

## Korea, Democratic People's Republic of

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### Executive Summary

UNICEF DPR Korea continued to work in a uniquely challenging context, dealing with exceptional combination of humanitarian situations and developmental needs. The year started with continued placing of staff who had travelled outside the country into 21 days quarantine at their residence or a hotel as a precaution for Ebola viral disease (EVD), a policy that was started when EVD broke out in 2014 in West Africa. The year ended with no solution to banking restrictions, which remerged in October when the only banking channel became unavailable. The year also faced a major drought prior to summer plantation of paddy, and then floods in northern parts of the country. The country continued to be under sustained economic international sanctions, making business transactions between the international community and DPR Korea difficult. In this context, UNICEF continued to implement the strategic priorities for the rights of the children of DPR Korea.

The previous year had seen the global celebration of the 25th year of the Convention of the Rights (CRC) of the Child, and UNICEF, through the Grand Peoples' Study House, organized an event to position the rights of children in front of all work supported by UNICEF. The event motivated the Government partners and, on their own initiative, in 2015 a comprehensive event for acknowledging the 25th year of ratification of CRC by the Supreme Peoples' Assembly was organised. These events encouraged the discussions on child rights, the core of UNICEF's mandate in DPR Korea. It is expected that in 2016 the Government will submit its State Party report on implementation of the CRC, which is being currently translated. UNICEF supported the quarterly publication of 'Child News' to provide information on child rights and UNICEF programming. Two issues were published and focussed on issues related to child survival and growth.

The health programme ensured that there was up to 97 per cent immunization coverage nationally, including extra efforts made to reach remote areas to reduce disparities. Successful advocacy with the Global Alliance for Vaccines and Immunisation (GAVI) resulted in expanded cold chain support in low performing areas. The comprehensive immunization coverage ensured that measles and tetanus no longer contribute to child mortality in DPRK, which has led to an overall decline in under-five child mortality. The tuberculosis (TB) and malaria interventions catered to the patients in a decentralized manner. This included ensuring that children exposed to TB were provided with isoniazid chemoprophylaxis, as well as collecting sputum at the lowest administrative levels.

UNICEF continued supporting the treatment of severe acute malnutrition (SAM) in target geographical counties, and as well as planning for expanded coverage to 149 counties. The nutrition programme undertook a number of activities in preparation for this expansion. About 30 per cent of the targeted wasted children, 70 per cent of children under two and 55 per cent of pregnant or lactating women are not receiving appropriate nutritional support and/or multiple micronutrient supplements, due to lack of funding. A Water Assessment Survey had identified comparative vulnerability in respect of service coverage, continuity and quality and this served as a support for planning and strategizing. The UNICEF water, sanitation and hygiene (WASH)

programme worked effectively to deal with conditions of drought and floods in close coordination with other UN agencies resident in DPR Korea. The education programme, especially in the second half of the year, was constrained due to staffing capacity and changes.

In spite of the constraints, UNICEF DPRK was persistent in delivering results for children through supplies, services, and technical support. A substantial part of the year was consumed by the development of the next country programme for 2017-2021. Through participatory and inclusive processes, UNICEF was able to complete the draft Country Programme Document based on a comprehensive Theory of Change and application of results based management. Linked to this process, UNICEF made strong contributions to the development of the United Nations Strategic Framework (UNSF), focusing on advocating for actions which promote the rights of children in the country.

## Humanitarian Assistance

In the spring, during the rice planting season, there were talks of an impending drought, and in July the Government announced that the country was witnessing 'the worst drought in the last 100 years'. The Government, through the National Coordination Committee, requested international support, and a concerted effort by the United Nations Country Team (UNCT) obtained funding through United Nations Central Emergency Revolving Fund (CERF). This was possible because of new data shared by the Government which highlighted the increased need, especially data pertaining to the sudden increase in diarrhoea cases and number of children seeking treatment for severe acute malnutrition. The four provinces most severely affected by drought were North and South Hwanghae, South Hamgyong and South Pyongan. Within these provinces there are 11 million people, including more than 789,000 children aged under five, and 318,000 pregnant or lactating women.

Once the drought threat was addressed, then there was an onset of floods in the northern and southern parts of the country. DPRK experienced flooding associated with seasonal rains in early August, and from the Tropical Cyclone Goni on 22-23 August, affecting South Hwanghae and South and North Hamgyong Provinces. On 28 August, the DPRK Government invited all residential humanitarian partners, including UNICEF, to participate in a joint assessment mission to assess the impact of flooding in Rason City, which was most severely inundated, and to provide initial assistance to the affected areas. This assessment mission was utilized as an opportunity for making the initial interventions as well. In total, approximately 22,000 people from 6,473 households were affected by floods

UNICEF had already pre-positioned nutrition, health, education, and WASH emergency stocks for up to 100,000 people who were affected by recurring floods. Some of these pre-positioned stocks - including drinking water purification tablets and essential medicines - were released to address needs arising from the prolonged dry conditions. There were enough supplies in the country to address emergency needs for 5,000 children with severe acute malnutrition.

UNICEF continued its coordination role in nutrition, WASH and education sector working groups with participants from the UN and non-government organisations (NGOs), well as the UN-Government 'thematic groups' within the United Nations Strategic Framework.

The two major killers of children in DPRK continued to be pneumonia (14 per cent) and diarrhoea (5 per cent). Survivors of those killers are susceptible to undernutrition, which affects one-third of children under five. Conversely, undernutrition as an underlying factor increases risk of illness or death from diarrhoea, pneumonia and other common childhood illnesses. Based on

this situation, UNICEF has been working to address the immediate and underlying causes of undernutrition in DPRK, to promote child survival and to break the intergenerational cycle. The approach has involved geographically expanding curative and preventive interventions for SAM to reach all the 208 counties of the 10 provinces of the country. The UNICEF-supported critical programmes include immunization, deworming, provision of essential life-saving drugs, maternal and neonatal health, multi-micronutrient supplementation, promotion of breastfeeding and timely introduction of adequate complementary feeding, screening, early referral and treatment of SAM-affected children to Community Management of Acute Malnutrition (CMAM) facilities, promotion of hygiene and improved sanitation in learning environments and households, and safe drinking water.

Life-saving humanitarian assistance continued to be a critical need across areas of nutrition, health, water, sanitation and hygiene, and to a limited extent in education, particularly in the north-eastern provinces and remote counties. According to the 2012 National Nutrition Survey, 28 per cent of children under five suffer from chronic malnutrition (stunting) and four per cent from acute malnutrition (wasting). Chronic and acute undernutrition is a public health problem and is among the major contributors to maternal and child mortality in DPRK. Without adequate sanitation and dietary intake of the necessary macro and micronutrients, children will continue to face stunting and wasting and will suffer delayed growth and developmental challenges.

UNICEF support in DPR Korea will continue to support the immediate short-term humanitarian needs and the longer-term development work which builds the capacity in the country to deliver effective services.

## Summary Notes and Acronyms

ANC – Antenatal Care  
CBS - Central Bureau of Statistics  
CERF - Central Emergency Response Fund  
CFS – Child Friendly Schools  
CHDs - Child Health Days  
CMAM - Community Management of Acute Malnutrition  
CMT - Country Management Team  
CNR - Case Notification Rate  
CRC – Convention on the Rights of the Child  
DOTS - Directly Observed Treatment, Short-Course  
DPT - Diphtheria, Pertussis, Tetanus  
EAPRO - Regional Office for East Asia and Pacific (UNICEF)  
EC – Education Commission  
EMOC - Emergency Obstetric Care  
EMONC - Emergency Obstetric and Newborn Care  
EPI - Expanded Programme on Immunization  
ERM - Enterprise Risk Management  
EVD – Ebola viral disease  
EVM - Effective Vaccine Management  
FACE - Funding Authorization and Certificate of Expenditures  
GAVI – Global Alliance for Vaccine and Immunisation  
GAVI - HSS2 - Global Vaccine Initiative Health Systems Strengthening Projects 2  
GF - Global Fund  
GFS - Gravity Fed System  
HACT – Harmonised Approach to Cash Transfers

ICT – Information and Communication Technology  
IMNCI - Integrated Management of Newborn and Childhood Illnesses  
INGO - International Non-Governmental Organisation  
IRS - Indoor Residual Spraying  
IYCF - Infant and Young Child Feeding  
LLIN - Long-Life Insecticide Treated Net  
MDR-TB Multi-Drug Resistant Tuberculosis  
MMN - Multiple Micronutrient  
MMR - Maternal mortality rate  
MNP - Multi-micronutrient Powder (Sprinkles)  
MNT - Multi-micronutrient Tablets  
MOPH - Ministry of Public Health  
MOSS – Minimum Operating Security Standards  
MPPT - Mass Primaquine Preventive Treatment  
MUAC - Middle Upper Arm Circumference  
NNS - National Nutrition Survey  
NTP – National Tuberculosis Programme  
ORS - Oral Rehydration Salts  
SAM - Severe Acute Malnutrition  
SOP - Standard Operating Procedure  
TB – Tuberculosis  
TTC – Technical Training Centre  
UNCT - United Nations Country Team  
UNFPA – United Nations Population Fund  
UNDF – United Nations Strategic Framework  
USI - Universal Salt Iodisation  
WASH – Water, Sanitation and Hygiene  
WFP – World Food Programme  
WHO – World Health Organisation

## Capacity Development

Capacity development through technical assistance was an integral part of UNICEF's engagement with DPR Korea in 2015. The uniqueness of the country situation called for continued capacity enhancement in specified technical areas.

