service providers at different levels are in need for better understanding of 1000 day approach. Within this context appropriate IEC materials need to be developed in collaboration with MOPH focusing on appropriate care of mother during pregnancy and appropriate Infant and Young Child Feeding practices and care during first 24 months.
In 2013, more than 80,000 households’ visits to early identify, treat and follow up on SAM children.

In total, 1,583,650 (98.5 per cent) of Korean children aged 6-59 months received two doses of vitamin A supplement;

1,481,480 pre-pregnant women benefited from Iron / Folic Acid supplements;

211,200 Pregnant / Lactating women (PLW) were reached through distribution of Multi-micronutrients supplements (MMN);

342,300 post-partum women were reached through the distribution of Vitamin A supplementation.

In 2013, regular joint monitoring and supervisory visits by MOPH / UNICEF for micronutrients related activities took place at the peripheral level. These supervision trips highlighted a few bottlenecks which will need to be addressed in 2014 and beyond. These are mainly related to availing sufficient supplies, capacity development of health workers and ensuring availability of routine data as well as compliance of mothers and children as per micronutrients guidelines.

According to target population needs 40,000 boxes (40,000 x 1000 = 40,000,000 tabs) of Iron Folic Acid tablets, 19,009 boxes of Multiple micronutrient tablets (19,009 x 1,000 = 19,009,000 tabs) and 551,315 boxes of multiple micronutrient powder (551315 x 30 = 16,539,450 sachets) were distributed to the service delivery sites to strengthen micronutrient supplementation.

The coordination mechanism of micronutrient supplementation is assigned to both technical groups concerned (CMAM and Baby-Friendly Technical Groups). For example, vitamin A and other supplementation of children fall under the responsibility of the CMAM Technical Group while any micronutrient supplementation for women is under the Baby-Friendly Technical Group which makes coordination of activities difficult. In 2014, UNICEF will advocate for assigning the planning and management of micronutrients to one technical group preferably CMAM groups for effective programing and management. In 2014s the Micronutrient Supplementation Guidelines will help define which micronutrients should be given to various target groups through different strategies including food fortification strategies and with adequate monitoring. Challenges will remain to involve both technical groups in the monitoring but these will be alleviated through joint coordination meetings and joint monitoring visits.

Salt iodization remains an important issue in DPRK with limited progress over the last 10 years. In 2013, 24,000 tons of iodized salt was produced with UNICEF support (including provision of 1,500 Kg of potassium iodate and 48 MT of plastic material and 1,000 rapid testing kits). This production covers the need of about 53 per cent of the population. The NCC Deputy Secretary General and the UNICEF Representative visited together the Namyang Salt Factory and looked into possibilities of further strengthening the Iodine Deficiency Disorder prevention programme implementation.

The main bottlenecks preventing the iodization of salt on a larger scale is the lack of funding and of multi-sectoral coordination at national level. The lack of coordination is also impairing the initiation of legislation and the development of technical knowledge on the latest salt iodization recommendations. In view of this, UNICEF facilitated one multi-sectoral orientation meeting to all stakeholders in the country.

In total, 12,240 sachets of F-100, 10,260 sachets of F-75 in addition to 13,500 sachets of Ready to Use Therapeutic Food/RUTF, and 4,200 sachets of Resomal were procured and distributed for the CMAM program. In addition anthropometric scales including: 1,194 height boards, 1,000 baskets for the hanging scales and 39,900 MUAC tapes were also distributed to the CMAM facilities to enhance anthropometric collection and follow up.

In 2013, more than 80 per cent of the 18,000 SAM children were treated successfully.
Supported by an international consultant, UNICEF facilitated training of 16 and 43 technical officers from central and provincial levels respectively as master trainers on in-patient management of SAM with complications. The master trainers conducted cascade training and 290 health workers from all provincial paediatric hospitals were trained on management of SAM with complications, a major achievement in ensuring standard quality treatment.

UNICEF made 33 supportive supervisory/monitoring field visits in 2013 as part of the capacity building activities visiting about 100 CMAM facilities. The CMAM technical group and MOPH undertook 93 monitoring visits in 2013. Based on field observations feedback was provided to key stakeholder for further strengthening supportive supervision and ensuring monitoring of results. Supportive supervision and monitoring was further emphasized in new National CMAM guidelines to be disseminated in 2014. Hence, strengthening monitoring will be key area of focus for ensuring quality implementation of activities.

**PCR S150/A0/06/608 PCR10.** By 2015, improved behavioural and care practices at institution and household level in focus counties.

**Progress:** Many of the activities for these areas were carried out under different headings for Outcome/PCR 9.

The bottlenecks identified in relation to the PCR 10 relate mainly to:
- Lack of national guidelines to enable efforts to go forward in ministries and at local level, covering such areas as Growth Monitoring and Promotion; Early Childhood Development and Nutrition in Emergencies; and
- The limited availability of nutrition-related educative material available at all levels.

Through regular interaction with MOPH and need based actions steps have already been initiated in 2013 to address these bottlenecks.

**IR 5150/A0/06/608/001 IR 10.1.** By 2015, increased proportion of families adopting key caring practices to improve young child survival, growth and development in focus counties

**Progress:** Most of the activities related to this IR were already integrated and implemented under PCR 9.

**PCR S150/A0/06/609 PCR 11.** By 2015 improved Government capacity in emergency preparedness, early recovery and response including long-term strategies for risk reduction particularly in nutrition.

**Progress:** The programme’s focus remained on increasing the national capacity through capacity building of relevant staff enabling timely and appropriate response in case of any emergency.

- There was a timely response to the July/August flood emergency. The UNICEF Health team took part in a joint UN rapid assessment mission and distributed eight complete sets of Inter-agency emergency health kits (IAEHK) to serve 80,000 flood affected population in 3 provinces based on Government request.
- About 7,110 under five children were supported with essential medicines during the floods in August.
- 20 Complete sets of IAEHK have been procured to ensure prepositioning for timely response in case of any possible emergency.

Effective coordination was one of the bottlenecks, although three Health cluster meetings were held during flood emergency. However, opportunities to improve different agencies’ commitment and strengthen coordination mechanism will be addressed in 2014-15 workplan, and will focus on delivering timely and comprehensive response as the country is prone to natural disasters. Cluster coordination mechanisms should be adapted to suit DPRK context.

To enhance the knowledge and skills of the nutrition team, five key nutrition staff from MOPH and one national nutrition officer from UNICEF participated in a Regional Nutrition in Emergencies course in October 2013. The objective of this training was to train selected MOPH staff on nutrition in emergencies as master trainers and replicate the same training in DPRK for a wider audience. In 2014, the trained group will undertake training at national level to create pool of master trainers. Improved capacity in emergency preparedness is an area of improvement for timely and effective response in possible emergencies.

The main bottlenecks identified are lack of national guidelines to enable efforts to go forward in ministries and at local level, covering areas such as growth monitoring, early childhood development and nutrition in emergencies, and the limited availability of nutrition-related educative material at all levels. These bottlenecks are already being addressed with the MOPH. Development of different national normative and educative materials and documents is needed.
IR 5150/A0/06/609/001 IR 11.1. By 2015, capacity of national and local government to respond to humanitarian situations relating to appropriate IYCF practices and acute malnutrition management strengthened.

**Progress:** This IR relates to emergency interventions done primarily through the implementation of CMAM activities (IR 9.5) and coordination of the partners through the Nutrition Theme Group.

