Amidst political tensions surrounding the Korean peninsula, around 18 million people across the Democratic People’s Republic of Korea (DPRK) were estimated to be food insecure in 2017 while parts of the population suffered from undernutrition and lack of access to basic social services. Natural hazards, particularly drought in the southern part of the country, exacerbated the situation and created additional humanitarian needs.

UNICEF DPRK support was 11 per cent below the 2016 level due to humanitarian funding shortfalls.

In 2017, the DPRK Government and UNICEF initiated implementation of a five-year, child rights-based and humanitarian-focused country programme of cooperation for 2017–2021 (CP). Building on the progress achieved by the Government in various areas— including universal secondary education and reducing child and maternal mortality— UNICEF DPRK encouraged the Government – through various platforms – to meet all the rights enshrined in the Convention on the Rights of the Child. The Government reported in 2017 on its implementation of the Convention on the Elimination of All Forms of Discrimination against Women. With technical support from UNICEF, the Central Bureau of Statistics (CBS) and line ministries in the country conducted a sixth round of the multiple indicator cluster survey (MICS) to address the dearth of quality data for equity-focused humanitarian assistance. MICS data collection was completed and results are expected to be available early in 2018 to inform humanitarian needs and priorities, as well as the planning, reporting on implementation of international conventions and tracking of Sustainable Development Goal (SDG) progress. The MICS results also provided a baseline for the implementation and monitoring of the United Nations (UN) strategic framework 2017–2021.

Despite the challenging environment, which included heightened geopolitical tensions and limited availability of humanitarian funds, UNICEF DPRK was able to contribute significantly to the realization of rights for many children and women by providing immediate, life-saving support through its health; nutrition; and water, sanitation and hygiene (WASH) programmes. For example, more than 350,000 children under one year of age were immunized against vaccine-preventable diseases. A total of 1,524,503 children aged 6–59 months (99 per cent) received twice-yearly vitamin A and zinc supplements. An estimated 1 million children aged 24–59 months (99 per cent) were dewormed and screened for referral and treatment of malnutrition during child health days held twice in 2017. Treatment was provided for around 40,000 children with severe acute malnutrition — representing 66 per cent of the estimated annual burden — and 80,000 children with moderate acute malnutrition in 189 counties. One in three of the 240,000 women countrywide who were pregnant or lactating received at least two months’ supply of multi-micronutrient tablets during pregnancy and at least one month’s supply during the time they were lactating, while 500,000 children aged 6–23 months received multi-micronutrient powder supplements for home fortification of complementary foods. Approximately 1.7 million children under age five with diarrhea had access to oral rehydration salts (ORS). By year-end, an estimated 110,000 people had been diagnosed with TB and started on treatment.
220,000 people were provided with safe water supplies and messages on improved hygiene practices.

Through its use of humanitarian supplies and programming UNICEF DPRK influenced government policies. The Government became receptive to inter-agency cooperation for humanitarian programming among UN agencies. The first joint work of UN agencies, (World Health Organization (WHO), UN Population Fund (UNFPA) and UNICEF) resulted in release of the mid-term strategic plan for the development of health sector. This was followed by development of the integrated management of newborn and childhood illnesses (IMNCI) protocol and guidelines. Several workshops were organized to build the capacity of more than 2,700 family doctors on correct diagnosis and treatment of childhood diseases.

Evidence for child rights encompassed an effective uptake and use of data in policy, programming and capacity-building; for example, follow-up to the WASH gravity-fed water supply systems (GFS) evaluation in national legislation and dissemination of good practices through the Grand People’s Study House (GPSH, central library) tele-advocacy system. An SDG localization workshop on the education sector was convened by the UN Education, Scientific and Cultural Organization (UNESCO) and attended by relevant national parties and UNICEF DPRK.

These successes faced challenges in the form of delays in procurement and delivery of humanitarian supplies, disruption to the banking channel and limited humanitarian funding. UNICEF DPRK, in close collaboration with the UN Resident Coordinator’s Office and other humanitarian partners, communicated these challenges and secured support from the UN Sanctions Committee, thereby overcoming many of these issues. However, much remained to be done for children and women in need of humanitarian support, as only 48 per cent of the Humanitarian Action for Children (HAC) appeal was funded in 2017.

Humanitarian assistance

In 2017 UNICEF DPRK assumed a leading role in humanitarian response, coordinated WASH and nutrition sector working groups and co-chaired the health sector working group. In addition, UNICEF DPRK supported monitoring of the humanitarian situation and made data on children and women available as a member of the UN monitoring and evaluation (M&E) group. The protracted humanitarian situation continued and was marked by completion of activities related to recovery from 2016 flooding as well as a drought in southern parts of the country that resulted in acute malnutrition and poor health outcomes for children and women.

UNICEF DPRK continued to provide life-saving essential medicines, nutrition supplies and access to safe drinking water and sanitation services for communities affected by the floods in 2016. Approximately 600,000 people, including 44,706 children under age five and 18,969 women who were pregnant or lactating in six counties of North Hamgyong Province received three months of support during the phase-out of the emergency response. More than 160,145 people living in 43,888 households of Kyongwon and Musan counties and Hoeryong City recovered access to long-term safe water supply through the completion of seven GFS and one pump-based system, as part of recovery efforts. The resilience of communities was enhanced through incorporation of disaster risk reduction measures, such as flood protection, in all of the above-mentioned water supply systems.

According to government data, around 30 per cent of early crops were lost due to the dry spell that struck 23 counties in the middle and southern part of the country. The Government of
DPRK appealed for international support. In June, humanitarian agencies travelled to South Hwanghae Province, assessed the impact of the drought and appealed for funding. The nutrition programme, using pre-positioned stocks, responded immediately by supporting provision of therapeutic nutrition services at 23 county hospitals and three provincial paediatric hospitals, one each in a northern, southern and central province (North Hwanghae, South Hwanghae and South Pyongan provinces, respectively). Nutrition services were sustained in the targeted 23 affected counties during the reporting period.