In nutrition, about 350 paediatricians were trained on Infant and Young Child Feeding practices, Community Management of Acute Malnutrition and multiple micronutrient (MMN) supplements. This will ensure quality management of nutrition interventions in the country, particularly in 89 counties where the nutrition programme will be focusing in the future.

In health, the capacity development activities involved supporting a number of competency-based trainings, including 'Mid-Level Managers' training' on Expanded Programme on Immunization (EPI). This focused on five low performing north east provinces where 55 EPI managers participated, enabling them to manage the EPI programme as per World Health Organisation (WHO) protocols. Training on Effective Vaccine Management (EVM) data collection and analysis was supported for about 40 EPI staff. Around 6,700 field staff were trained to ensure the quality of immunisation. Thirty cold chain technicians were trained, enabling them to ensure timely repair and maintenance of cold chain. More than 500 health staff at national, provincial and county level were trained on Emergency Obstetric and Newborn Care (EmONC).

In WASH, about 180 staff at provincial and county level were trained on solar water pumping, management of solar pumping and Gravity Fed Systems (GFS), as well as on latrine installation.

Extensive capacity building activities were carried out to address the knowledge and skills gaps of service providers, and counterparts were keen to learn the latest technical information and to learn from global best practices.

### **Evidence Generation, Policy Dialogue and Advocacy**

UNICEF continued to support and initiative which commence in 2014 to build the capacity of the Central Bureau of Statistics to ensure that quality child-focussed data and evidence was available in the country.

UNICEF supported the Effective Vaccine Management Assessment in 2015. The assessment identified the key strengths and weaknesses in nine areas of vaccine management at the four levels of the vaccine supply chain. A costed EVM Improvement Plan was developed to address the weaknesses identified. Prior to the EVM, about 40 staff from MoPH were trained on the collection of data from more than 60 health facilities selected randomly. Quality assurance activities during data collection, entry and analysis were carried out to ensure reliable information on the status of cold chain and vaccine management. This will help to design an effective improvement plan, based on evidence generated through the assessment.

In response to UNICEF advocacy, a Government decree was approved to extend maternity leave from five to eight months in support of promoting six months exclusive breastfeeding. The Government also agreed to expand the CMAM services from 29 counties to 149 counties/cities, reaching about 60 per cent service coverage nationally.

In education, 13,000 copies of Early Learning Development Standards were disseminated nationwide and accepted as the national standard for early learning and are implemented in all kindergartens from 2015 academic session. This is a step towards strengthening education policy dialogue.

### **Partnerships**

The range of available in-country partnership in DPR Korea is limited. However, UNICEF continued to build partnerships, especially with donors, in order to achieve results. The key donors for UNICEF were the Republic of Korea, the Global Fund to Fight AIDS, TB and Malaria (GF), Central Emergency Response Fund (CERF), Swedish International Development Agency/SIDA, and UNICEF National Committees. The Republic of Korea support ensured continuity of immunization services and essential medicines.

The UNICEF DPRK programmes were implemented through various line ministries, and there was increasing intersectoral collaboration between the line ministries. In 2015, the annual review was conducted jointly between the Health, Nutrition and WASH programmes and counterparts. UNICEF also initiated monthly joint meetings between WHO, UNFPA, UNICEF and the MoPH to ensure effective coordination.

Options for strengthening the Child Data Management Unit were explored with the UNICEF Regional Office for East Asia and Pacific (EAPRO) and will be implemented in 2016.

The Grand People Study House published two child news issues.

The development of the new CPD provided opportunities for further strengthening partnerships with WHO, the United Nations Population Fund (UNFPA) and World Food Programme (WFP), the UN Resident Coordinator's Office, as well as international NGOs (INGOs) working in the country.

UNICEF worked closely with the United Nations Country Team (UNCT) and through the UNSF Thematic Groups with the INGOs. UNICEF led nutrition, WASH, and education Thematic Groups.

Strong collaboration among GAVI, UNICEF, World Health Organisation (WHO) and the MoPH facilitated implementation of GAVI Health System Strengthening initiative 2014-18 (GAVI HSS2). The successful ongoing implementation of GAVI HSS2 was due to the strong partnerships among key players in the health sector.

### **External Communication and Public Advocacy**

UNICEF's focus in mass communications was on development of messages aimed to build the capacity of duty bearers to ensure they have essential information to support the realisation of children's rights.

An important communications initiative from the UNICEF was support for the publication of a quarterly Child News to inform and educate the people about children's needs and rights. The Child News was published by Grand People Study House with financial support from UNICEF. Two issues of Child News were published, which communicated knowledge on significant issues like hand washing, the importance of first 1000 days in the lives of children, the significance of breastfeeding, and on Convention of Rights of Child. The publication was well received and informal feedback has been positive.

A documentary film on the '1000 day window of opportunity', referring to the critical period from conception through the first two years of a child's life, was developed and was regularly broadcasted on national television.

### **Identification and Promotion of Innovation**

Localized technological innovation in DPR Korea is challenging, especially when based on information technology, since the country does not have internet facilities. UNICEF provided supplies to the Grand People's Study House to strengthen the Tele Advocacy System, which is used for general purpose information, education and communication medium, including information on child-related issues provided by UNICEF.

In order to provide opportunities to children of boarding schools to interact with children of regular schools, UNICEF supported an inter-socialization sports in initiative, in which children of both forms of schools participated.

One of the best known assets of the health system in DPR Korea are the Household Doctors: for almost every 130 households there is a dedicated doctor. UNICEF commenced planning of innovative approaches that will be based on the widespread presence of the household doctors, and build their capacities to deliver quality services.

## Support to Integration and cross-sectoral linkages

UNICEF has agreed with the Ministry of Public Health that from among the 50 counties supported by GAVI, UNICEF and the MoPH will select one county from each of the 10 province in which UNICEF will converge the Health, Nutrition and WASH interventions to provide an integrated approach for improving maternal, neonatal and child health. In addition to the CMAM and Integrated Management of Newborn and Childhood Illnesses (IMNCI) services supported in the 50 counties, in the ten “convergence counties”, UNICEF will additionally support EmONC and WASH services. Since diarrhoea is the second most common cause of under-five mortality, the WASH interventions will contribute to health and nutrition outcomes.

UNICEF has secured funding until 2018 from GAVI to implement IMNCI in 50 counties. The 50 counties, including counties in all provinces, will demonstrate and replicate IMNCI for wider coverage using Government resources. This will also provide evidence-based advocacy with provincial People’s Committees and County People’s Committees. The Government has already shown a willingness to support expansion of training using their own resources. This was the case with the training of doctors on maternal and newborn care, where UNICEF facilitated training of trainers at national, provincial and county level, and the rest was completed by MoPH.

As the programme managers for CMAM and IMNCI programmes in the Ministry of Public Health are the same person, there is scope for strengthening integration of these programmes in the same geographical areas, which is one of the aims in the 50 counties.

## Service Delivery

To support the health services to reduce easily preventable deaths from pneumonia and diarrhoea, UNICEF provided 8,000 essential medicine kits and more than five million Oral rehydration salts (ORS) sachets.

Immunization outreach sessions in remote and low performing five north-eastern provinces reached 10,635 under-one children, and about 10,724 pregnant women who received two shots of tetanus vaccine. The DTP3 (Penta3) national coverage remained at 95.6 per cent with no province or county having less than 90 per cent coverage.