There are 1000 ri/Dong clinics and baby-homes delivering CMAM services. In total about 18,000 SAM children were treated in 2013

The main bottleneck identified is the limited technical capacity in nutrition in DPRK which prevents MOPH to pro-actively lead nutrition interventions in regular activities as well as in emergency preparedness, response and recovery.

UNICEF is planning to work with MOPH technical group and partners to develop comprehensive nutrition work-plan in 2014 that will focus on essential actions in CMAM, IYCF and micronutrient supplementation during emergency period.

**PC 3 - Water, sanitation and hygiene**

**PCR 5150/A0/06/613 2014-15 Outcome 04:** By 2015, National and local governments implement relevant and effective WASH policies and strategies that equitably increase access to quality WASH services. 2011-13 PCR 6: By 2015, capacity of national and local government strengthened to increase access and delivery and utilization of quality water and sanitation services for children and women.

**Progress:** In 2013, UNICEF continued advocacy to roll out the construction of gravity-fed water supply systems to provide clean and safe water to communities, as a sustainable, environmentally-friendly and cost-effective strategy, and maintained the priority of improving WASH facilities of childcare homes and health facilities in support of the combined nutrition and health interventions, and schools in vulnerable areas. An additional 30,150 households (132,160 people) gained 24 hour access to safe drinking water after 11 gravity-fed water supply systems were completed (six county towns and 5 ris); and 26 kindergartens, 37 nurseries, six childcare homes, 29 schools, and 24 health posts were connected. A feasibility and design study for a pilot ‘WASH for All’ project, aimed at achieving universal coverage using a combination of low cost solutions, commenced in 3 Ris. Although MoCM gives due importance to these water projects, there are some challenges in relation to the provision of adequate technical support due to limited number of qualified technical staff and transport logistics.

Partnerships for implementing hygiene and sanitation promotion have been expanded with the Ministry of Public Health agencies and other partners. UNICEF focused on advocacy at all levels including decision-makers and planners and increased social awareness through colourful workshops held as part of the events celebrating the World Water Day, the Global Hand-washing Day and the World Toilet Day.

The proportion of rural households in focus counties with access to improved sanitation has not been assessed.

Uncertainty of funding remains a major bottleneck for the WASH sector in DPRK. As a result of the specific country context where most of the assistance is limited to humanitarian aspects, humanitarian action remains one of the major tools to support critical aspects of the programme. The short-term or one-year limited funding is constraining formulation of a long term strategic plan. The Office is intensifying fundraising for WASH by means of evidence-based advocacy with existing and potential donors, while also highlighting the importance of the sector for child survival.

Advocacy for improved coordination has increased participation of the Ministry of Public Health agencies in hygiene and sanitation promotion. With clarification of the differentiation of roles and responsibilities, better coordinated working mechanisms are to be articulated in 2014. Other challenges are faced with the need to improve synergy with both the Ministry of Public Health and the Education Commission to strengthen WASH in school in a more efficient way under the framework of Child Friendly Schools. For 2014 specific joint efforts by the WASH and Education sections is planned in the Rolling work Plan.

**IR 5150/A0/06/613/001 2014-15 Output 04.2** By 2015, 500,000 more women, children and other population in underserved areas in 6 ris and 20 Ups (County Town) equitably and sustainably use safe drinking water sources, improved sanitation facilities and practice hand washing with soap. 2011-13 IR 06.1: Strengthen National and local Government capacity to "scale up access to, delivery and utilization of water and sanitation and hygiene education services" for children and women promoting equity and sustainability.

**Progress:** The Office been regularly collecting baseline data on incident of diarrhoea as part of the feasibility study before starting another new GFS project. Data collected from some counties after completion of the GFS project corroborated the fact that safe drinking water helps prevent diarrhoea.

The Office supported the MoCM and local communities in completing gravity-fed water supply systems in six urban and five rural habitations, serving a total of 30,150 households (132,160 people) in Kangwon Province (Ichon and Sepo Towns, Chilbong Ri, Hyon...
23 counties in the four provinces benefitted from the emergency relief interventions. 2012.

Pumped system and gravity systems (combined pumped system and gravity-fed systems) in Gamdok area in South Hamgyong province, an area which was affected by devastating torrential rains during 2012. Household connections of the water supply have transformed the lives of women who cited time in 30 years they do not have to worry about collecting water after work or early in the morning. An estimated 200,000 people from

4,990 14 bars of soap to childcare institutions and families; 9,976 foldable 10 litre jerry cans and a similar number of IEC leaflets and washing cartoon book based on the film on hand-washing advocacy for children was provided to teachers and caregivers in children’s institutions during the run up events to the Global Hand-Washing Day in 2013. The distribution of the hand-washing cartoon book based on the film on hand-washing proved to be an effective means of reaching children who do not have access to TV due to the lack of electricity with the hygiene messages on hand-washing with soap and also provided children under 11 years of age

Sinpyong Town in N. Hwanghae Province; and Sudong area in S. Hamgyong Province.

There was also a considerable problem of local transport and lack of trucking companies.

Despite the encouraging results, this IR is constrained by an uncertain funding environment as well as by delays in critical supplies - mainly from offshore locations, mainly China and involving transhipment between trucking companies at least at two points (Dandong in China and Sinju in DPRK). There were some quality related issues. There is also a considerable problem of local transportation due to lack of trucking companies.

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preparedness and response.

The Emergency stocks were replenished in time to be able to meet the immediate needs of 10,000 families.

**PC 4 – Education**

**PCR 5150/A0/06/610 2011-13 PCR 7:** By 2015, National Government capacities strengthened to formulate policies and plans for improving the quality of education nationwide.

**Progress:** There was limited progress in the operationalization of EMIS which was set up in the Education Commission. The Government decided to postpone the data collection which was supposed to start during the year due to changes in the indicators after Government decision to extend the duration of free and compulsory education by another year at Primary level and to divide Secondary education into two levels making it three years of Junior Secondary and three years of Senior Secondary. The data will be collected in 2014, after the new arrangement of extending 11 years of compulsory education to 12 years comes into force with the new academic year.

Towards support to Education Commission in the preparation of EFA Review report, UNICEF participated, along with two representatives from Government in a technical workshop organised by UNESCO at Bangkok for the participating countries. UNICEF will be extending possible support to the Government in the preparation of the report which is due by June 2014. If the report is submitted, it will be the first report from the country on EFA.

The Korean and English version of the Child Friendly School (CFS) framework is ready and its standards are being followed as reference points for all school-based activities. UNICEF closely engaged with the Government in orientation of relevant staff on the current trends in quality education and relevance of Child Friendly School Policy early in the year. Subsequently, the team developed a checklist for Child Friendly Schools using the internationally accepted domains of CFS. Development of a detailed framework is still underway which will be adopted as guiding document for the creation and enhancement of child friendly school environments.

The delay in EMIS can be considered as an important bottleneck for accelerating implementation of some related interventions.

**IR 5150/A0/06/610/001 2011-13 IR 7.1** By 2015, national policy on quality standards for schools based on Child Friendly School or similar models formulated and operationalised.