During the second half of 2017, UNICEF facilitated provision of treatment and prevention for 10,000 children with severe acute malnutrition, both with and without concurrent illnesses, and 25,000 children with moderate acute malnutrition) complicated by concurrent illnesses, along with nutrition education for their family members. The condition of children’s wards improved through the provision of 263 beds and 3,000 sets of winter clothing. The nutrition response is expected to continue for another two months in 2018 to reach an estimated total of 12,000 children with severe acute malnutrition and 32,000 with moderate acute malnutrition children and concurrent illnesses. In WASH, relief materials, including water purification tablets, were procured for distribution in the first half of 2018 to support 48,000 people and avert outbreaks of WASH-related diseases within families of the 12,000 children with severe acute malnutrition targeted by the nutrition response.

To immediately address the consequences of the drought, and while waiting for emergency medical supplies to arrive, the health response prioritized distribution of existing in-country stocks of ORS and essential medicines to the 23 drought-affected counties, synergizing with the nutrition response to cover the needs of severely malnourished children first. UN agencies coordinated to maximize the impact of available resources: WHO provided essential medicine kits to county hospitals, while UNICEF DPRK focused on providing ORS and household doctors’ bags to community doctors to address the rise in diarrhoea cases and respiratory infections in communities.

With support from the UNICEF Regional Office, UNICEF DPRK reviewed its emergency preparedness and response capacity through an in-country workshop. Preparedness was enhanced to meet sudden needs for an estimated 100,000 people. A total of 26 inter-agency emergency health kits, plus water purification tablets and nutritional supplies, were procured and pre-positioned to respond to sudden-onset emergencies such as floods and droughts.

**Equity in practice**

The DPRK’s well-articulated network of basic social services reaching the household level did not result in equitable progress on social indicators for children and women, as noted in the DPRK-UNICEF country programme document for 2017-2021 (CPD). Across provinces, Pyongyang City generally fared the best on social indicators, while provinces in the north-east fared less well. Thus, much work remains to be done to ensure full and equitable achievement of children’s and women’s rights in the country. Limited public resources for social sectors – combined with aging health, education and WASH infrastructure – compromised the accessibility and quality of social services. This resulted in disparities between urban and rural areas and households.

The inadequacy of gender-disaggregated and geographically specific qualitative and quantitative data made it difficult to fully assess, plan and monitor humanitarian needs and interventions in DPRK. UNICEF DPRK closely worked with the Government for improved collection, management and analysis of data across all sectors, underlining its criticality for
humanitarian planning and programming. The Government agreed to the conducting of a MICS, in compliance with international standards, to fill data gaps for equity-focused humanitarian programming. A detailed survey plan with a nationally representative severe acute malnutrition prevalence size was implemented, with quality assurance provided by international experts. Furthermore, an evaluation of the community management of acute malnutrition programme was initiated with a lot quality assurance sampling (LQAS) component to identify gaps in coverage and pockets of underserved children. Results are expected to be available during the first half of 2018.

A national immunization coverage survey was conducted by the Ministry of Public Health (MoPH) and the Population Centre, with technical support from UNICEF DPRK and financial support from GAVI. The survey provided province-level disaggregated coverage data for different expanded programme on immunization (EPI) antigens to measure equity in immunization. According to the results, 94 per cent of children aged 12–23 months were fully vaccinated with valid and documented doses before reaching 12 months of age, with no significant difference in coverage between boys and girls. The survey’s validation of high pentavalent-3 coverage in the country (more than 95 per cent) over the past three years resulted in securing Gavi performance-based funding. These resources will be used to further strengthen the annual delivery of vaccines to more than 360,000 children under one year of age.

### Emerging areas of importance

**Early childhood development (ECD).** In line with UNICEF’s regional focus on ‘Early Moments Matter’, the Government and UNICEF DPRK focused on acceleration of early childhood development (ECD) as an emerging area of importance for the implementation of the first year of the new country programme. Focused humanitarian life-saving interventions revolved around targeting limited resources towards the reduction of child and maternal mortality through interventions during the 1,000 days window of opportunity.

The GPSH, with support from UNICEF DPRK, finalized a contextualized ‘Facts for Life’ publication, harmonizing integration of ECD messaging in different chapters to promote global best practices to parents, caregivers and health workers. The publication was made available through the country’s intranet system to enable wider use. Several tele-advocacy sessions communicating and promoting these best practices and the ‘Facts for Life’ publication reached over 9,000 practitioners. In addition, the nutrition programme strengthened links between ECD programming and optimal complementary feeding practices by assisting the Government to develop and roll out new integrated national ECD guidelines for caregivers in nurseries to be rolled out in 2018.

### Strategic Plan 2018–2021

Humanitarian response with the potential to continue and grow was identified as a primary feature of UNICEF’s Strategic Plan for 2018–2021 (SP). DPRK continues to face a protracted, underfunded humanitarian situation, which has worsened through consecutive years of droughts and floods and is complicated by limited access to quality vital services. Current geopolitical tensions increasingly crowd out the humanitarian imperative and first call for children among donors.

Despite these challenges, numerous opportunities exist to accelerate progress for children in alignment with the SP and regional priorities around early moments matter, safe and sustainable living environments and adolescent potential unleashed. To realize the rights of
every child in DPRK, especially the most vulnerable, UNICEF DPRK will focus primarily on the Goal ‘Every child survives and thrives’ through its health and nutrition programmes, with ‘every child lives in a safe and clean environment’ as an interlinked priority served by the WASH programme. While it does not have the financial or human resources to focus on ‘every child learns’, UNICEF DPRK will continue to gather data and evidence on the education sector to prepare for higher prioritization of this goal, which will depend on greater access to the country’s education system. ‘Every child has an equitable chance in life’ – which underpins the SP as a cross-cutting goal and includes issues such as gender equality, human rights and adolescents – will be addressed through the programme effectiveness and monitoring and evaluation components.