In nutrition, more than 47,000 moderately malnourished children with complications and more than 20,000 severely malnourished children were treated in the 176 CMAM service delivery sites (149 county hospitals, 14 baby-homes, 13 provincial hospitals). Approximately 800,000 pre-pregnant women received iron folate supplements, representing about 50 per cent of the annual target. 330,027 pregnant and lactating women, representing 47 per cent of the annual target, received multiple micronutrient tablets. 160,747 children aged 6-24 months, 32 per cent of the annual target, received multiple micronutrient powder-supplements. 1,537,640 children aged 6-59 months, 98 per cent of the annual target, received two dose of vitamin A during Child Health Days to reduce night blindness and increase resistance.

More than 32,500 households accessed safe water through seven GFS in four provinces, as did 21,700 children in schools, 56 childcare institutions and nine health posts. Hygiene materials were provided to all 41 children’s institutions benefitting around 8,000 children. Handwashing facilities were installed in 29 educational intuitional in eight counties.

Seventy three schools received education and recreation kits. The rehabilitation of infrastructure was supported in 13 educational institutions, including one county Technical Training Centre

(TTC). More than 6,000 children and teachers attending these schools benefitted from an improved physical environment.

### Human Rights-Based Approach to Cooperation

UNICEF continued to pay determined attention to rights based programming in 2015. The focus on human rights was through Convention on Rights of the Child, contributing to the Universal Periodic Review, and through application of a Human Rights Based Programming Approach. All these helped not only ensuring that UNICEF was conscious of the rights perspective for programme delivery, but also that Government was aware of its duties in this context. In 2014, UNICEF supported a celebratory event for the CRC@25, and in 2015 this was followed up by the Supreme Peoples' Assembly in commemorating the 25th year since the ratification of the CRC by the DPRK. This was a remarkable and very positive change in approach, with the Government accepting its responsibility for consciously addressing the rights of the child. This was further seen with the Government completing the drafting of the CRC report, which is in the process of translation, with the intention of submitting in early 2016. The Government also assured UNICEF that it will be simultaneously submitting their State Party report on implementation of the Convention on Elimination of All Forms of Discrimination Against Women.

UNICEF developed its annual plan with a clear focus following on the Human Rights Based Approach. In the consultative workshops with Ministry counterparts in the process of developing the new country programme 2017-2021, UNICEF shared with participants that the agency has a central normative role for child rights as detailed in the Convention of the Rights of the Child.

When contributing to the contents of the Universal Periodic Review, UNICEF staff ensured that rights issues were highlighted, addressing specific rights related to health, nutrition, education and water and sanitation.

### Gender Mainstreaming and Equality

UNICEF has made all efforts to ensure that gender mainstreaming and equality is central to all programming support in the DPRK. UNICEF effectively addressed key gender equality issues in reproductive health, nutrition, water and sanitation, and education. UNICEF, along with other UN agencies, has adopted gender mainstreaming strategies which include a focus on women beneficiaries, women-cantered activities, and targets for the participation of women in training courses and study tours. There has been an emphasis on collecting sex-disaggregated data to inform programming and strategies. Specifically, UNICEF agreed with MOPH and the Central Bureau of Statistics (CBS) to provide beneficiaries' disaggregated data by gender and by service delivery and facility-type. MOPH committed through GAVI HSS2 to provide gender-disaggregated data on immunization and IMNCI related interventions. The UNICEF health programme supported immunization interventions during Child Health Days to reach children across the country without gender discrimination.

In the TB/Malaria programme, the partners have considered gender issues in team composition, trainings and capacity-building. Integrating gender and equity issues in programme interventions, surveillance, analyses and reporting is now a priority. Disaggregated data analysis by gender, age groups and geography is being introduced to facilitate equity-based programming, particularly for vulnerable populations (children and women) in the future.

In recent years, the DPRK has had gender parity in enrolment and completion rates in primary as well as secondary education. The 2009 Multiple Indicator Cluster Survey had reported over 99 per cent enrolment and completion for boys and girls up to secondary level. However, the

rate of enrolment of girls drops to 17 per cent in the post-secondary level education which indicates some systemic bias against girls' education beyond school-based education.

In future, UNICEF will continue to be attentive to structural gender issues to further improve equality.

## Environmental Sustainability

The global climate change phenomena has been seen to affect DPR Korea: and 2015 brought drought and flood as compelling evidence of these changes. Therefore, environment issues and sustainability continued to be an integral part of UNICEF DPRK programming. Whilst the environment is a cross cutting theme and that all programme sectors have a role to play in environmental sustainability, the major opportunities have been found through the WASH Programme.

This has included promotion of gravity-fed water supply schemes, which are both cost effective and environmental friendly, not requiring electricity generated from burning coal. The GFS also creates awareness among communities on the need for protecting forest and mountainous water sources. Alternative energy sources such as solar were also promoted by UNICEF where pumping is required.

With UNICEF support, the Ministry of City Management continued to enhance knowledge of local engineers and technicians about the importance of forest protection and rejuvenation. The pilot "WASH for All Project" continued to aim at achieving universal coverage of water supply and sanitation, and has completed its feasibility and design stages

Actions to support environmental sustainability also included support for switching to the use of Solar Direct Drive Refrigerators for vaccine storage, along with provision of incinerators, safety boxes and capacity building of health care providers for safe disposal of immunization and hospital waste. The UNICEF health programme will further sharpen its focus on environmental sustainability through expanding responsive infrastructure, enhancing capacity of the Government health staff and volunteers and also monitoring and documentation of the process. Environmental sustainability is an important component of the five year Health System Strengthening project through GAVI from 2014-18.

UNICEF supported the Education Commission in developing life-skill materials for children of kindergartens and primary schools around the theme of clean and healthy environment. The materials were distributed in 320 kindergartens and primary schools, reaching approximately 15,000 children.

## Effective Leadership

UNICEF DPRK closed all the open recommendations from 2013 and 2014 audits. Monitoring the progress to address the audit recommendations is a standing agenda item of every Country Management Team (CMT) meeting, and UNICEF DPRK reports to the UNICEF Office of Internal Audit and Investigation regularly.

UNICEF DPRK conducted a comprehensive review of risks and updated the office risk library mid-year as per the new UNICEF guidelines. Addressing risks was an essential element in the development of 2015 Annual Management Plan. The office identified the major risk to the achievement of programme results and mitigation measures were detailed in the enterprise risk management matrix. All Programme Section Chiefs and senior management specifically noted

individual responsibilities for implementing the risk mitigation action plan in their annual planning and performance assessment forms.

The CMT played a major role in monitoring implementation of programme activities and to improve programme effectiveness. Each programme identified bottlenecks and barriers, and implementing and monitoring activities to remove them. The office developed roadmaps for development of the new country programme and country programme management plan.

The CMT regularly reviewed key management performance indicators for financial and grant management, resource mobilization, donor reporting, programme monitoring and key supply management indicators.

The office developed a contingency plan for cash flow options in case the normal banking channel is again disrupted. Inadequate funding is a risk, and the country programme is 21 per cent underfunded. UNICEF DPRK worked closely with UNICEF China to ensure effective management of the supply chain which often involves passage through China. In terms of seconded national personnel from the Government who have appropriate technical skills, progress has been made after concerted advocacy. UNICEF DPRK now has seconded staff with relevant skills and expertise supporting the health and nutrition programmes.

### **Financial Resources Management**

Cash assistance to the implementing partners continued through reimbursement and direct payments modalities only. The use of the Funding Authorization and Certificate of Expenditures (FACE) form was introduced in May 2015 following training of UNICEF staff and Government counterparts. Staff were encouraged to undertake additional e-training on Harmonized Approach to Cash Transfers (HACT) and use of FACE form.

UN agencies have not implemented the HACT in DPRK as the Government has not agreed with the required assessments. By using the FACE form, UNICEF has introduced modified desk reviews and spot checks, because staff cannot access Government offices, to ensure that the funds transferred to counterparts are used for the intended purposes. Assurance was undertaken through regular field monitoring visits. The implementation of HACT was granted exemption for one year ending 31 December 2015.

Bank reconciliations were undertaken on a monthly basis. The office cash replenishment problems due to economic sanctions continued. While the transfer of funds to DPR Korea for bank replenishments was re-established in September 2014 after a nine months, however, a new blockage begun in November 2015. UNICEF is optimistic that this blockage is temporary and a new channel to bring funds to DPRK will be identified. UNICEF DPRK, with the approval of the UNICEF Regional Director, has built a buffer in the local bank account to ensure that life-savings activities continue for at least the first three months of 2016 if the funding channel is not re-established earlier. Additional efforts through local channels are also being explored to address this problem.

The office ensured end year closure accounts of as per the UNICEF global deadline.