**Progress:** A group of Resource Persons within the Education Commission who were trained by UNICEF finalised the DPRK-specific Child Friendly School checklist. The checklist is being used for implementing UNICEF-supported interventions in schools. During the year, seven educational institutions were assessed based on the CFS checklist and taken up for rehabilitation and other interventions which included Children’s Homes, Boarding Schools and a branch school (schools located remotely over hills, islands and in forests). UNICEF supported national and regional trainings on formulation of emergency preparedness and response plans for risk reduction relating to education CCCs. The Government supported interventions in schools. During the year, children of Special Schools to improve hygiene practices. Notebooks and writing materials were provided to 17 Boarding Schools to cover the shortages in the Government’s provision for these homes. In order to create safe and secure environment for young children, six Children’s Homes with 1,800 children were provided with improved outdoor playground equipment.

The CFS framework document and the checklist have been prepared and are being adopted as a national guideline for schools and other educational processes. Lack of systematic data on status of schools and their facilities have been a constraint in getting a holistic picture of the school’s physical environment. The EMIS being set up is expected to address this issue, to a great extent.

**IR 5150/A0/06/610/002 2011-13 IR 07.2:** By 2015 Government capacity improved in disaster risk reduction including development of long-term strategies for risk reduction relating to education CCCs.

**Progress:** In order to build the capacity at national and sub-national levels, UNICEF supported national and regional trainings on Education in Emergencies for 100 education officials and teachers covering 10 vulnerable counties in September, resulting in the formulation of emergency preparedness and response plans and enhancing the capacity and capability of effective and immediate response.

Fortunately, there was no call for any emergency support in the area of education during 2013. The Office is ready with the pre-positioned stock of stationery kits, classroom kits, Early Childhood Development kits and recreational kits which can be used for education response for more than 25,000 children.
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**PCR 5150/A0/06/611 2013-15 Output 5.3**

By 2015, national and sub-national capacity in disaster risk management enhanced to respond effectively to emergency including long-term strategies relating to Education CCCs. 2011-13 IR 8.3 By 2015, heuristic (student centred) teaching method is practiced in primary schools along with the improved teaching and learning materials and ICT.

**Progress:** UNICEF supported capacity building of the Education Commission and its allied Institutions such as the Academy of Education, Science and Pedagogy University in four critical areas, as follows:

- Age validations of the ELDS for 5-6 years age children in Kindergartens were completed with the validation exercise carried out in April and October 2013. The Standards were finalised for its printing and dissemination among teachers;
- A team of the Education Commission was trained intensively on drafting of the English curriculum by an external expert. The revised curriculum has been drafted and adopted by the Education Commission. The experts have begun revision of the textbooks based on the new curriculum. The Resource Person provided technical guidance in the writing of textbooks and also on teaching methodology in child centred classroom;
- A seven-day-training was conducted by an external consultant of 25 key personnel of Education Commission on development of tools and questionnaires for the pilot assessment of learning achievement. The pilot assessment test was administered on 1,000 eligible students of 10 schools selected from representative locations. The pilot assessment led to further revision of the test items and questionnaires which will be used in the nationwide assessment test to be conducted in July-August 2014;
- Student centred teaching methodologies are gradually being introduced as part of the overall exercise to make schools’ learning environments more child friendly and with children increasingly developing essential skills like critical thinking, problem solving, creative thinking, etc. After having introduced the concept in 2011 to the Education Commission, and series of workshops organised in 2012, the momentum has been built to incorporate the concept at school level as well as in training institutions. So far, related workshops have been organized for 10 counties in different parts of the country.

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**IR 5150/A0/06/611/001 2013-15 Output 5.1:**

By 2015, National Government capacity (knowledge and skills) to formulate quality standards in line with CFS and early learning development standards 2011-13 IR 8.1: By 2015, Nurseries and kindergartens in focus counties (rural and urban) follow the prescribed quality standards for Early Childhood Development and school readiness as a component of developmental school readiness.

**Progress:** A major achievement in 2013 was the finalisation of the ELDS. The technical team of the Education Commission conducted two rounds of age validation in April and October and, based on their experience, finalised the age-wise standards for children of ages 3, 5 and 6 years. The validation was done as per international protocol by team of experts who visited 10 sample schools and spent 5 days each in schools testing standards at two points of time during the year. This led to the finalisation of the standards which will be applicable in all kindergartens of the country as part of the curriculum from 2014 academic session.

As part of UNICEF’s direct support to children institutions (boarding schools) in making them as child friendly as possible, UNICEF supported creation of safe playground in 6 out of 12 Children’s Homes benefitting over 1,800 children. The Children’s Homes are orphanages for children of 4-6 years living and learning for 2-3 years in residential facilities before they graduate to the primary boarding schools.

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**IR 5150/A0/06/611/002 2013-15 Output 5.2:**

By 2015, teacher training centres and children institutions nationally have the technical capacity and resources to implement student centred/heuristic teaching process and child friendly environment.2011-13 IR 8.2 By 2015, Maths and English school curriculum renewed and being used nationwide with revised textbooks and syllabus.

**Progress:** Taking forward the work done in 2012, UNICEF brought in an international expert to orient a group of 50 resource persons on techniques of drafting the curriculum and teaching English as a second language. Following the training, the group dedicated itself to task of assessing the existing curriculum and accordingly a draft of the revised curriculum was prepared and accepted by the Government. The group orientated by the external consultant on English curriculum was also oriented on development of textbooks based on the new revised curriculum.

The Office continued to provide printing consumables for printing of 3,750,000 textbooks for students of kindergartens and schools. As part of its equity agenda, the support was extended to include braille papers for printing similar textbooks for blind students who are studying in three special schools.

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**IR 5150/A0/06/611/003 2013-15 Output 5.3**

By 2015, national and sub-national capacity in disaster risk management enhanced to respond effectively to emergency including long-term strategies relating to Education CCCs. 2011-13 IR 8.3 By 2015, heuristic (student centred) teaching method is practiced in primary schools along with the improved teaching and learning materials and ICT.
**Progress:** UNICEF provided consultancy support early in 2013 to provide technical inputs to the EC team engaged in drafting items and a questionnaire for the learning assessment. Subsequently, the pilot learning assessment tests were administered to 1,000 children from 10 representative schools. The analysis is in process. However, the survey provided helpful feedback for the resource persons to make necessary adjustments in the test items and questionnaire to better suit the country context. The test and questionnaires were adaptation of the standard Programme for International Student Assessment/PISA materials. A nationwide assessment is planned to be conducted in July-August 2014. The assessment is expected to provide empirical data for drawing important inferences on the status of learning and group learning in line with features of child-centred teaching.

Taking forward the efforts of UNICEF to advocate for adoption of more child-centred methods of teaching, a workshop was organised in 2013 to provide technical inputs to the EC team engaged in drafting items and a questionnaire for the learning assessment. To further strengthen training and teacher support capacity of the teacher training centres, UNICEF provided training equipment (computer, projector etc.) to three provincial level training centres.

UNICEF collaborated with UNESCO on a project of capacity building of a group of national resource person in ICT-pedagogy integration in schools. Specifically, UNICEF logistically supported a workshop held for 30 participants with UNESCO arranging a subject expert for facilitation.

Towards promoting life-skill based education, UNICEF reprinted materials on hygiene, traffic safety and environmental protection and provided to 170 primary schools and 1,300 kindergartens. These materials are also expected to provide opportunity to children for self-learning and group learning in line with features of child-centred teaching.