The current country programme was designed to factor in lessons learned from UNICEF’s previous strategic plan. Two lessons learned and related SP change strategies are particularly applicable to the DPRK national context, and informed the programme’s logic.

1. The need for UNICEF DPRK to intensify the strengthening of national systems and UN partnerships to assist the most disadvantaged girls and boys. While implementing a programme consisting primarily of delivering humanitarian supplies and services, UNICEF DPRK pursues an integrated approach to strengthen normative work on child rights, policy advocacy and systems-strengthening for humanitarian service delivery, with the goal of leaving no child behind. This is borne out per the change strategy ‘programming for at-scale results for children’, adapted to a low-resource environment. Nine vulnerable counties of a total of 210 were selected to demonstrate convergent programming and learning, and receive larger-scale assistance, with a stronger focus on the quality of humanitarian service delivery and development of local capacities and individual behaviour change.

Thanks to sustained advocacy and a relationship of trust developed with partners through assisting children and women for over 30 years, there is progressive openness to inter-agency coordination and intersectoral cooperation. UNICEF DPRK capitalizes on this with WHO, UNFPA, the World Food Programme and the Government to advance results for children and influence health and nutrition policies and programming. For example, an intersectoral theory of change on nutrition and WASH was jointly developed by eight government agencies, UN agencies and other development partners.

2. The need to scale up equity-focused programming and advocacy, including by focusing interventions on the most disadvantaged children. Increased investment in disaggregated data will greatly improve the monitoring of inequality and discrimination prohibited by the Convention on the Rights of the Child, the Convention on the Elimination of All forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities. UNICEF DPRK aims to improve the availability, quality and use of data to better analyse patterns of humanitarian needs and address risks by strengthening the routine statistics system and generating evidence, including surveys and evaluations. UNICEF DPRK strengthened the capacity of the Central Bureau of Statistics’ child data management unit to undertake equity-focused, age- and gender-disaggregated data analysis, with a special focus on humanitarian needs and risks. MICS will provide information about the humanitarian needs and priorities of children and women, underpin government planning and create a baseline for many indicators of the UN strategic framework for cooperation and the SDGs. UNICEF DPRK thus made a substantive contribution to evidence-based and equity-focused humanitarian programming in the DPRK. Under the new CPD, the Country Office will achieve the target of a minimum of 1 per cent of programme expenditures devoted to evaluations within the SP period.
Lastly, UNICEF DPRK follows the SP’s aims of enhancing internal governance in support of UNICEF’s universal mandate. It pursues excellence in the efficient and effective use of humanitarian resources. Notably, UNICEF DPRK focuses on increasing the mastery of internal operation and management tools by all staff, and providing the latest guidance, tools and resources to effectively plan and monitor programmes.

**Summary notes and acronyms**

Unless surveys, reports and other organizations are cited as the source of published data, figures in this report represent routine data put forward by government institutions or the Central Bureau of Statistics, or information from UNICEF DPRK programme and monitoring data. Data cited in the report were validated through sectoral and programme-wide joint annual review meetings between national partner institutions and UNICEF DPRK.

CBS - Central Bureau of Statistics
CEDAW - Convention on the Elimination of all Forms of Discrimination against Women
CERF - Central emergency response fund
CMAC - community management of acute malnutrition
CMT - country management team
CPD - DPRK-UNICEF Country Programme Document for 2017-2021
CRC - Convention on the Rights of the Child
CRPD - Convention on the Rights of People with Disabilities
DPRK - Democratic People’s Republic of Korea
ECD - early childhood development
EPI - expanded programme on immunization
GF - Global Fund
GFS - gravity-fed water supply system
GPSH - Grand people’s study house
HAC - Humanitarian action for children
HSP – health sector plan
IRS – indoor residual spraying
KAP – knowledge, attitudes and practices
IMPAC - integrated management of pregnancy and childbirth
IYCF - infant and young child feeding
IMNCI - integrated management of newborn and childhood illnesses
LQAS – Lot quality assurance severe acute malnutrition sampling
M&E - monitoring and evaluation
MAM - moderate acute malnutrition
MDR – multi-drug resistant
MICS - Multiple indicator cluster survey
MoPH - Ministry of Public Health
NMP – National malaria control plan
OECD-DAC - Organisation for Economic Cooperation and Development-Development Assistance Committee
ORS - oral rehydration salts
PFP - private fundraising and partnerships division(UNICEF)
SAM - severe acute malnutrition
SDGs - Sustainable Development Goals
SWG - sector working group
Capacity development

Capacity development and supportive supervision remained central to the humanitarian work performed by UNICEF DPRK.

Over 2,700 doctors from 25 counties were trained on the protocols for the integrated management of newborn and childhood illnesses through cascade training implemented by the MoPH, with facilitation and support from UNICEF DPRK and WHO. In partnership with GPSH, 9,200 participants followed technical webinars on community management of moderate acute malnutrition and optimal practices for infant and young child feeding (IYCF). Nineteen face-to-face trainings reached 1,551 participants. In WASH, the capacity of 110 officials and technicians to address water supply operation and maintenance challenges was enhanced. Some 1,560 professionals attended webinars on effective use of water resources, water treatment methods and the links between WASH and health outcomes for children.

The TB programme supported WHO to train 567 doctors on programmatic management of multidrug-resistant TB at all levels. The malaria programme supported WHO to train 1,094 laboratory technicians on microscopy, 164 technicians on laboratory quality control, 2,880 sprayers on indoor residual spraying (IRS) and 2,325 health workers and volunteers on insecticide-treated clothing.

During MICS implementation 140 participants were trained to collect quantitative data from women and children, in line with international methodology. Technical support was provided to Central Bureau of Statistics by a full-time international MICS specialist for one year and through seven visits by experts from UNICEF NY Headquarters and the UNICEF Regional Office. For the first time in DPRK, data was collected using tablets and the country’s intranet system.