### **Fund-raising and Donor Relations**

Fundraising for DPR Korea remained constrained, inadequate, and unpredictable. In the current country programme, WASH and education programmes have received the least funding. International economic sanctions limited the funding primarily to humanitarian responses, and

even then, the DPR Korea has to compete many other crises and conflicts around the world. Continuity of funding was maintained through UN's Central Emergency Response Fund for the drought in the second quarter of the year and then through an underfunded window in the last quarter of the year. These funds were possible because of the concerted advocacy by the UN Country Team with support from the Government.

A regular source of funding for DPR Korea has been the Republic of Korea, which has generally provided annual funding for health and nutrition programmes, and indicated potential funding for WASH in the near future.

A large proportion of the Other Resources for the country programme are from the Global Fund to Fight AIDS, Tuberculosis and Malaria the Global Alliance for Vaccines and Immunisation. In spite of the GAVI contribution of US\$3.2 million and the Global Fund US\$3.3 million respectively in 2015, the unfunded portion of Other Resources is at 28 per cent. Apart from GAVI and The Global Fund, Other Resources, when they are secured, are usually short-term.

The number of donors to UNICEF DPRK has reduced. The Australia Government and the Australian National Committee for UNICEF have stopped their funding; the German National Committee may not continue support past 2015; support from the Norwegian Committee for UNICEF has not continued and; the Swiss Government has indicated they will no longer fund the WASH programme past 2015.

## Evaluation

UNICEF DPRK, through the CMT, closely monitored the rolling Integrated Monitoring and Evaluation Plan. The office has a Monitoring and Evaluation Committee working in tandem with the Programme Management Group. Special attention was paid to evaluations. Three evaluations were planned for CMAM, EPI coverage, and a programme evaluation of the TB and malaria programme, along with one externally conducted assessment on Effective Vaccine Management. The EVM assessment was concluded during the year; however, the three evaluations could not be initiated due to various challenges. An available consultant to conduct the Immunization Coverage could not be found.

A Terms of Reference for Global Fund-supported TB/Malaria programme evaluation was shared with partners, and reviewed by UNICEF EAPRO. The scope of the evaluation is being discussed with the GF. It is planned that the evaluation will focus particularly on equitable achievement of results across populations and geographies. It will also seek to decipher the roles of partners and assess synergies between the grant activities and corporate mandates and functions while comparing, to the extent possible, risk assessment, the grant model and programme structure with similar initiatives by other donors.

A planned study visit of the select staff of Child Data Management Unit, Central Bureau of Statistics to Thailand and Vietnam could not take place due to logistical difficulties and is expected to be reorganized in 2016. UNICEF DPRK has developed a country specific monitoring and evaluation strategy in consultation with EAPRO.

## Efficiency Gains and Cost Savings

The initiatives made in 2014 by the UN Operations Management Team for DPR Korea in consolidating and harmonizing payments/entitlements that included salaries and allowances made to the seconded personnel by the different UN agencies in the country remained in place. The gains could not be quantified in 2015; however, the initiatives have contributed to improved

productivity and the morale of the locally-seconded personnel. The office is cost sharing with WFP, WHO and the United Nations Development Programme/UNDP the use of I-direct internet backup service. Through this sharing arrangement, UNICEF had an annual saving of \$21,349.

## Supply Management

In 2015, supply requisitions worth US\$27.47 million were raised, representing 69 per cent of the total annual expenditure. The procurement sources continued to be through UNICEF Supply Division, UNICEF China and local procurement. In 2015, the supplies via UNICEF Supply Division were 89 per cent of the total supply value, with pharmaceuticals, malaria prevention, medical and nutrition supplies being the main commodities. The value of supplies procured from China was US\$1.25 million (4.5 per cent of total supplies) mainly for WASH supplies, printing consumables for local printing.

The local supply value of US\$1.82 million was for construction materials, printing, information technology supplies, and fuel to the Government for field monitoring. The contracting for services at value of US\$120,521.86 were for individual and institutional consultancies and contracting services for supply distribution. Thirty three Contract Review Committee submissions were approved through 16 meetings for local procurement.

Despite there being no significant development in the local market for competitive pricing and more commodity availability, the UNICEF Supply Unit continued making efforts to expand the supplier database. In 2015, six new potential suppliers were assessed and included in invitee list.

The office makes best use of existing monitoring tools to closely follow up Goods-in-transit status. Through careful monitoring and close follow-up, the number of days of Goods-in-Transit has been significantly reduced.

UNICEF DPRK does not manage any warehouse of its own for programme supplies. Starting from 2015, UNICEF requested line ministries to submit a stock report monthly to UNICEF for better monitoring supplies at end-user and stock level at central warehouse.

<b>UNICEF DPRK 2015 Supply input</b>	<b>Value in US\$</b>
Programme supplies	19,836,436
Operational supplies	211,481
Services	115,927
<b>Total</b>	<b>20,163,844</b>
<b>Supply channelled via Procurement Services</b>	<b>Value in US\$</b>
Via regular Procurement Services	76,885
Via GAVI	3,310,049

## Security for Staff and Premises

UNICEF DPRK continued to ensure the safety and security of the staff and premises. The office is fully compliant with the Minimum Operating Security Standards (MOSS). The MOSS compliance report was reviewed, updated and shared with the UNICEF EAPRO Regional Security Advisor. First aid kits with additional items were procured in 2015, to complement the smaller kits that were delivered in 2014. First aid kit boxes were also placed in all vehicles in the office premise corridors for easy access by staff.

As was the case at the end of 2014, and up to March 2015, the Government continued with

strict measures for the staff travelling and returning from abroad in relation to the break out of Ebola disease in some West African countries. Staff coming from African countries did not return to Pyongyang in the first quarter of 2015. They were on mission status in other countries while awaiting lifting of travel restrictions into DPRK and the 21 days mandatory isolations while in the country.

In the context of DPR Korea, the security situation risk assessment continuous to be low. There have not been any identified risks that directly affect the safety and security of staff.

## **Human Resources**

UNICEF DPRL faced gaps of several months in filling certain staffing positions. The office initiated discussions with the Government for a direct hire option for the national seconded personnel to ensure they have proper technical background.

The Human Resource Development Team assured the preparation and implementation of the 2015 staff learning and development plan based on global, regional and office priorities. Staff were encouraged to undertake e-learning courses and to identify other career development opportunities. The office implemented one of three planned group trainings / workshops. These trainings included Programme Policy and Procedure, Competency Based Interview, and Monitoring Results Equity System/MORES. The last two trainings were postponed because the office was busy in developing the new country programme. Most of the mandatory trainings and the planned technical online trainings were accomplished. The total budget for the training was US\$16,235.

The quality of the performance appraisal system "e-PAS" (for the international staff) and manual "PAS" (for the nationals) was further strengthened by encouraging the staff both supervisors and supervisees to complete e-learning course on EPAS/PAS tutorial in Agora. Completion rates of 2014 EPAS/PAS and planning phase and mid-year review for 2015 were 100 per cent and 82 per cent respectively.

The office appointed a new Peer Support Volunteer, as the previous one was transferred. Stress counselling services are provided by the UN Clinic.

In the process of developing the new Country Programme Document and the Country Programme Management Plan, the senior management conducted a Human Resource Capacity Gap Analysis to identify the human resources needed to achieve the Outcomes and Output based on the analysis of the bottlenecks and barriers. The Representative, Deputy Representative and the Chief of Operations met with each Section Chief as part of the Human Resource Capacity Gap Analysis.

## **Effective Use of Information and Communication Technology**

Information Communication Technology (ICT) is among the most critical support services for achieving results for children in the DPRK. In the very challenging environment, maintenance and improvement of the facility is the primary focus of the office management strategy for UNICEF in the country.

The UNICEF ICT team has managed to create minimum acceptable balance between required UNICEF standards and availability of basic services in the country. A number of mitigation measures were implemented to ensure the continuation of these critical services. The use of cloud-based computing and communication tools has been an advantage for the users. Online

meetings, learning and knowledge sharing initiatives are adding value.

Under the ICT disaster recovery strategy, the office remains committed to maintain service level agreement of site recovery within two to 24 hours. Tested disaster recovery management has been, and remained, the strength of the office. With the modernization of information technology tools, the security of the intellectual property is becoming more and more challenging. The UNICEF ICT with its continued struggle to improve security systems has been managing and providing secured and reliable solutions. The use of online repositories is encouraged and adopted as mitigations measure to safeguard data loss.