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**PCR 5150/A0/06/612. Old PCR 5: By 2015, capacity of national and local government strengthened to formulate relevant and effective WASH policies and strategies.**

**Progress:** In 2013, water assessment surveys (WAS) were rolled out in 23 counties randomly selected from all 10 provinces. The results of the surveys from these counties and the two assessed in 2012 will be used in 2014 to update the national water policy and strategy. The capacity of the Central Bureau of Statistics and the Ministry of City Management to conduct the WAS to generate information to update the effective coverage for water supply was built. As the WAS inventories the facilities as well as their functionality it will form a database for the sector which will later be updated by stakeholders on a regular basis. This will improve the understanding of the gaps that need to be addressed in order to reach not only the MDG targets but also universal coverage for water supply and facilitate evidence-based and high-impact interventions.

MoCM has standardized the design for improving latrines in all new houses, which is being adopted in all focus counties. In 2013, 100 per cent of new houses constructed in focus county towns followed the guidelines; in ris (rural areas) 60 per cent did so.

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**IR 5150/A0/06/612/001 National and Provincial Government capacity to review and update WASH sector policies, plans and strategies; support, evidence-based and high-impact interventions increased.**

**Progress:** The tools and techniques used for the pilot water assessment conducted in 2012 in two counties were revised. Eighty enumerators drawn from MoCM and CBS were trained and they conducted the survey in the 23 counties randomly selected from the 10 Provinces in order to further build evidence for water policy update and sector planning. With this experience, capacity was built in each of the 10 Provinces to conduct the WAS and update water status report and coverage plan for scaling up GFS systems in their province.

The Ministry of City Management standardised the design of latrines following the Rural Sanitation Guidelines disseminated in 2012 and its Rural Building Department is using the guidelines in the construction of new houses not only in focus counties but throughout the country. During 2013, the new designs were implemented in 100 per cent of the construction of new houses in urban areas and 60 per cent in the rural areas throughout the country.

Local manufacturing of PE and PVC pipes for water supply meeting ISO certification is not yet achieved. Further quality control management improvements based on new recommendations made after a team of international standards consultants visited two local pipe manufacturing are needed before the local manufacturers are ready for ISO certification. Training for quality control management in the manufacturing process was provided by the consultants. A further assessment will be made only after the manufacturers complete the additional capital investments and put in place the improvements required in the quality assurance processes.

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**PC 5 - Advocacy and knowledge management**
UNICEF Annual Report 2013 - Korea, Democratic People's Republic of

**PCR 5150/A0/06/617 2013-15 Outcome 07:** By 2015, Government policies and actions include and are informed by data on children and women.

**Progress:** UNICEF supported the training of 80 CBS staff on Devinfo and Korinfo at sub-national level for nine Provincial Statistics Offices, and begun negotiation with the CBS on modalities to conduct a Multiple Indicator Cluster Survey (MICS). Some significant issues have been identified based on the experience of the previous exercise which are need to be addressed, and UNICEF is working with CBS to resolve those issues.

As the Chair of the UN Theme Group for M&E and data, UNICEF supported the Mid-Term Review of United Nations Strategic Framework (UNSF), while also assisted with general strengthening of the national capacity for generating, collecting, analysing and using data to inform policy development and implementation.

The Water Situation Assessment Survey was completed in 23 counties and 80 enumerators trained for the purpose. A KAP survey on effectiveness of trainings among the health providers was finalized and disseminated among stakeholders in July.

**IR 5150/A0/06/617/001** By 2015, Government capacities developed at national, provincial and selected county levels in data collection, and use for monitoring achievement of progress towards the MDGs and the Country Programme Document results.

**Progress:** Strengthening the capacity of the Central Bureau of Statistics in managing Devinfo at national level to monitor progress towards MDGs is supported by UNFA and UNICEF, as part of the UN theme group on data. CBS trained 80 people from nine Provincial Statistics Offices on Devinfo and Korinfo 6.1. Through this training the provincial statistics officers learnt to use and build the database themselves, while they also learnt about the new functions added to the newly updated Korinfo 6.1.

While a MICS was planned to be initiated in 2013, the same was delayed due to ongoing related discussions.

In 2013 in order to assess the relevance, effectiveness, efficiency and sustainability of the "Focus County Approach" as well as the extent to which the approach has contributed to equitable results for children, an assessment was undertaken in two selected counties out of ten, in which it is implemented. The selected two counties were Tongchon County, Kangwon Province and Yonthan County, North Hwanghae Province. The assessment fed into the 2013 Mid-Term Review by providing recommendations regarding the relevance of the approach in the remainder of the current Country Programme and beyond.

**IR 5150/A0/06/617/003** By 2015 improved capacities for the implementation of innovative interventions in the CPD.

**Progress:** Several training courses have been organized for each programme component to develop capacities of counterparts and are reported under each component. The Office prepared a training plan with several trainings for the staff. In 2013, several opportunities were provided for national staff to be exposed to experience in other countries through the organization of study tours and attachment training on Malaria, M&E, Supply and ICT. Terms of reference for each study tour and attachment training included systematically the design of an action plan to follow up.

A Programme Policy and Procedures (PPP) training workshop was conducted in May 2013, in which all UNICEF staff participated. The purpose of this PPP training was to improve knowledge of the evolving global context of UNICEF country programming, to enhance skills for applying a systematic approach to country programme process, to update knowledge of the revised programme structure and network processes and to contribute achieving higher quality programming that fully integrates and applies the core policies and procedures of the organization. This PPP training was tailored to the specific context of DPRK.

A training on Communication for Development (C4D) was conducted in May 2013, which was attended by UNICEF staff and key government counterparts. The purpose of the C4D training was to update the knowledge of effective advocacy, social mobilization, behaviour and social change communication for maternal and child health.

**IR 5150/A0/06/617/004** 2.5 Continuous support timely national reporting on the CRC and CEDAW
**Progress:** Occasional discussions and communications took place between UNICEF and the Government on the submission of the State Party report on CRC implementation, which was due in October 2012. Related work will further be pursued in 2014.

A Government delegation comprising officials of National Coordinating Committee (NCC) for CRC and National Coordinating Committee (NCC) for UNICEF, headed by the Coordinator for NCC for CRC attended the 2nd High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific in India on 23-25 October 2013.

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**PC 6 - Cross-sectoral costs**

**PCR 5150/A0/06/620** By 2015, ensure continuous efficient and effective delivery of programme results.

**Progress:** 2012 was marked by the highest funding and spending of the Country programme for the last ten years, including the biggest amount of supplies which represent 70 per cent of programme outputs. Most of programme results are on track with a few being constrained. Progress was made in strengthening the overall monitoring of the programme as well in external communication. Still challenges persist in communication for development as there is limited expertise in this area within the UNICEF DPRK office as well in line Ministries concerned.

This programme component result is likely to be merged partially with PCR 12 and partially with PCR 14 at the mid-term review in order to further simplify the programme structure.

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**IR 5150/A0/06/620/001** Efficient delivery of programme and office supplies.

**Progress:** The 2013 supply plan was finalized and signed by implementing partners in March 2013 and subsequently shared with two major procurement sources, UNICEF Supply Division and UNICEF China office. The Office achieved 96 per cent implementation rate of the supply plan.

The on-time delivery rate was 77 per cent for orders placed locally, however unrealistic delivery dates and complex in-country logistics attributed to some delays in delivery to end-site.

Following the comprehensive training of implementation partners on UNICEF procurement process and methodology of developing clear and complete specification, constant training is provided to programme staff and partners upon ad-hoc request.