UNICEF DPRK personnel undertook extensive supportive supervision and on-the-job training of service delivery functionaries through more than 230 visits to over 100 counties. These capacity-building activities helped UNICEF DPRK and the Government ensure the continuity and quality of critical life-saving services for 1.7 million children under the age of five. For example, immunization reached around 350,000 children and averted an estimated 22,000 deaths of children under five (administrative data).

Evidence generation, policy dialogue and advocacy

UNICEF DPRK advocated for improved collection, management and analysis of data, underlining its criticality for humanitarian programming and directing assistance to the most vulnerable. It supported the CBS and Government line ministries to follow up on recommendations in the 2016 situation analysis of children and women related to filling gaps in age- and gender-disaggregated data. Conducting the MICS was prioritized to provide quality
data for equity-focused humanitarian assistance. MICS data was collected from 8,500 nationally representative households and will inform humanitarian planning, reporting on the Convention on the Rights of the Child and tracking progress toward the SDG, as well as creating a baseline for UN strategic framework 2017–2021 indicators.

With a new full-time monitoring and evaluation position, and the roll-out of standard operational procedures, the evaluation function also made progress in 2017. Policy advocacy following the formative evaluation of WASH interventions triggered regulatory changes on water supply management, and findings on effectiveness were used in resource advocacy. An ambitious evaluation of the community management of acute malnutrition programme was designed with partners, and data were collected with unprecedented access to sites and records.

UNICEF DPRK partnered with the GPSH, MoPH and Ministry of City Management to celebrate World Water Day, Global Handwashing Day, World Toilet Day, World TB Day, World Malaria Day and World Breastfeeding Week. Representatives of resident embassies – including those of Germany, Pakistan, the Russian Federation, Sweden and United Kingdom– observed these activities. The awareness of 10,000 people who took part in the events was raised, while television broadcasts reached a nationwide audience.

Follow-up on joint assessments of policies, strategies and guidelines on IMNCI, salt iodization, micronutrient deficiencies and childhood tuberculosis (TB) informed advocacy and revision or development of key strategic documents. In 2017, UNICEF DPRK worked with relevant UN agencies to support Government partners to revise the health sector mid-term strategic plan, finalize the guidelines for integrated management of newborn and childhood illnesses and streamline childhood TB guidelines in integrated management of newborn and childhood illnesses and community management of acute malnutrition.

**Partnerships**

Partnerships centred on UN agencies, with UNICEF DPRK leading nutrition and WASH sector working groups (SWG), and co-leading the health and education SWGs. UNICEF DPRK continued to work with GAVI, the Global Fund (GF) and international organizations present in the country.

The first 1,000 days of life and the right to survive and thrive formed the rallying point for efforts to promote joint action aimed at reducing infant, child and maternal mortality. For this strategic orientation, UNICEF DPRK invested in building its relationship with the GF and Gavi. UNICEF DPRK (as the principal recipient), with WHO as sub-recipient and the MoPH as implementing partner, facilitated implementation of the GF programme to control TB and eliminate malaria. In 2017, a three-year strategy and funding request were developed in collaboration with the MoPH. For the first time, the proposal paid special attention to pressing needs around childhood TB. Once approved, the project will provide annual diagnosis and treatment services for 120,000 TB patients, including more than 15,000 children, for three years.

GAVI has supported vaccination of children in the DPRK since 2003. Initial support for 2007–2013 (US$4.1 million) was followed by a second grant for 2014–2019 (US$27.5 million), which expanded both scope and activities, including the incorporation of IMNCI. Both phases of the grant emphasized the need to improve cold chain infrastructure and were managed by a core team including WHO and UNICEF DPRK as co-recipients of the grants.

UNICEF DPRK’s work with partners resulted in communicating the critical humanitarian needs
of children and women, and raised vital resources for life-saving services from the central emergency response fund (CERF). UNICEF capitalized on the strengths of sister UN agencies, conducted joint trainings for service providers in health and nutrition and prevented major disease outbreaks during the emergency response to droughts in 2017.

**External communication and public advocacy**

The effective delivery of life-saving assistance and achievement of programmatic results depended on various internal and external factors. Throughout 2017, UNICEF DPRK highlighted programmatic solutions for meeting the humanitarian needs of children, rather than focus on problems. Several communication materials, including proposals and handouts, were developed in the areas of child health and WASH support in areas affected by floods and drought.

The humanitarian action for children appeal was the main avenue used to communicate the imperative of assisting children and women facing chronic humanitarian needs and recurring natural disasters. Jointly with the Humanitarian Coordinator’s Office and other agencies, UNICEF DPRK contributed to the development of the inter-agency needs and priorities publication for 2017. Technical specialists visited the Swiss and Republic of Korea Committees for UNICEF to communicate humanitarian programme achievements. UNICEF DPRK organized field visits for donor embassies, including those of Germany, the Russian Federation, Sweden and the United Kingdom, during child-relevant global days, to observe programmatic achievements and highlight the humanitarian needs of children and women.

Some examples of human interest stories communicated through various channels in 2017 include the private fundraising and partnerships (PFP) newsletter and a blog on ‘learning to save more lives in DPR Korea’, showcasing positive changes for children and women as a result of improved integrated management of newborn and childhood illnesses protocols and training (https://blogs.unicef.org/east-asia-pacific/dpr-korea-building-back-stronger-floods/).

2017 saw the operationalization of a partnership with the GPSH, which is a centre for public learning and a coordination body for information dissemination, including broadcast and print. Reaching public servants nationwide through lectures on the country’s intranet, GPSH was an important partner in disseminating expertise and key behavioural change messages to duty-bearers. Through use of its tele-advocacy system, more than 10,700 health, nutrition and WASH professionals were trained and joined global efforts to adopt global best practices across the country.

**South-South cooperation and triangular cooperation**

The geopolitical context posed severe limitations for South-South cooperation with DPRK. No new initiatives were developed, and in several instances planned knowledge exchange trips for partners and national seconded personnel could not be implemented due to difficulties related to travel logistics and limited resources. In 2017 UNICEF DPRK prioritized following up government commitments from previous years’ knowledge exchange and policy visits to China and Malaysia.