As the lead agency in the country for the United Nations Information Technology group UNICEF works closely with other UN agencies. The Business Continuity Operation Centre/BCOC service has been deployed to support business continuity plan for all UN agencies in the country.

UNICEF DPRK is continually struggling to mitigate challenges related to the traditional unreliable electrical power supply (low voltage and frequent cuts). The challenges like availability of goods and services to manage information and communication technology infrastructure, learning and development opportunities to minimize skill gaps remain the major concern to ensure quality of services to the end user.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** The Government implements a comprehensive sustainable nutrition programme including adequate infant and young child feeding, micronutrients and management of acute malnutrition programmes.

#### **Analytical Statement of Progress:**

The MoPH endorsed the national nutrition strategy and action plan 2014-18 along with three technical guidelines on CMAM, Infant and Young Child Feeding (IYCF) and prevention and control of micronutrient deficiencies in quarter three of 2014. Subsequently, UNICEF provided technical support to the Government to embrace a multi-sectoral approach to address undernutrition among women and children in the country, and provided technical support to the State Planning Commission and other line ministries to draft the national plan of action to achieve universal salt iodisation (USI). In addition technical support was provided to the Academy of Medical Sciences to lead multi-sectoral efforts to address the high prevalence of Soil Transmitted Helminths among children in the country. The MoPH is currently delivering a defined set of nutrition-specific interventions at national level along with CMAM services in 149 counties, 13 provincial paediatric hospitals and 14 baby-homes (orphanages). Below are the main results/ progress made in 2015.

1. In response to UNICEF advocacy, the Government issued a national decree to extend maternity leave from five to eight months in support of six month exclusive breastfeeding.
2. In response to UNICEF advocacy to provide additional access to CMAM services countrywide and to better utilize the limited resources to achieve efficient lifesaving interventions, the Government agreed to geographically expand CMAM services from 29 counties with 16 per cent service coverage to 89 counties including the main cities reaching about 60 per cent service coverage.
3. In response to the 2015 severe drought, an additional 60 CMAM service delivery sites in 60 counties were established with UNICEF support.

4. Screening for undernutrition, early referral and follow-up for treatment at community level in all the 149 CMAM counties was institutionalised.
5. Specific focus was made on the promotion of adolescent girls and women of reproductive age to breakdown the intergenerational cycle of undernutrition. In this regard, a nutrition strategy will be upgraded in 2016.
6. Undertaking IYCF – Knowledge, Attitudes and Practice assessment at household, health facilities and at nursery levels.
7. Promotion of optimum IYCF practices through rolling-out IYCF counselling package to all provincial maternity and paediatric hospitals.
8. Micronutrient supplementation was sustained at national level; bi-annual vitamin A supplementation through Child Health Days reached 99 per cent coverage, with introduction of a third dose in the routine services for prevention and treatment of Vitamin A deficiency diseases.
9. Multi-micronutrient powder (sprinkles) supplementation to 6-23 months children supported bi-annually through Child Health Days (CHDs), reaching 32 per cent coverage.
10. Bi-annual middle upper arm circumference (MUAC) screening and referral for treatment in all CMAM counties was introduced in 2015, reaching 92 per cent of the targeted children.
11. Provision of iron and folic acid supplements to all non-pregnant women of reproductive age, reaching 50 per cent coverage, and multi-micronutrient tablets to pregnant and lactating women reaching 47 per cent coverage, in addition to making zinc supplements available to all children under five, along with ORS treatment. All micronutrient supplementation interventions were sustained at national level,
12. The national plan of action to achieve Universal Salt Iodisation (USI) and the legal framework was drafted.
13. A comprehensive multi-sectoral approach adopted to address the problem of soil-transmitted helminths.

**OUTPUT 1** National and provincial authorities have the capacity to develop a national nutrition strategy, action plans and updated guidelines.

**Analytical Statement of Progress:**

UNICEF worked closely with the national authorities at central level and delivered as per the outcome analytical statement. Limited access was granted to interact directly with the provincial authorities/people's committees on formulating provincial plans.

**OUTPUT 2** Health facilities, baby homes, nurseries and communities have the capacity to promote adequate breastfeeding and appropriate complementary feeding practices.

**Analytical Statement of Progress:**

In 2015, UNICEF supported the integration of a short version of the IYCF technical guidelines into the CMAM technical guidelines and facilitated four provincial training workshops for more than 240 paediatricians from 90 counties' general hospital. This was within the context of geographical expansion of CMAM services in the four emergency-affected provinces.

The nutrition programme also facilitated two central training workshops on promotion of IYCF for 110 paediatricians from Pyongyang paediatric hospital and six district hospitals in addition to paediatricians from Academia of Medical Science in the Institute of Child Nutrition hospital and university trainers from Pyongyang medical university paediatric wards.

A full package of IYCF technical module and related information, education and communication IEC materials and flip-chart in Korean language were printed with UNICEF support. They were

disseminated at central level and distributed to all CMAM service delivery sites in the targeted 149 counties' hospitals, provincial hospitals and baby-homes.

UNICEF also facilitated the World Breastfeeding Week Celebration in Pyongyang and in South Pyongan province, in which more than 500 Government officials and media specialists from the Grand People's Study House participated in this event. The theme was on promotion of early initiation of breastfeeding. With UNICEF technical support, the Grand People's Study House disseminated the information on early initiation of breastfeeding and benefits of breast milk to all provinces and launched a media campaign for one week in the local TV and radio stations and the local newspapers. They also delivered a session about the 1000 days approach through the national tele-media network to all people's committees countrywide.

A "1000 days" film was produced with UNICEF technical support and broadcast twice through the national TV channels during the breastfeeding week and during the Korean mother day.

**OUTPUT 3** Relevant health facilities (Provincial and County Hospitals, Health Clinics and Baby Homes) and institutions (salt factories) have the capacity to operationalize the approved micronutrient guidelines.

**Analytical Statement of Progress:**

UNICEF provided technical inputs and played key role in drafting the Universal Salt Iodisation plan of action under the leadership of the State Planning Commission and in close collaboration with the Salt Bureau in the Ministry of Chemical Industry, the Quality Control and Quality Assurance commission, Grand People's Study House and other line ministries. Additional technical inputs were received from UNICEF HQ and EAPRO. The plan of action to achieve USI will be finalized by quarter one in 2016. UNICEF also provided different micronutrient supplements and deworming tablets to support the achievement of the following main results:

- 8,000 tonnes (40 per cent of the need) of iodized salt produced with UNICEF direct support;
- About 800,000 (50 per cent) pre-pregnant women received three month supplements of iron-folate;
- 330,027 (47 per cent) pregnant and lactating women received three month supplements of multiple micronutrient tablets;
- 160,747 (32 per cent) infants aged six to 24 months received multiple micronutrient powder supplements for home fortification of complementary food;
- 1,537,640 (99 per cent) of children aged six to 59 months received two supplementary doses of vitamin A capsules and 1,033,192 children aged 24-59 months dewormed during the two rounds of CHDs.

**OUTPUT 4** Relevant health facilities have the capacity to operationalize the approved acute malnutrition guidelines in selected areas and in emergency affected areas as per the Core Commitments for Children (CCCs).

**Analytical Statement of Progress:**

UNICEF facilitated geographical expansion of CMAM services from 29 counties with 16 per cent service coverage to 89 counties, including the main cities, reaching to about 60 per cent service coverage. The CMAM services in the 13 provincial paediatric hospitals and the 14 baby-homes were sustained in 2015. In mid-2015, the Government declared four provinces as the most affected by severe drought. In response to the drought, an additional 60 CMAM service delivery sites in 60 counties were established with UNICEF support, making these life saving CMAM

services fully accessible to SAM children in 149 counties and three main cities. The counties' hospitals are providing inpatient treatment to SAM and MAM with complications, as well as outpatient treatment for SAM children only, while the provincial hospitals are providing inpatient treatment to SAM and MAM children with complications only. The baby-homes are providing treatment to SAM children without complications only.

To facilitate early diagnosis and treatment, UNICEF facilitated institutionalization of screening services at Ri/ Dong clinics and nurseries for early referral and follow-up on treatment at community level in all the 149 CMAM counties. UNICEF also introduced MUAC screening and referral bi-annually during the CHDs.

UNICEF facilitated capacity development of 350 paediatricians from Pyongyang districts' hospitals, the medical university and from 90 counties in the four drought-affected provinces.

In total, more than 20,000 (80 per cent of the 25,000 target) SAM children with and without complications were treated in the CMAM sites in 2015, with 98 deaths. During the same reporting period, 47,161 MAM children with complications were treated in the CMAM hospitals and paediatric wards.