In 2013, the Office re-established two Long-Term Agreements (LTAs) for construction materials which had expired in the course of the year. LTAs for transportation services and printing were discontinued because of price fluctuation of fuels and less demand for printing.

Logistics operations remain a challenge both for cross-border and in-country. The Office continues making efforts to overcome the challenges in air operations due to limited carrier and space issues, complex trucking services and processes crossing China/DPRK border and single feeder operations between Dalian China and Nampo, DPRK.

A local supply assistant was provided training in the UNICEF China office which will assist UNICEF DPRK especially with regards to China procurement and logistics issues.

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**IR 5150/A0/06/620/002** Ensure effective support to integrate Planning, Monitoring and C4D elements in the Country Programme.

**Progress:** One additional seconded national officer and one additional programme assistant were recruited to support planning, monitoring and evaluation function in the Office. Participatory programme reviews were held quarterly, at mid-year and at the end of the year, and involved line Ministries. For the first time, a high official of the National Coordination Committee for UNICEF at the Ministry of Foreign Affairs, the Under Secretary-General, co-chaired the annual review which was co-facilitated by the NCC, highlighting an increased ownership of the programme by the Government. Donor visits took place, including for the first time a visit by a National Committee.
Evaluation Advisor as a resource person.

Although the Communication Committee provided comments on communication materials when requested, Communication for Development remains challenging across programmes. Specific expertise in this area will be sought in 2013 in addition to related relevant training of staff in UNICEF and line Ministries.

**PCR 5150/A0/06/800 2013-15 Outcome 08**

By 2015, UNICEF Management ensures continuous efficient and effective delivery of programme results 2011-13

**Progress:** The programme results were achieved as per target in an effective and efficient manner. When there was a necessity, corrective actions were undertaken. Timely recruitment of international staff was undertaken in a timely manner in the course of the year.

**IR 5150/A0/06/800/001**

**Effective and efficient Governance and Systems**

**Progress:** Governance structures and systems that addressed risks have been put in place to facilitate the Office in achieving the programme results. Issues arising from VISION role mapping have been addressed and prioritized to ensure an effective and efficient functioning of the system. The ICT team have continuously provided technical support to the staff in all areas of the technologies.

This IR cover mostly staff salaries and support costs related to communication facilities, office and ICT supplies, fuel, office premises maintenance services required for the day to day running of the Office and transportation.

**IR 5150/A0/06/800/002**

**Effective and efficient Management of Stewardship of Financial Resources**

**Progress:** The use of UNICEF financial resources and assets were optimised in supporting staff to plan and implement activities effectively and efficiently with emphasis on accountability and transparency in the utilization of resources. This included reviewing and improving procedures and updating work processes. The working environment was improved through replacement of old air conditioners in the office with split units, which are also used for the winter season to warm up the offices when the central heating system does not function adequately. The new equipment has also been found to be power efficient. Financial transactions involving the use of UNICEF resources were continuously reviewed and monitored and included training of staff on the proper use of General Ledger codes for the activities been recorded in VISION.

**IR 5150/A0/06/800/003**

**Effective and Efficient management of Human Capacity.**

**Progress:** Recruitment of staff on vacant international posts was undertaken through competitive and transparent processes. Government-seconded staff underwent proficiency interviews to ensure that the best suitable candidates are seconded to UNICEF. The policy on work and family life balance was promoted for both international and national seconded staff. The performance reviews and evaluation system are in place and monitored to ensure that all staff were accorded the necessary feedback mechanisms for performance of their task, emphasizing on the applicable policies in relation to Performance Appraisal System/Performance Evaluation Report (PER) processes. The national and international staff were equally given the opportunities for training for self-development through internal, external and e-training. These trainings were also reflected in their respective PERs.
Effective Governance Structure

The 2013 Annual Management Plan (AMP) and the accompanying governance and oversight structures of the Office facilitated the efficient and effective utilization of its resources. During the year, all statutory committees were functional as per their detailed Terms of Reference (ToR).

The Country Management Team (CMT) continued to be the central statutory committee and management body. It also acted as the decision-making organ of the Office. In 2013, the CMT met six times, and ensured that the Office team worked together towards a common mission, i.e., to deliver results for children. Key programmatic and management indicators were regularly monitored by these bi-monthly CMT.

Through the CMT, procedures and accountabilities were embedded in the Office by issuance of delegation of authorities, which were, regularly updated, including to the Office committees. The CMT assigned responsibilities and established control mechanisms ensuring recording and follow-up of recommendations and action points stemming from previous CMT meetings.

Programme meetings were held on a bi-monthly basis for programme teams to review progress in implementing the Rolling Work Plans and discuss programme-related issues, including convergence. During the bi-monthly Operation Group Management meetings, key management and operations indicators as per AMP 2013 were monitored feeding into the CMT.

In mid-2013, a Mid-Term Review of the 2011-2015 Country Programme (and an accompanying in-house Management Mid-Term Review exercise) was conducted, while in December a Joint Annual Review was convened together with the Government.

In order to ensure effective and efficient utilisation of resources, the Contract Review Committee met 18 times during 2013 and reviewed 21 submissions related to both supplies and services. The Property Survey Board mechanism supported safeguarding the UNICEF’s assets. The existing harmonious relationship between staff and management benefitted from the three Joint Consultative Committee meetings.

The Table of Authority, incorporating delegated financial control authorities from the Representative to staff was updated as and when required, and staff accepted the roles and responsibilities assigned to them through delegation memos.

As agreed with the Global Fund to fight AIDS, Tuberculosis and Malaria, the Office is audited by the UNICEF Office of Internal Audit and Investigation (OIAI) on an annual basis. The Office implemented all the September 2012 Audit recommendations and reported accordingly to the OIAI. By August 2013, the OIAI closed them all. The OIAI conducted another audit in October 2013 and the related Audit Report is awaited. The progress of implementing audit recommendations, which is a standing agenda item of every CMT meeting, will be reported to the OIAI regularly.


Strategic Risk Management

Important mechanisms were in place for timely response to change and for identifying/deciding on risks and opportunities, including regular meetings of the CMT and those between the Representative, Deputy Representative and Operations Chief, as well as important other fora such as the UNCT and the UN Security
Management Team. Regular programme and operations meetings also support the Office’s capacity to adapt to change and/or to identify risks and opportunities to ensure these are analysed, managed, and/or mitigated where needed.

Throughout 2013, the Office continued to pay particular attention to updating its risk mitigation strategies per the overall Office country risk profile. The Risk Control Self-Assessment (RCSA) Task Force met twice to review and assess the effectiveness of the existing controls and amended the profiles as required. The Office reviewed the identified 12 low-risk, six medium-risk and three high-risk areas. The three high-risk areas relate to: 1) country environment; 2) aid environment and predictability of funding, and; 3) Results-Based Management (RBM) and related measurement and reporting on results. The further tightening of DPRK-related sanctions on the programme required particular attention. To address the challenges relating to the aid environment and unpredictability of funding, continual concerted efforts were made through the year to raise funds, providing relevant information to current and potential donors, including joint field visits. Based on the RCSA, several work processes were reviewed to further minimise risks in achieving programme objectives and results.

The Office worked closely with UNICEF’s Information Technology Solutions and Services Division (ITSSD) to monitor and clear segregation of duties conflicts in VISION, and participated in regional and WEBEX training. The Office had regular consultations with Subject Matter Experts in EAPRO and HQ. Appropriate mitigation measures ensured accuracy and timeliness of the bank reconciliation process.