Following up on the exchange with regional peers during the third high-level meeting on South-South cooperation for child rights in Asia and the Pacific, held in Malaysia, the Government conveyed initiatives to accelerate the reduction of child and maternal mortality and improve universal access to health. Accordingly, MoPH adopted new methodologies for child health and nutrition, such as the development and release of integrated management of newborn and
childhood illnesses guidelines. The guidelines were developed in collaboration with international organizations, including WHO and UNFPA, with support from UNICEF DPRK. They were rolled out to improve access to quality health care, and created the potential for sharing via South-South cooperation with countries in the Asia–Pacific region in 2018.

**Identificatio/promotion of innovation**

An efficient and effective monitoring system to ensure correct distribution and use of humanitarian supplies remained central to the work of UNICEF DPRK. In 2017, the K-Trip database was developed and introduced to enhance documentation, analysis and follow-up on programme-wide asset monitoring and supportive supervision through field trips. The user-friendly database enabled all programme and operations staff to enter details of their planned visits, including the names of project sites and institutions, along with the main findings, outcomes and follow-up actions.

The monitoring and evaluation section generated and presented monthly reports and shared the frequency of monitoring visits – including information such as the number of counties visited by province, the number of quarterly visits by sections and staff members, and the most/least visited counties and institutions – with all programme staff during regular programme meetings. The database was used to plan both future visits to project sites and to follow-up on recommendations from previous visits with counterparts. It also helped to define minimum field monitoring standards for specific projects.

Through use of K-TRIP and definition of minimum monitoring standards for selected projects, UNICEF DPRK tripled its field presence compared with 2016. UNICEF DPRK international staff conducted monitoring visits to 105 counties (more than 50 per cent of the county), and through 233 field visits verified correct distribution, and supported correct use, of humanitarian supplies through supportive supervision.

**Support to integration and cross-sectoral linkages**

In this first year of the current country programme (CP), the Government and UNICEF DPRK deepened integration of humanitarian support in selected counties through rolling-out the convergent county approach and MICS.

The country programme adopted a multilevel geographic targeting scheme, with convergent counties the centre of the theory of change and narrative for scaling-up. Nine vulnerable counties (one per province) of the DPRK total of 210 were selected with the Government for convergent programming. These convergent counties were initiated as programmatic testing and learning sites, with an increased focus on capacity development of sectoral practitioners at the decentralized level in planning and monitoring. All UNICEF DPRK-assisted health, nutrition and WASH programmes kick-started activities to promote ‘the first 1,000 days of life’ approach in these convergence counties in 2017. Multisectoral discussions on programming were fostered and provided a holistic and rights-based response to the needs of children at the local level through initiating the convergent county approach. Demonstrating the effectiveness of coherent intersectoral work through shared service delivery points is an expected result, with the aim of informing policy decisions and scale-up of low-cost, life-saving interventions nationwide.

To carry out the MICS, UNICEF opened up space for evidence-based dialogue between line ministries and humanitarian partners. The global MICS tools, including questionnaires, were adapted to the local context through close collaboration with partners, and broke the strong
structural division of labour in public policies and administration – including between entities within the severe acute malnutrition e institutions. MICS results, once available early 2018, are expected to inform equity-focused coordination and follow-up of priority humanitarian needs and tracking of both the UN strategic framework 2017–2021 and Agenda 2030. In 2018 UNICEF DPRK will commission further analyses, investigating intersectoral correlations between data in various areas for integrated humanitarian support across sectors.

Service delivery

Procurement represented 91 per cent of the total UNICEF’s CP throughput. Despite funding gaps and importation challenges stemming from the geopolitical situation, the UNICEF DPRK humanitarian programme enabled access to improved essential services for more than 2 million people in 2017.

During 2017 UNICEF DPRK invested significant efforts in ensuring the availability and continuity of essential services nationwide, with associated quality assurance and monitoring by international staff. Around 350,000 children under one year of age were immunized against vaccine-preventable diseases. High geographic community management of moderate acute malnutrition coverage contributed to the early screening, referral and treatment of 120,000 undernourished children.

Due to funding shortfalls, fewer than 20 per cent of pregnant and lactating women (143,000) received enough multi-micronutrient tablets for nine months. Two child health days demonstrated effective service delivery of low-cost, high-impact interventions by reaching about 1.7 million children under five years of age. Through the twice-yearly days, these children received vitamin A supplements, deworming tablets and ORS, while 500,000 children aged 6–23 months received multi-micronutrient powder supplements for home fortification of complementary foods and integrated infant and young child feeding counselling.

ORS played a critical role. Even the most vulnerable children in remote areas were reached with ORS, and nationwide 5,597,950 ORS sachets were provided to meet the needs of 1.7 million children under five diarrhoea. Through WASH, around 220,000 people were provided with safe drinking water. Moreover, UNICEF DPRK provided 5,607 emergency medicine kits, along with 9,500 clean delivery kits and 1,591 household doctor’s bags.

Regarding TB and malaria, 532,215 people received mass Primaquine preventive treatment, 295,480 households benefitted from IRS, and clothing belonging to 15,368 night workers’ was treated with insect repellent. As of September 2017, 83,537 cases of tuberculosis had been registered and 4,412 new malaria cases were treated. A total of 1,162 drug-resistant TB cases were enrolled for treatment during the year.

Human rights-based approach to cooperation

UNICEF DPRK followed up its advocacy on realization of children’s rights during the first year of its humanitarian-focused five-year country programme. The International Committee on the Convention on the Rights of the Child considered the fifth periodic report by the Government and adopted concluding observations in September 2017. The Committee welcomed the progress achieved by the Government in various areas, including universal education and decreasing child and maternal mortality. It also reminded the Government of the indivisibility and interdependence of all the rights enshrined in the Convention and emphasized the importance of several recommendations including, but not limited to, data collection, nutrition and WASH.
In line with Committee recommendations related to data, UNICEF DPRK strengthened its technical cooperation with the Government for completing data collection for MICS, in order to provide up-to-date, reliable and disaggregated data for direct support, policy advocacy and training on human rights-based humanitarian programming.