UNICEF facilitated quality improvement of CMAM services through direct involvement in training of service providers and paediatricians, supportive supervision and on-the-job training, ensuring availability of therapeutic supplies and fully supporting in-country logistics.

**OUTCOME 2** Revised national policy on quality standards implemented for equitable access and utilization of pre- primary, primary and secondary education including in humanitarian situation.

**OUTPUT 1** National and sub-national capacity in disaster risk management enhanced to respond effectively to emergency including long- term strategies relating to education CCCs.

**Analytical Statement of Progress:**

There were floods in Rason area and drought in number of counties in 2015. No major education interventions were required however, the education programme was fully prepared with a group of trained EC personnel in responding to any eventuality and pre-positioned supplies to meet educational needs of 25,000 children as part of education response to any emergency. The following were procured and pre-positioned for use in an emergency: 150 sets of ECD kits, 200 sets of school kits for secondary schools, 200 sets of school kits for primary schools, and 100 sets of recreational kits.

**OUTCOME 3** National and local governments implement relevant and effective WASH policies and strategies that equitably increase access to, and use of, quality WASH services.

**Analytical Statement of Progress:**

UNICEF support prioritizes improving WASH facilities in learning institutions and health facilities and support of the nutrition and health interventions in vulnerable areas. Inter-ministerial collaboration among sector ministries in sanitation and hygiene introduced with UNICEF support in three rural communities under a WASH for All Initiative, seeks to achieve universal coverage for water and sanitation, using a range of technologies for water supply delivery and improved sanitation at household level. This is part of the expansion of partnerships for implementing hygiene and sanitation promotion. In 2015 advocacy continued for the equitable roll out of the construction of gravity-fed water supply systems to provide clean and safe water to

communities, as a sustainable, environment-friendly and cost-effective strategy in county towns and Ris. The Government indicated its intention to increase the cost sharing in the water supply and sanitation initiatives. The Project Management Unit of the Ministry of City Management provided Peoples Committees at Provincial, County and Ri levels technical support for undertaking feasibility and design studies for GFS. The interministerial consultative forum on hygiene and sanitation continued its action plan to introduce model sanitary latrines to respond to the challenge of developing a model that provides safe containment of excreta (until the excreta decomposes adequately for safe re-use in agriculture) as well as being suitable for replication by communities using their own resources. Building on the consensus reached by sector players in 2014, 230 units of the harmless sanitary double urn latrine model adopted from China was introduced for demonstration purposes and later scaling up. The piloting include developing and adaptation of the model using local materials and technology, which will be introduced in all counties. Training workshops for advocacy and for installation of the double urn latrines were conducted with technical assistance from UNICEF China.

The WASH programme aims to increase convergence with other UNICEF supported interventions where possible (education, health, and nutrition and care) with other line ministries, UN agencies and INGOs.

**OUTPUT 1** 500,000 women, children and other population in underserved areas in 50 ris and 20 Ups (county Towns) equitably and sustainably use safe drinking water sources, improved sanitation facilities and practice hand washing with soap.

**Analytical Statement of Progress:**

An additional 85,870 people (22,741 households) including 18 schools, 14 childcare institutions and 12 health facilities gained access to improved drinking water sources. A new technology (solar pumping) was installed in the pilot ri, as part of the WASH for All initiative.

**OUTPUT 2** By 2016, improved Government capacity in disaster risk reduction and management including long-term strategies for risk reduction relating to WASH CCCs.

**Analytical Statement of Progress:**

The inter-agency contingency plan WASH, for coordinated by UNICEF, was updated in 2015. An emergency response was required first to respond to the impact of drought and later to recovery from flooding in Rason city. UNICEF provided water purification tablets, jerry cans and buckets for household water treatment and safe water storage from pre-positioned stocks and through new procurement. Chemicals for town water supply treatment were also provided. CERF provided funds for the rapid response in respect of the drought. However, no funding was available for repairing of well drilling equipment and hand pumps.

**OUTCOME 4** 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.

**Analytical Statement of Progress:**

In 2015, UNICEF continued extensive capacity building and improved service provision to contribute to reduction of maternal, neonatal and child morbidity and mortality by reaching 29,000 pregnant women and same number of newborns in selected counties. Quality improvement in antenatal care, intra-natal and postnatal period was further made in selected counties, with scaling-up of evidence based interventions across the country.

About 362,000 children aged under one received basic childhood vaccines, 1.7 million children

received Vitamin A, and about 1.6 million children received deworming tablets. Raw materials were provided for production of five million sachets of ORS. IMNCI continued in 10 counties, with initial planning for scaling up to 50 counties to implement community-based interventions for reduction of pneumonia and diarrhoea.

In addition, there were a number of other key successes during the year, including:

- Technical and financial assistance for introduction of IPV in routine immunization as part of Global Polio End Game Strategy followed by switch from tOPV to bOPV;
- Provision of technical assistance for conducting effective vaccine management assessment to assess, improve the quality of immunization supply chain and logistics;
- Implementation of the context specific immunization initiatives in five low performing provinces, as an effort for ensuring equity in immunization;
- Progress towards expansion of the cold chain from 208 counties to 1200 health facilities.

Key results during the year included:

- About eight million people in 94 counties reached with essential medicines.
- ORS five million ORS sachets provided to meet the needs of 1.7 million children for treatment of diarrhoea.
- About 362,000 children under 1 year and 366,000 pregnant women received vaccination against vaccine preventable diseases. No deaths from Measles and Tetanus reported for the last three years.
- Cold Chain: Vaccine storage capacity at national, provincial and county EPI stores enhanced through provision of cold rooms and solar direct drive refrigerators. Vaccine transportation and distribution system strengthened through provision of refrigerated van, cold boxes and vaccine carriers. Quality assurance of vaccines at different stages was strengthened.
- Maternal and neonatal health: About 29,000 pregnant women and newborns provided access to basic maternal and neonatal care. All counties provided with ambo bags ensure newborn resuscitation.

Capacity building included the following:

- Immunisation: 40 health staff trained on EVM, 55 on MLM; 6,700 on microplanning, and 30 technicians on cold chain.
- EmONC: 130 national, provincial and county staff trained, and a plan is in place to train 3,000 staff before mid-2016.
- IMNCI: Planning underway for expansion to 50 counties and equipping 2000 household doctors and midwives with an essential package of services.

MNH coverage remains very low (16/208 counties), and there has been an increase in maternal mortality rate from 81/100,000 live births in 2013 to 87/100,000 in 2015.

**OUTPUT 1** National and provincial authorities have the capacity to develop policies, strategies and provincial plans of action to implement Health Sector Medium Term Strategic Plan

#### **Analytical Statement of Progress:**

UNICEF continued extensive capacity building and improved service provision to contribute to reduction of maternal and neonatal morbidity and mortality by reaching 29,000 pregnant women and the same number of newborn in selected counties. Quality improvement in antenatal care, intra-natal and postnatal period was further strengthened in selected counties with scaling up of evidence-based interventions across the country. UNICEF, through provision of basic

equipment to conduct blood pressure monitoring, blood and urine testing, safe delivery, post-natal and new-born care ensured the healthy outcome of pregnancy both for mother and new-born.

Quality assurance of antenatal care (ANC): UNICEF continued advocacy, capacity building and service provision to ensure quality of antenatal care for appropriate birth preparedness. All pregnant women received quality antenatal care including blood pressure monitoring, blood and urine testing, safe delivery, post-natal and new-born care.

Service Provision: About 29,000 pregnant women and newborns in 16 counties had access to quality basic maternal and neonatal care services. This ensured safe delivery for mother and newborn. The services included obstetric and newborn resuscitation critical for preventing death and disability. Due to funding constraints, the coverage of these services are only limited to 16 out of 208 counties. Keeping in view the high number of newborn deaths, 470 ambo bags were provided to all county hospitals for providing timely newborn resuscitation.

Capacity Building: To address the knowledge and capacity gaps to ensure provision of quality lifesaving interventions at different stages of life, an extensive and simplified capacity building initiative was developed and is progressing well. About 130 staff at national, provincial and county level have been trained to provide quality EmONC services. There is a plan to train further 3,000 staff up until mid-2016 across the country to ensure all deliveries are attended by skilled birth attendants.

Scaling up evidence based interventions: One of the significant achievements during the year was to advocate and build capacity for scaling up a set of evidence-based interventions including early initiation of breast feeding, kangaroo mother care, antenatal corticosteroids, use of misoprostol, cord care with chlorhexidine and delayed bathing.