Maintaining its emergency preparedness level, during the 2013 flood season UNICEF responded to the flooding emergency with the WASH, Health and Nutrition programmes using resources received from UNICEF’s Humanitarian Action for Children appeal, as well as from UN’s Central Emergency Revolving Fund under-funded and rapid response windows and UNICEF’s Emergency Programme Fund. Education reprogrammed some of its regular funding to address certain key preparedness activities.

The Business Continuity Plan (BCP), contributing to ensuring critical functions will not be disrupted during any disaster or crisis situation, was reviewed and updated in 2013. The Emergency Preparedness and Response Plan (EPRP), BCP, Risk and Control Library were all part of the 2013 AMP and updated during the year.

**Evaluation**

In 2013, the Integrated Monitoring and Evaluation Plan (IMEP) was reviewed and updated regularly. Although no formal evaluation was conducted, several surveys/studies as per the IMEP were carried out in partnership with Central Bureau of Statistics, including, ‘Pilot Learning Assessment’, ‘Water Situation Assessment Surveys’, ‘EmONC Needs Assessment in Health’, ‘KAP Survey on Effectiveness of Trainings among Health Providers’ and ‘Rapid Assessment of Focus County Approach’. The findings were utilized in several ways to address gaps in services as well as for advocacy.

The evaluation of the “Focus County Approach” which has been initiated in the previous Country Programme did not take place because of limited available baseline information and documentation, issues related to the consistency in which the approach was implemented, and the limited number of informants still available with relevant memory. In lieu of an external evaluation, it was decided in consultation with EAPRO, to conduct a joint related rapid assessment by the NCC, line ministries and UNICEF staff concerned. This assessment served as an important input to the 2013 MTR by providing recommendations to further enhance the ongoing implementation of a convergence approach over the remainder of the current Country Programme. The outcomes of this rapid assessment will also contribute to the formulation of the new Country Programme for 2016 and beyond.
The MTR of the 2011-2015 Country Programme was conducted in order to assess the degree to which the Country Programme Action Plan (CPAP) objectives and results have been achieved in terms of effectiveness of activities in achieving results, efficiency in the use of resources and sustainability of interventions. An in-depth analysis of the Outcome/PCR and Outputs/IRs as per the CPAP results framework was carried out, assessing the degree to which targets were achieved, progress was on track, and/or implementation required further attention. Based on findings, adjustments were made in programme focus and programme structure in relation to the PCRs/IRs and revision of results matrix. The MTR recommended rationalizing the Programme Structure to eight Outcomes/PCRs from 14, and the 32 Outputs/IRs from 40. The results of the MTR also contributed to the MTR of the United Nations Strategic Framework conducted in December.

Concerted efforts were made to further enhance the M&E capacity of the Office, especially towards further enhanced field monitoring and quality of trip reports to help identify gaps in programme implementation and take the necessary remedial actions. The M&E Committee meetings were held regularly to review related issues and constraints. To improve the capacity of CBS, 80 staff from sub-national levels were trained on Dev Info/KorInfo for data collection. Several meetings were also held with CBS for the possible conduct of MICS in 2014.

A National M&E Plan for Malaria and TB was developed and submitted to GFATM and is being implemented to further improve data collection and M&E capacity in general.

Since it is being increasingly felt that the humanitarian component of the programme could benefit from a comprehensive evaluation conducted by UN/UNICEF, this is planned to be further closely looked into and acted upon in 2014.

**Effective Use of Information and Communication Technology**

The ICT team in DPRK continued to focus on providing robust and cost-effective ICT solutions for the Office. During 2013, the team implemented global initiatives, and contributed to improved local infrastructure to ensure timely, effective customer service. Issues related to the electrical system continued to be major components of the BCP and the Disaster Recovery Plan and the ICT team ensured system availability at its maximum through preventive maintenance and availability of critical spares.

With help from ITSSD and EAPRO, the Office managed to improve WAN link, but continued work is needed to maintain Internet connectivity (WAN Link to NYHQ) through VSAT. Emerging Marketing Services, a global service provider for most UN Agencies, is used to maintain the main link. For future dependency on online services, the Office plans to upgrade VSAT hardware and technical expertise, to be completed by the first quarter of 2014. The service provider has agreed to provide onsite training and ensure onsite availability of critical hardware during the beginning of 2014.

Availability of Internet services in the country did not change significantly. Backup connectivity continues to be a key challenge for all UN Agencies in the country. iDirect VSAT system, installed in 2009 and managed by UNICEF, is the only source to provide backup connectively in case of any emergency. UNICEF initiated the Memorandum of Understanding between the agencies and committed the contract with the service provider. Additionally some further cost effective solutions have been introduced in the Office as effective means of communication, thereby providing helpful alternative BCP communication options.

In 2014 the Office aims to further upgrade its hardware to meet the global requirements, including the data centre and client terminals.

**Fund-raising and Donor Relations**
In 2013, fundraising remained challenging due to the political context involving a further tension on the Korean peninsula. Most donors fund only humanitarian assistance and tend to tie it to limited periods with strict monitoring conditions.

The Office internal control mechanism to monitor the timeliness and quality of donor reports contributed to all donor reports meeting UNICEF reporting standards and on the overall, with a timely submission.

By the end of the year, US$28.84 million of Other Resources-Regular (OR-R) was mobilized, including carry over from 2012, equivalent to 24.3 per cent of the OR ceiling of US$118.8 million for 2011-2015 Country Programme. Most OR-R was for TB and malaria-related interventions as well as thematic funding for education, leaving health, nutrition and WASH relying mainly on OR-Emergency. In 2013 the Office leveraged US$13.59 million OR-E, including-carry over from 2012 (almost 60 per cent of the 2013 Humanitarian Action Report appeal). The funds mobilized were used optimally, with grants expiring during the reporting period having a minimum utilization rate of at least 95 per cent.

Funds were regularly monitored to avoid unnecessary extensions of grants. Due emphasis was placed on complying with donor conditions and full utilization of funds before grant expiry. The grant utilization situation was reviewed in the CMT and Programme meetings, with a specific focus on those expiring within three months.

The Office continued its strong engagement in resource mobilization in 2013, with helpful support from UNICEF PARMO and UNICEF Tokyo. An update of the earlier May 2012 UN DPRK Overview Funding Document entitled “Humanitarian Needs and Priorities in DPR Korea, 2013” was prepared and subsequently widely shared with donors during a presentation made by UN Agency Heads based in DPRK in Beijing in September. Based also on the Office’s Resource Mobilisation Strategy 2011-2015, the Representative had meetings in Beijing and Seoul. Furthermore, the Chief Health also participated in meetings in connection to the 10th RoK-UNICEF Annual Policy Consultation held in Seoul in October.

The Office supported a number of visits to DPRK, notably by GFATM, Australia, Swiss Agency for Development and Cooperation (SDC), Swedish International Development Agency (Sida), the Information Technology Division (ITD), and the UNICEF German National Committee, along with a private donor. Main donors for 2013 were: GFATM, the Italian Government, Sida, RoK/MoU, Korean Committee for UNICEF, SDG, Canadian International Humanitarian Assistance programme, GAVI Alliance and the UN Office for the Coordination of Humanitarian Assistance (OCHA). The Office continued its strong partnership with GAVI Alliance and WHO to leverage resources for immunisation, and during the year the preparation of a new proposal for the Health System Strengthening was supported. Furthermore, in 2013 the valuable partnership with GFATM continued with UNICEF in the capacity of the Principal Recipient responsible for overall coordination, implementation and monitoring of malaria and TB grants and procurement of essential supplies, and with WHO as the Sub-Recipient and the MoPH as implementing partner.