UNICEF DPRK followed up on Committee recommendations for prioritization of GFSs through an intersectoral Government initiative on WASH and nutrition. In 2017, the Government revised national legislation and adopted GFSs as a sustainable solution for promoting and facilitating people’s livelihood opportunities. More than 160,000 people gained access to safe drinking water through completion of new GFS projects across the country.

**Gender equality**

Further to situation analysis recommendations, UNICEF DPRK followed up on the urgent need for systematic collection of sex-disaggregated data in DPRK across all sectors and at all levels to accurately analyse, evaluate and monitor the well-being of women and their children and families. UNICEF DPRK conducted a gender review of its workplan and prioritized integration of sex-disaggregated statistics in MICS. Cooperation and advocacy with the CBS child data management unit led to the acceptance of all MICS questionnaires, including for the first time section on attitudes towards domestic violence.

Given that child well-being correlates closely with women’s education, health and status, the consideration and analysis of gender-specific variables across all MICS modules will advance gender understanding among Government partners associated with MICS analysis and inform gender-responsive programmes and policies starting in 2018. Furthermore, a community moderate acute malnutrition programme evaluation was designed to collect gender- and age-disaggregated data on children, which will permit age/gender analysis to discover where there are gender-specific differences in vulnerability to malnutrition and response of caregivers. A gender-focused vaccine coverage evaluation survey established no statistically significant gender-specific coverage difference.

Programmatically, the gender mainstreaming agenda primarily focused on gender action plan priority area one: ‘promoting gender-responsive adolescent health’. UNICEF DPRK advocacy on the importance of adolescent girls’ and women’s nutrition led to a Government review of the national nutrition strategy and action plan to factor in the rights of women and adolescent girls. The revision was a step towards addressing the 23 per cent malnutrition rate and 31 per cent anaemia rate for women of reproductive age.

UNICEF DPRK also supported gender-specific and -sensitive interventions aimed at reducing maternal mortality. Over 90 per cent of pregnant women received quality antenatal care and hundreds of women and their babies received emergency obstetric and new-born care. In addition, around 350,000 pregnant women received tetanus vaccinations and 9,500 clean delivery kits were distributed in hard-to-reach areas. Through WASH, UNICEF DPRK supports household water systems, which free up time for women and children.

**Environmental sustainability**

In early 2017 DPRK was ranked 39 out of 191 countries in terms of disaster risk on the inter-agency standing committee index for risk management, shifting to 41 towards the end of the year, still ranking as high risk. High levels of vulnerability combined with exposure to seasonal hazards such as floods and droughts make disasters a recurrent threat, with severe impacts on children. UNICEF DPRK’s humanitarian programme incorporated environmental sustainability,
starting with its own office and expanding to several programmes. UNICEF set an example by greening its office building and supported disaster-resilient basic services infrastructure to meet humanitarian needs by building resilience and contributing to environmental sustainability.

UNICEF DPRK installed a solar-powered system providing energy to all office lighting and computers. Lighting in common areas of the office was fitted with sound sensors to reduce energy waste. Replacement of office computers with energy-efficient models, installation of a solar system and reduction of duty travel further contributed to a sizeable reduction of the office’s energy footprint.

In 2017 UNICEF DPRK supported the switch to contextually appropriate solar powering of cold chains and water supply pumping systems. To ensure environmental sustainability and the expansion of the cold chain, solar direct drive refrigerators were installed in 760 village clinics and 210 county warehouses, improving the quality of storage of EPI vaccines and ensuring continued access to vaccines for children. At higher elevations, where the GFS model for water supply is not applicable, UNICEF DPRK piloted an innovative approach by combining GFS with environmentally sustainable solar-powered pumps. UNICEF DPRK also worked with WHO to support finalization by the MoPH of the national medical waste management plan, and provided technical support to identify the type and size of incinerators and sites for installation based on waste volume and other environmental considerations.

**Effective leadership**

UNICEF DPRK’s 2017 annual management plan was completed in February. Priorities were discussed and reviewed, building on previous years’ audits and peer reviews, and encompassing identified weaknesses.

The country management team (CMT) prioritized enterprise risk management, reviewing quarterly and tracking relevant progress on risk-responsive and mitigation actions. These reviews were buttressed by a review of the Global Fund supported TB and malaria programme with leadership from the UNICEF Regional Office and involvement by experts from UNICEF NY Headquarters and Supply Division. A consolidated office-wide enterprise risk management matrix was developed, reviewed, endorsed and tracked by the country management team: a key leadership outcome for 2017. Risk-mitigation measures included continued close collaboration with the Government, expanded access for UNICEF international staff to the field and integrated monitoring of UNICEF programmes. In 2017, 105 counties (more than half the country) were visited by international staff, to verify the correct distribution and use of humanitarian supplies.

Refresher trainings were organized by the office committee chair and operations staff. Highlighted bottlenecks were discussed and carried forward to the country management team for endorsement of recommended remedial action or review of current practice. The team maintained an action list of all issues needing attention, with collectively agreed deadlines. All pending actions were included in the agenda of subsequent meetings and a register of actions, with agreed timelines and responsible persons, was maintained for future reference and made accessible to all staff.

Key monthly indicators were presented at country management team meetings and reviewed for all activities; red flags were investigated for corrective actions. Country management, programme and operations teams meeting minutes were shared with staff members, as many remedial actions impact their daily work. Compliance with pending actions was monitored during
programme and operations group meetings by the deputy representative and chief of operations, who reported back during the six country management team meetings held in 2017.