During the year, UNICEF support included provision of essential maternal, neonatal and child health services for over 29,000 pregnant women and a similar number of new-borns through emergency obstetric and neonatal care services in 16 counties.

It is expected that the ongoing and planned activities will contribute significantly in reducing maternal and newborn mortality.

**OUTPUT 2** Coverage and quality of high impact interventions, including provision of essential medicines, to address diarrhoea and pneumonia sustained in 94 counties, with emphasis on low coverage areas among U5 children (boys and girls).

**Analytical Statement of Progress:**

UNICEF continued to strengthen human and institutional capacities to focus on the reduction of disease burden from the two priority causes of child mortality - pneumonia and diarrhoea.

Essential medicine provision continued in 94 counties, mostly through Republic of Korea funding and UNICEF regular resources. These essential medicines are intended for distribution to remote health facilities. During the year, about 8,000 essential medicine kits and about five million ORS sachets were distributed. Funding constraints meant that the eight million of the planned 11 million population were covered by the essential medicines.

For a comprehensive package of care, UNICEF through GAVI funding, finalized the expansion of IMNCI services from 10 counties to 50 counties. In addition, these counties will also have

services for community management of acute malnutrition. This approach will enhance the cross-sectoral synergy and integration for effective programming.

In addition to the 50 selected counties, UNICEF mobilized resources to develop an essential package of services for household doctors and midwives, enabling them to provide essential responsive services. In phase one, 2000 household doctors and midwives will be trained and equipped. Depending upon availability of resources, this package will be replicated nationwide to increase access to essential services.

It is expected that the ongoing and planned activities focusing on reducing childhood mortality will play a critical role in child survival and development.

**OUTPUT 3** High and sustained national immunization coverage for infants (girls and boys) and pregnant women with focus on reaching hard-to-reach areas.

**Analytical Statement of Progress:**

The successful first phase of GAVI HSS performance resulted in securing funding for further strengthening immunization services in the country through GAVI HSS 2. The country, in close collaboration with UNICEF and WHO, has been able to achieve high immunization coverage against all antigens. The routine immunization coverage remains above 90 percent in all counties. The Pentavalent 3 coverage at the national level is 94.1 per cent with Pyongyang 94.1 per cent, S. Pyongan 93.5 per cent, N. Pyongan 93.5 per cent, Chagang 93.1 per cent, S. Hwanghae and N. Hwanghae 93.4 per cent, Kangwan 94.1 per cent, S. Hamgyong and N. Hamgyong 93.4 per cent, Ryanggang 93.1 per cent and Nampo province 93.7 per cent.

Capacity building of the EPI: To bridge knowledge and capacity gaps, human resource capacity building remained an area of focus, with 6,830 staff at different managerial and programme delivery levels trained to ensure quality of services as per global standards.

Cold chain expansion and quality assurance: Vaccine storage facilities are in the process of expansion from 208 counties to 975 health facilities. In addition to adding new cold rooms at the central and provincial medical warehouses, solar direct drive refrigerators were installed at county and Ri hospitals. For ensuring the quality of vaccines during storage and transportation, the programme has been equipped with the Fridge Tags and Freeze tags. The EVM assessment was carried out to identify weaknesses and provide recommendations for improving vaccine and cold chain management.

2015 ended with the progressive implementation of the GAVI HSS2, introduction of IPV in routine immunization, uninterrupted supply of EPI antigens and logistics, quality assurance of the vaccine storage and initiation of outreach immunization services in the five northern provinces of the country. These resulted in sustaining high immunization coverage among children and pregnant women across the country.

Key Results: During the year, 362,000 children aged under one, and 366,000 pregnant women accessed vaccination against vaccine preventable diseases. There have been no deaths from measles or tetanus reported for the last three years.

Despite availability of a strong EPI infrastructure, predictable financing for the sustained supply of vaccines remains a major challenge.

**OUTPUT 4** Improved Government capacity to prevent morbidity and mortality amongst girls, boys and women in emergencies based on the health CCCs.

**Analytical Statement of Progress:**

In 2015, the emergency response remained focused on drought-affected areas. With the high immunization coverage, the unprotected children against vaccine preventable diseases remained negligible. There was no outbreak of vaccine preventable diseases in drought-affected areas. The conducting of a measles outbreak prevention campaign was considered, however, a detailed situation assessment which indicated the quality immunization coverage negated the idea of this campaign. However, there was 70 per cent increase in cases of diarrhoea compared to last year.

As part of emergency preparedness, the UNICEF health programme procured and pre-positioned 20 Inter Emergency Health Kits at national and provincial warehouses for timely response to any humanitarian situation. This was a coordinated response with WHO and UNFPA.

Due to high number of diarrhoea cases, locally produced ORS and those from UNICEF Supply Division were made available. About 55,000 children aged under five had access to ORS and essential medicines in drought-affected areas.

**OUTCOME 5** By the end of 2015, the National Malaria Programme effectively implements interventions for pre-elimination of malaria.

**Analytical Statement of Progress:**

The Global Fund-assisted malaria programme was launched in DPR Korea in 2010 and the second phase of the ant was completed in February 2015. The implementation of the new funding model grant for malaria started in June 2015. UNICEF is working as the Principal Recipient, while WHO is the sub-recipient, and MoPH the Implementing Partner for the grant activities.

Details about Outcome Indicators for 2015 will be available by the middle of 2016. The currently available data from routine recording and reporting system shows evidence of improvement in the prevention and control of malaria in the country. In 2015, the incidence of malaria cases declined by 34.5 per cent as compared to the same period (Jan-Sep) in 2014; the decline was highest in N. Pyongan and lowest in Ryanggang provinces. 7,018 confirmed and clinical cases of malaria were reported in the country during the period January-September 2015, out of which 6,647 were lab-confirmed cases. In 2015, the confirmed and clinical cases reduced by 33.9 per cent and 29.1 per cent nationwide respectively. The number of suspected cases of malaria in the country was reduced by 26.8 per cent between January-September 2015 as compared to the corresponding period in 2014. The decline was highest in Jagang and lowest in Ryanggang provinces. Various entomological surveillance and therapeutic efficacy studies were conducted.

Facility-based case management services were strengthened at primary health care level, and key interventions were conducted. 1,342,528 people were treated with MPPT/Mass Primaquine Preventive Treatment, 150,793 sets of clothes were treated with permethrin, 1,557,101 people were covered by 864,750 LLINs/Long-Lasting Insecticidal Net), and 295,922 households received IRS/Indoor Residual Spray. The pilot implementation of RCD/Reactive based Case Detection using rapid diagnostic test kits was done to ensure timely detection, and eliminate infection source around index cases. This led to interruption of onward transmission in 572 Ris

(458 low risk +114 medium risk areas) in 24 counties of eight provinces. Mosaic spray technique of indoor residual spraying (IRS) was also introduced in 2015 to reduce or delay the emergence of resistance by removing insecticide selection pressure. The malaria programme has furthermore contributed to the strengthening of health systems in areas such as monitoring and evaluation, supply chain management, strengthening of the National Drug Regulatory Authority, disease and entomological surveillance. These efforts have helped the programme to understand the malaria situation and use 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 2015 were farmers by occupation (53.7 per cent), males by gender (55.1 per cent), and that the age group of 31-50 years (adult) is most affected. There is a need to improve the coverage, quality of interventions including knowledge and awareness in these groups.

Tools for local level data analysis were also developed in order to take corrective actions in low performing areas and addressing the gaps. In spite of challenges in offshore procurement due to the country context, all essential were delivered as per the planned schedule.

Achieving the planned results of 50 per cent reduction in malaria incidence will require sustaining the gains achieved and ensuring resources are available in line with the country's needs.

**OUTPUT 1** By the end of 2015, health workers are able to diagnose and treat malaria on a timely basis.

**Analytical Statement of Progress:**

During 2015, 1,094 laboratory technicians were trained on microscopy at peripheral levels while 164 laboratory technicians were trained on quality assurance for malaria microscopy at provincial and county levels to improve the quality of confirmatory diagnosis for malaria. The percentage of suspected malaria cases undergoing confirmatory laboratory diagnosis improved up to 94.9 per cent against a target of 94 per cent, which is a result of conscious efforts made by partners to improve the capacity of health workers for diagnosis of malaria cases. Currently, there are 1,259 laboratories conducting malaria light microscopy at various levels in eight malaria transmission provinces.