In 2014, the Office will continue its concerted efforts to raise funds for its programme benefitting vulnerable children and women in DPRK. In connection to this in particular also due attention will need to be paid to further updating of the Office’s Resource Mobilisation Strategy 2011-2015, the organization of donor fied visits together with the DPRK Government, and the further enrichment of the 2013 revitalized website for UNICEF DPRK including the preparation of more human interest stories.

Management of Financial and Other Assets

The UNCT decided not to implement Harmonised Approach to Cash Transfers (HACT) in DPRK until the Government agrees with the various assessments required for HACT implementation. Whilst the UN cannot undertake macro and micro-assessments of the Government institutions in the country, UNICEF has put
procedures in place to ensure that the funds transferred to counterparts are used for the purposes intended, including undertaking regular field monitoring and supervisory visits. Due to the regulated context of engaging with partners in DPRK, the Office undertakes payments to Government on a reimbursement basis through authorized expenditures. In this regard, DPRK has no outstanding DCT’s. Release of funds to implementing partners is actioned after necessary review has taken place of the completed activities, including review of all the related supporting documents.

Bank reconciliations took place on a timely basis and met the monthly scheduled deadlines set for the year. In 2013 there was a change in corresponding bank.

During the year, the Office further updated its standard operating procedures for travel management, asset management and loan of equipment which falls under the GFATM agreement, as well as for tracking and recovery of personal use of telephone and transport.

The Office’s Administration and Finance unit processed 1673 payments and 387 Travel Authorizations in 2013. The CMT monitored funds utilization through the VISION performance reports that were included in the bi-monthly meetings. Budgetary controls and financial procedures were in place in 2013 and Budget Owners took responsibility of their respective roles as delegated by the Representative.

Supply Management

Supply continued to play an important role in implementation of the Country Programme. In 2013, supply assistance amounted to US$ 23.25 million, representing approximately 63 percent of the total Country Programme value for the year. This included emergency supplies, which were distributed as rapid response to the flood requirements of July/August. The table below summarizes the total value of supplies received, split by programme and operational supplies and services.

<table>
<thead>
<tr>
<th>Total Value of Supplies Received</th>
<th>Programme</th>
<th>Operations</th>
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</thead>
<tbody>
<tr>
<td>US$23,253,672</td>
<td>US$23,075,765</td>
<td>US$177,907</td>
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The Office has three major procurement sources, namely through: a) UNICEF Supply Division in Copenhagen; b) UNICEF China Office in Beijing, and; c) local procurement. Procurement through Supply Division totalled US$ 17.75 million (77 percent of total procurement) mainly for vaccines, medicines, lab equipment and nutrition items; US$ 2.52 million (11 percent of total procurement) was from China Office mainly for WASH pipe fittings and educational supplies, and transportation equipment; and US$ 2.98 million (12 percent of total procurement) in local procurement mainly for logistic services, selected construction items and printing.

Despite encountering several challenges due to the sanctions in place for DPRK, the offshore procurement largely met both delivery target dates and quality. In relation to the local market, paucity of procurement sources and non-competitive pricing resulted in limited local procurement. LTAs for transportation services and printing could not be renewed due to frequent fluctuation of fuel costs and limited requisitions for printing. However, the Office managed to establish two new LTAs for construction materials. The situation terms of logistic operations is challenged by the relative small aircraft operating on alternate days on the Beijing-Pyongyang route which hampers timely arrival of bulky and exigency shipments. Likewise, limited vessels operate between the Dalian and Nampo ports, which is the major reason for some delays. Transport by trucks from Dandong to Sinuju work well, but frequent loading and unloading could pose a risk of damage...
and loss. UNICEF does not have a warehouse and programme supplies are delivered to Government warehouses for further distribution.

End-user monitoring feedback is crucial for procurements made, and in view of this, the Office organised a field mission from the UNICEF China Office for a joint review and streamlining of some critical supply issues faced.

As part of usage of the local market, together with WHO and MoPH, an innovative design of incinerators for tuberculosis sanatoria was prepared, with a subsequent procurement process for piloting five sets of incinerators completed by end of the year.

Throughout the year, concerted and joint efforts were made with the Government to further improve various transactions and related delivery, such as, developing detailed specifications for commodities to be purchased, joint pre-delivery inspection for quality assurance, and early planning of supply requisitioning. Based on lessons learnt as part of the 2013 Mid-Term Review, both Operation and Programme units continued to monitor areas for further improvement.

Human Resources

In 2013, the Human Resources (HR) team continued to contribute to the development of a skilled and motivated workforce operating in a complex and demanding work environment so as to implement the requirements of the 2011-2015 Country Programme. Strategic priorities included ensuring cost-effective and simplified practices and policies, defining and identifying gaps in HR processes, provision of advice and guidance to staff, including on entitlements, and organization of training activities to enhance staff skills in line with the 2013 Human Resources Development and Training Plan.

The Office experienced a particularly successful year in terms of operationalizing its 2013 Learning Plan. A large number of staff attended group trainings such as Programme Policy and Procedures, Communication for Development, HIV/AIDS and VISION. The C4D training, conducted with the support by HQ/EAPRO colleagues also involved active participation by national counterparts. The national Supply and ICT Assistants successfully went with the national M&E Officer on attachment training to UNICEF China. In total, about 80 percent of individual training activities were implemented. All staff members, including the national seconded staff, completed the mandatory training programmes, such as Basic Security in the field I and II, International Public Sector Accounting Standards, Prevention of Harassment, and Sexual Harassment and Abuse of Authority in the Workplace.

The quality of electronic Performance Appraisal System (PAS) for the international staff and manual PAS (for the national seconded staff) was strengthened through enhanced dialogue between supervisors and supervisees. Completion rates of 2012 e-PAS and manual PAS was 100 percent by March 2013, while improvement was also seen in the timely completion of mid-year discussions, with 100 percent for international staff and 75 percent for national seconded staff (as a few of them were recalled before mid-year).

During 2013, the Office faced gaps of several months in filling certain positions, with six vacant national positions at year end. The recruitment process of the national seconded positions involves the conduct of competency-based interviews undertaken by a panel of assigned staff by the Representative, including the Operations Manager, who ensures that the interview is conducted as per the policy and procedures, and the national M&E Officer (who is also the Liaison Officer with the National Coordinating Committee), who attends the interview sessions as an observer.

Three Joint Consultative Committee meetings were conducted where the senior management and the Staff...
Association discussed and addressed general staff concerns. Among various issues discussed recurring agenda items were work-life balance, staff events, and air transport-related issues.

The Office does not have a Peer Support Volunteer as stress counselling services are provided by the UN Clinic in Pyongyang. HIV/AIDS training was provided to all staff in two sessions, with one for male staff conducted by the UN Medical Doctor, and for female staff conducted by the Senior Programme Officer of WHO.

**Efficiency Gains and Cost Savings**

As part of UNICEF’s global Efficiency and Effectiveness initiative, the Office decided to have all internal meetings and training sessions in the office’s meeting rooms instead of in hotels and/or other venues. Therefore, for events such as the UNICEF PPP Workshop and the HIV/AIDS training, arrangements were made to accommodate these in the office premises.