Financial resources management

UNICEF DPRK had a smooth partnership with the Global Shared Services Centre, with all bank statements during the year submitted on a timely basis. The Centre undertook bank reconciliation for the Country Office with no outstanding issues. Replenishments were made to the Euro account to maintain value for money, preventing currency risks. Monthly, quarterly and half-yearly cash forecasts were made and revised as appropriate. Coding of transactions was carefully reviewed. Bank reconciliations were completed on time and items to be reconciled were cleared without delay. Financial indicators were reviewed every two months as a standing item at country management team meetings. Grants were reviewed not only for expiration but for proper utilization and reporting, resulting in timely submission of all donor reports.

In August 2017 replenishment through the banking channel was stopped and has not been reinstated. UN Headquarters treasurers were discussing how to regularize the banking channel, in collaboration with the Resident Coordinator and UN country team (UNCT) at the time of reporting. In September 2017, UNICEF DPRK moved into cash conservation mode, together with other UN agencies, and further prioritized life-saving interventions and other critical activities related to staff safety, security and well-being. Negotiations between the UNCT and relevant partners will continue, to re-establish a working banking channel in 2018.

Fundraising and donor relations

Throughout 2017 UNICEF DPRK engaged in advocacy to mobilize funds to meet the needs of children and women. It continuously invested in sustaining relationships with the international community and donors to the humanitarian programme – such as Canada, Germany, the Republic of Korea, the Russian Federation and Sweden. Field visits to demonstrate needs on the ground and positive outcomes from humanitarian aid proved successful.

UNICEF DPRK pursued partnership with the Global Fund and GAVI, preparing the 2017–2021 phase of the TB and malaria programme and advocating support for sustained immunization coverage. Private sector contributions through UNICEF national committees were sought by applying for a privileged multi-year partnership with the Republic of Korea National Committee for UNICEF, a first visit to the Swiss National Committee for UNICEF and a WASH programme overview in the PFP Division newsletter. Jointly with the UNCT, UNICEF garnered significant CERF support for drought-affected southern areas to carry out life-saving interventions, and benefitted from the allocation of thematic funds for urgent WASH and health activities.

Despite these efforts, including improved reporting through a new checklist and quality assurance process, DPRK faced reluctance among donors for humanitarian support due to the geopolitical situation. Of the funding requests submitted in 2017, only one-third were granted and more than half remained under consideration at the end of the year. Although the TB and malaria programme were funded 100 per cent through mid-2018, through multi-year funding, the humanitarian action for children appeal remained underfunded by 52 per cent. Individual programmes show staggering funding gaps: 95 per cent for WASH and 82 per cent for nutrition. With 91 per cent of the programme consisting of the provision of life-saving humanitarian supplies, this situation significantly jeopardizes progress for children and women.

Evaluation and research
Following the joint situation analysis, the Government and UNICEF agreed on the need for a strong learning agenda for the country programme. The Government-UNICEF CPD for 2017–2021 aims to gradually establish a national evaluation culture, systems and institutional arrangements aligned to the UN Evaluation Group/OECD-DAC. The costed evaluation plan comprises six evaluations over the five-year cycle, and meets related organizational targets by allocating one per cent of the planned budget to evaluation.

With support from the UNICEF Regional Office, UNICEF DPRK conducted initial capacity-building for the CBS’s child data management unit, preparing it for a leadership role on evaluation, in accordance with UN Evaluation Group/OECD–DAC standards. Internally, UNICEF DPRK approved standard operating procedures for evaluation and recruited an international M&E specialist to advance implementation and quality assurance of the evaluation plan.

A methodologically ambitious evaluation of the community management of acute malnutrition programme was designed with partners in 2017, through a participatory process. Data collection was conducted with unprecedented access to health facility records, disaggregated routine statistics and communities for an LQAS assessment of service coverage. Some preliminary findings on moderate acute malnutrition management already informed the updating of guidelines for more appropriate and efficient programme implementation and use of supplies. The Ministry of City Management successfully drove follow-up of the WASH GFS evaluation, including at the policy level. UNICEF DPRK support led to new water supply regulations, and findings from the evaluation of GFS effectiveness were used in resource advocacy.

The adopted ‘learning by doing’ approach has proven successful, with both national partners and UNICEF DPRK attesting to the high utility of existing evaluation findings in programming and policy planning. Demand for evaluation has been stimulated and stakeholders have a better understanding of roles and standards in evaluation, while independence and capacities to generate objective data and findings remain priorities for consolidation.

**Efficiency gains and cost savings**

The installation of an office solar power supply system costing US$71,744 was completed in June 2017. The system provides power to all office lighting and computer equipment, and lighting in common areas was fitted with sound sensors to reduce power wastage. The solar power project has an estimated lifespan of 20 years, while resulting savings on electricity are about US$16,000 annually.

The office continued its engagement with the DPRK General Services Bureau, which provided free water and common heating services for UNICEF offices during winter. This resulted in cost savings of more than US$70,000 which would otherwise have been spent on fuel for the diesel boilers and related maintenance services.

UNICEF DPRK replaced six office vehicles that were over seven years old with more fuel-efficient models. Two more vehicles are planned for replacement by early 2018. Some duty travel was not undertaken, instead Skype calls were used to communicate with the UNICEF Regional Office, headquarters and other offices, including UNICEF China. This saved travel expenses of approximately US$40,000 and helped to reduce the office’s carbon footprint.

Three quarters of office desktops were changed to laptops, more than halving the consumption of electricity by computers. The remaining desktop computers will be replaced by laptops by the
end of 2017. Power consumption cost savings from this conversion are estimated at US$10,000 per annum.

**Supply management**

Supply requisitions amounting to US$25.64 million were raised in 2017 to support programme delivery, representing 91 per cent of total CP throughput. With support from UNICEF NY Headquarters, Regional Office and Supply Division as well as UNICEF China, the UNICEF DPRK office addressed some of challenges faced by unintended consequences of the geopolitical environment on the delivery of humanitarian supply, which created average delays of two months, and up to six months for certain medical goods.