There was 34.5 per cent reduction in disease burden from 10,710 confirmed and clinical cases in 2014 to 7,018 in 2015 (provisional data until September 2015). These improvements can be attributed to the strengthening of facility-based case management services at primary health care levels, and sustained improvements in diagnostic ability through the supply of microscopes, reagents, capacity building and periodic monitoring. The training of health workers on clinical management of malaria cases contributed to the initiation of treatment as per the national malaria treatment guidelines.

**OUTPUT 2** Households in targeted areas are provided with long lasting insecticide treated nets and are reached by indoor residual spray.

**Analytical Statement of Progress:**

In 2015, 150,793 sets of clothes in risk occupational groups in high malaria transmission Ris were impregnated with permethrin. A total of 295,922 households in medium malaria transmission Ris received indoor residual spray. Various efforts were undertaken to ensure better targeting and quality of these three interventions. In addition, 394 health staff were trained in-country on entomological surveillance. Some 2,880 field sprayers were trained on IRS, 2325

household doctors were trained on use of the immunochromatographic test, and 165 staff were trained on reactive case detection and foci investigation.

Around 711,960 LLINs were distributed to 605,215 households in malaria high transmission area in five provinces in 2015; 864,750 LLINs were distributed covering 1,557,101 people in 464 high transmission *Ris* in 69 countries, eight provinces. Monitoring visits were regularly conducted again in 2015 to ensure utilization of LLINs. A big challenge in this area is that the resources available currently only suffice for partial coverage (50 per cent) of the total population. There will be an increased need for advocacy for enhanced resource allocation for sustaining and scaling up these interventions in the future.

**OUTPUT 3** 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.

**Analytical Statement of Progress:**

866,100 leaflets on LLIN utilization were printed and distributed to the target areas, and 2,165 HHDs and volunteers were trained. The leaflet explains how to use LLINs including use, washing, storing, etc. It was distributed to the target population along with LLINs in high-risk areas. The household doctors and volunteers explained the correct usage of LLIN to the community and households.

**OUTPUT 4** The National Malaria Programme is able to strengthen health systems, including management of information, logistic management and surveillance for insecticide susceptibility.

**Analytical Statement of Progress:**

The National Malaria Programme, with support from WHO and UNICEF, established a computerized network for online data reporting from eight provincial to central levels. 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 provinces conducted insecticide susceptibility tests in 2015. Several capacity building efforts were undertaken to strengthen the sentinel sites and surveillance systems. Accessories for entomological research were distributed to these sites for assessing the effects of vector control interventions and informing national malaria control program. As a result, the programme has been able to monitor the effectiveness of and IRS in malaria endemic areas for improving integrated vector management.

**OUTCOME 6** The National Tuberculosis Programme (NTP) effectively implements interventions for prevention and control of TB in 11 provinces.

**Analytical Statement of Progress:**

DPR Korea continues to be one of the high TB burden countries in the Asia-Pacific region. The Global Fund-assisted TB programme was launched in DPR Korea in 2010 and the second phase completed in September 2015. The new funding model grant for TB programme has been approved for the period of 2015 to 2018. UNICEF is working as the Principal Recipient while WHO is the Sub-Recipient and MoPH is the Implementing Partner for the grant activities.

The detailed outcome data for 2015 will be available by the middle of 2016. The currently available data suggests evidence of improvement in the prevention and control of tuberculosis

in the country. The reported number of all forms of TB cases in 2014 was 97,816, including 32,846 new smear positive TB cases and 6865 women cases (20.9 per cent) aged 15-44 years out of these NSP cases. 80,053 all forms of TB cases were identified between January to September 2015, while 26,669 new smear positive were notified during the same period (20.5 per cent of whom were women aged 15-44 years). The Case Notification Rate (CNR) of new TB (new+ relapse) increased to 428/100,000 population in 2014 as compared to 408/100,000 in 2013. An analysis of paediatric TB data indicated that the paediatric CNR increased from 5.8 per cent in 2013 to 6.2 per cent in 2014 of all new TB cases. The treatment success rate also remained over 90 per cent from 2011 to 2014. Approximately 3,900 cases of MDR-TB/Multi-Drug Resistant Tuberculosis) are estimated in DPRK each year. As of September 2015, a total of 557 MDR cases have been put on the treatment of second line anti -TB drugs.

The TB mortality rate has also shown a significant decline from the 2008 baseline of 39/100,000. The TB programme has made several efforts to achieve targets in the national strategic plan for improving case notification and treatment success. The key 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 PMDT/Programmatic Management of Drug Resistant Tuberculosis guideline.

The analysis of determinants in line with MoRES highlighted the resource and capacity gaps in scaling up MDR-TB services. Also, 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 need for the programme is the expansion of MDR-TB treatment. In addition, establishing linkages between Integrated Management of Childhood Illness, Community-Based Management of Acute Malnutrition programmes and childhood shows great potential to ensure that children in need receive comprehensive care.

**OUTPUT 1** By the end of 2015, the NTP is capable of effectively managing all TB cases.

**Analytical Statement of Progress:**

While the Global TB report 2015 showed that the programme has achieved 93 per cent case detection rate for all forms of Tuberculosis, the routine programme data show an achievement of above 90 per cent Treatment Success Rate for all smear positive patients against the target of 85 per cent. These results were possible due to coordinated efforts and implementation of several technical activities, which included updating of national TB guidelines and capacity building activities of staff involved in diagnosis and management of TB cases.

The National Monitoring and Evaluation Plan and procurement and supply management plans were implemented and progress monitored on a regular basis through monitoring and evaluation taskforce meetings, weekly progress review meetings, onsite data verifications and procurement and supply management taskforce meetings.

During the year, 246 lab technicians were trained on microscopy and External Quality Assurance for improved diagnosis of TB cases. Some 558 TB doctors were trained on programme management. UNICEF also supported the provision of lab consumables, microscopes and X-ray consumables, which contributed to an improvement in TB diagnosis and treatment and provided quality anti-TB drugs to ensure high-quality treatment in the country. Ten digital X-rays machines were delivered and are being installed, which will significantly enhance diagnostic capacity for improved TB case detection.

**OUTPUT 2** Health workers in non-health sectors are equipped with knowledge, skills and materials to identify and refer TB suspects.

**Analytical Statement of Progress:**

Since 2012, a total of 9,987 health workers in non-health sectors such as railways, police and defence have been trained to support the National TB control Programme. From 2013, NTP has involved health workers in non-health sectors to identify and refer TB suspects. Between January and September 2015, 1,015 health workers in non-health sectors working for NGOs (Korean Federation of Red Cross and Korea Federation for Prevention of Disability) were trained, which included 65 health workers at central and provincial level.

**OUTPUT 3** Volunteers from community and NGOs are equipped with knowledge, skills and materials for improving awareness of TB (modes of transmission, early detection, prevention and treatment completion) among individuals, families and communities.

**Analytical Statement of Progress:**

World TB Day was commemorated at central and provincial levels with the aim of promoting the active involvement of health care institutions and other UN agencies in TB control in the country. In 2015, 200 staff from the community and local authorities were invited to the World TB Day events in various provinces to mobilize resources more for TB control. Availing this opportunity, UNICEF made advocacy efforts focusing on the need to prioritize implementation of paediatric TB control interventions. The emphasis was on issues related to prevention, early diagnosis and treatment of undetected TB.

**OUTPUT 4** The NTP is able to expand management of MDR-TB cases.

**Analytical Statement of Progress:**

In order to improve the capacity for management of MDR-TB, programme staff were equipped with skills and knowledge in line with the National PMDT (Programmatic Management of Drug Resistant TB) guidelines. In addition, Hamhung Regional TB Reference Laboratory has become functional so as to provide diagnosis and follow-up test for MDR-TB cases in the northern area.

Through oversea training at Hong Kong Supra-National Reference Laboratory, laboratory staff of the National TB Reference Lab gained expertise in Culture and Drug Susceptibility Testing.. As of September 2015, a total of 557 MDR-TB patients had been placed on Second Line anti-TB treatment. In spite of challenges in offshore procurement due to the country context, all drugs for MDR-TB were procured and supplied to TB Sanatoria promptly.

**OUTPUT 5** By 2015, the NTP is able to strengthen health systems for management of information, finance and logistics.

**Analytical Statement of Progress:**

Efforts were made to strengthen monitoring and evaluation system through mentoring for improving data quality, onsite data verifications, joint monitoring and data analysis. An external review of the National TB Programme was also successfully carried out through a Joint Monitoring Mission in May 2014 through which NTP could show and the strengths of its programme identify the challenges and gaps. In addition, National TB Prevalence Survey has entered into the main phase in October 13th, 2015 through a pilot survey. The survey will finish by May 2016 and present a comprehensive picture of the TB burden in the country.