It is difficult to gauge savings made related to the maintenance services of office premises, equipment and vehicles as these services are all provided by the Government agency, the General Service Bureau, which is responsible for management and servicing of the diplomatic area, comprising offices for embassies and international organizations, including UN agencies and INGOs, and residential apartments for all expatriates. In the past year, the Office continued to receive free heating services during the six months of winter, which, with the present cost of fuel would have been substantial.

In terms of cost saving, the UN OMT initiated a comprehensive review of various payments and entitlements made to the seconded staff by the different UN agencies in DPRK, in order to further harmonise salaries and allowances such as overtime, meal and daily subsistence allowances. This is expected to eventually lead to a common contract that the UN agencies in DPRK will sign with their respective staff and the NCC.

An important achievement in 2013 by the UN OMT which is expected to result in considerable savings in the long run for UN agencies, is the introduction of a cost recovery scheme for the UN clinic in Pyongyang from January 2014 onwards, which will be reimbursed by Van Breda. The agencies have been contributing to the cost of the clinic, including personnel and maintaining the facilities, infrastructure, equipment and supplies. The UN OMT’s 2014 work plan will have cost-saving initiatives as a standing agenda point.

**Changes in AMP & CPMP**

At the beginning of 2013, the Office held an All Staff Retreat in its office premises to review progress against the 2012 AMP, and to jointly prepare and define management and coordination mechanisms, as well as staff accountabilities for the 2013 AMP, in order to ensure that the CO’s human, material and financial resources remain focused on the planned strategic results for children in the country.

Contents of the AMP included the Programme Management Environment, Key Annual Programme and Management Priorities, Programme Management and Coordination Mechanisms, Staff Accountabilities, Calendar of Events, and Management Performance Indicators.

Regular review of the 2013 AMP conducted by the CMT during the year, helped to keep track of progress made against the targets set out in the AMP. Progress on AMP priorities such as audit recommendations, travel and NEP of VISION were fully implemented, Mid-Term Management Review (MTMR) sessions conducted, the learning plan implemented and progress against other programme and operations management indicators were closely monitored.

The MTR process and related MTMR meetings were held with each of the programmes for an internal
examination of UNICEF programme management operations and performance, including efficiency and effectiveness of the personnel to support the Country Programme achievement. The MTMR review process involved senior management, section chiefs, the liaison officer and the chair of the Staff Association. These sessions ensured transparency and broad-based participation. These review meetings indicated that while no changes were required in the recommended international staffing pattern, early recruitment of two vacant National Officer positions was recommended: the Maternal Health Officer and the Sanitation and Hygiene Promotion Officer. Furthermore, given the country’s challenges in the area of nutrition, the MTMR exercises identified a distinct need for one additional national staff in nutrition, working for Infant and Young Child Feeding. A related request was submitted to the NCC.

While it is expected that the 2014 AMP will not undergo major changes compared to 2013, there may be some redirecting of programmes to further enable increased attention to systems strengthening as well as equity-focussed analysis. This particularly requires intensified work towards augmenting the knowledge base and analysis on the situation of children and women for programming and advocacy. Furthermore as the Office strives to further improve the predictability in funding and to leverage resources to meet the critical programme priorities of the Country Programme, the fundraising strategy will need further fine-tuning, including the related Resource Mobilisation Action Plan. Additionally, continued attention needs to be paid to the development of quality donor proposals linked to donor interests while focusing on the equity agenda, and to the related importance of systematic result-based reporting.

**Summary Notes and Acronyms**

Summary Notes

**Acronyms**

- AMP - Annual Management Plan
- BCP - Business Continuity Plan
- BFHI - Baby Friendly Hospital Initiative
- C4D - Communication for Development
- CBS - Central Bureau of Statistics
- CCC - Core Commitments for Children
- CCM - Country Coordination Mechanism
- CEDAW - Committee on the Elimination of Discrimination against Women
- CFS - Child Friendly Schools
- CMAM - Community Management of Acute Malnutrition
- CMT - Country Management Team
- CMW - Central Medical Warehouse
- CO - Country Office
- CP - Country Programme
- CPD - Country Programme Document
- CPAP - Country Programme Action Plan
- CPMP - Country Programme Management Plan
- CRC - Convention on the Rights of the Child
- DPRK - Democratic People's Republic of Korea
- DPT - Diphtheria, Pertussis, Tetanus
- EC - Education Commission
- EFA - Education for All
- ELDS - Early Learning Development Standards
- EMIS - Education Management Information System
EmONC - Emergency Obstetric and Neonatal Care
EMOC- Emergency Obstetric Care
EPI- Expanded Programme on Immunization
EPRP- Emergency Preparedness and Response Plan
GAM – Global Acute Malnutrition
GAVI- Global Alliance for Vaccines Initiative
GFATM- Global Fund to Fight AIDS, TB, Malaria
GFS- Gravity-fed water supply system
HQ - Headquarters
HR – Human Resources
HSS - Health System Strengthening
ICT- Information Communication Technology
IDC- Italian Development Cooperation
IEC- Information Education Communication
IFRC- International Federation of Red Cross and Red Crescent Societies
IMR- Infant Mortality Rate
IMCI- Integrated Management of Childhood Illness
IMEP- Integrated Monitoring and Evaluation Plan
IRS- Indoor Residual Spraying
ITSSD - Information Technology Solutions and Services Division (UNICEF)
KAP- Knowledge, Attitude and Practices
LLINs- long-lasting insecticide-treated nets
LTA- Long Term Agreement
MDG-Millennium Development Goal
MDR - Multi Drug Resistant
MICS - Multiple Indicator Cluster Survey
MMR- Maternal mortality rate
MNTR- Management Mid-Term Review
MoCM- Ministry of City Management
MoRES - Monitoring of Results for Equity System
MoU- Memorandum of Understanding
MoPH- Ministry of Public Health
MTR - Mid-Term Review
MTSP – Medium-Term Strategic Plan
MUAC- Middle Upper Arm Circumference
NDRA- National Drug Regulatory Authority
NCC- National Coordination Committee
NGO- Non-governmental Organization
NMP- National Malaria Programme
NTP- National Tuberculosis Programme
OCHA- Office for the Coordination of Humanitarian Affairs
OMT- Operations Management Team
OR-E - Other Resources – Emergency
OR-R – Other Resources Regular
ORS- Oral Rehydration Salts
PARMO – Public Sector Alliances and Resource Mobilization Office (UNICEF)
PISA- Programme for International Student Assessment
PPP - Programme Policy and Procedures
PSM- Procurement and Supply Management
PMU- Programme Management Unit
PMDT- Programmatic Management of Drug-resistant Tuberculosis
QA/QC- Quality Assurance/Quality Control
RCSA- Risk control self-assessment
RoK- Republic of Korea
RUTF- Ready to Use Therapeutic Food
SAM- Severe Acute Malnutrition
Sida- Swedish International Development Agency
ToR- Terms of Reference
UN – United Nations
UNCT- United Nations Country Team
UNFPA – United Nations Population Fund
UNSF- United Nations Strategic Framework
VISION – Virtual Integrated System of Information
WAS - Water Assessment Survey
WASH- Water, Sanitation and Hygiene
WFP – World Food Programme
WHO – World Health Organization
Lessons Learned

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