Procurement was managed by Supply Division in Copenhagen, UNICEF China and locally (81, 16 and 3 per cent respectively) in 2017. The main commodities sourced from Supply Division were vaccines, cold chain equipment, pharmaceuticals, malaria-prevention drugs, medical equipment and nutrition supplies. Supplies sourced via UNICEF China were mainly WASH supplies, laboratory consumables, diagnostic kits and transport-related expenditures. Fourteen contract review committee submissions were processed in 2017.

Following the opening of new entry ports in North Hamgyong for the flood emergency response, WASH supplies were channelled via inland transportation to project destinations in North Hamgyong Province. This reduced programme delivery cost in terms of both time and transportation costs, as WASH supplies could reach project sites directly from clearing ports.

The geopolitical situation created logistical challenges, including shipping restrictions and increased lead times, which impacted the ability of UNICEF DPRK to bring in humanitarian supplies in a timely manner. Few international shippers were willing to convey goods to DPRK and there were long inspection procedures at transit ports, delaying the arrival of goods by two months on average in comparison to 2016. UNICEF DPRK proactively obtained pre-clearance and pre-financing plans for procurement and shipping of supplies in advance, and made the best use of existing monitoring tools to closely follow up on the status of goods in transit.

UNICEF DPRK does not manage any warehouses for programme supplies. However, it supported the Government to improve warehouse management and in-country logistics, and pre-positioned contingency stocks at central and provincial levels. A task force was established to support adaptation of the existing Korea Logistic Management Information System for tracking information on UNICEF-supported supplies.

<table>
<thead>
<tr>
<th>Supply and Logistics Key Figures</th>
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<tbody>
<tr>
<td><strong>Total value of procurement performed</strong></td>
<td>In US$</td>
</tr>
<tr>
<td>Procurement for UNICEF office</td>
<td>$1,409,623.05</td>
</tr>
<tr>
<td>Programmatic supplies including PS-funded</td>
<td>$842,315.37</td>
</tr>
<tr>
<td>Channelled via programme</td>
<td>$842,315.37</td>
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<tr>
<td>Operational supplies</td>
<td>$322,679.68</td>
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<tr>
<td>Services</td>
<td>$244,628.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1,409,623.05</strong></td>
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Total value of supplies and services received
Programmatic supplies including PS-funded $22,461,959.63
Channelled via regular procurement services $312,870.00
Channelled via Gavi $1,078,629.29
Channelled via programmes $21,070,460.34
Operational supplies $359,307.99
Services $244,628.00
International freight $628,330.47
TOTAL $23,694,226.09

Security for staff and premises

UNICEF DPRK continued to put in place safety and security measures to safeguard staff, premises and assets. A UN-Wide security plan was in place for 2017, following a thorough risk assessment conducted by the UN Department of Safety and Security. The crisis management team continued operating, comprising all heads of agencies and the resident coordinator.

UNICEF DPRK participated in all assessments conducted by the UN security adviser and ensured implementation of recommended actions. The security communication strategy consisted of periodic updates and alerts on security awareness. DPRK remained at security level 2 of 6 (1 being the least dangerous environment) but information-sharing was maintained through the country security focal point and the agency security focal points.

Building evacuation drills and functionality checks of security equipment were conducted every six months. Vehicles were routinely and systematically inspected prior to every staff field visit, using a standard vehicle checklist. UNICEF DPRK installed an electronically controlled gate and centrally managed door-locking system. The agency-based warden system was updated, along with all security-related information. A fire plan and building evacuation plan were in place, with an active fire warden system, in compliance with minimum operating security standards. In addition, smoke detectors, fire extinguishers and fire alarms were replaced at UNICEF premises to ensure staff safety and security.

The UNICEF DPRK chief of operations served as the country security focal point for the UN in 2017. Agency security focal points and heads of agencies were continually informed to ensure compliance with minimum operating security standards for offices and residences were implemented by agencies and their staff members. Details on staff and families were updated continually, and this information was consolidated by the UN Department of Safety and Security through the country security focal point and agency security focal points.

Human resources

UNICEF DPRK operated with 18 international staff, supported by Government-seconded personnel. The year under review was relatively stable in terms of staffing. There were no changes in the senior management team, two new programme heads (health and WASH) and three other international staff were recruited. The average recruitment time was 46 days. UNICEF DPRK engaged with several part-time international consultants who spent a cumulative 130 days in technical support missions to the country. At the end of the year, two posts remained vacant due to lack of funding, without active recruitment actions.
The human resources development team prepared a strategic staff learning and development plan at the beginning of 2017, building on 2016. Staff members were encouraged to undertake mandatory e-learning courses and to identify other career development opportunities. A workshop was arranged to train all staff in the harmonized approach to cash transfers system, in addition to a number of technical trainings. The office, through support by the Regional Office, benefited from a performance management workshop for all staff. The DPRK orientation programme for new staff members was also revamped.

An office task force was established to coordinate the response to the global staff survey results. Based on follow-up consultations with all staff, an action plan was created which focused on the three key areas: work/life balance, office efficiency and effectiveness and career and professional development. UNICEF DPRK has been encouraging work-life balance. A number of staff took advantage of this to use flexitime arrangements. The staff association also embarked on sporting activities at the UN games, and facilitated monthly social gatherings of staff.

In terms of performance management, the office achieved 100 per cent on-time completion of 2016 performance appraisals.

**Effective use of information and communication technology**

In 2017 UNICEF DPRK faced constrained Internet access due to dependency on VSAT when the regular link was down. In line with the strategy for business continuity planning, the office started testing a link with a local Internet service provider, to be connected to the open system firewall and local area network. This link will become the secondary/backup system for the office, once proven to be functional and in compliance with UNICEF standards in 2018.

The office made use of cloud-based office automation tool collaboration by sharing files, participating in webinars/trainings, directly contacting international colleagues with Skype for business and accessing emails on various devices.

A hardware replacement plan was developed in accordance with UNICEF’s global information technology department standards, mainly for the migration to Windows 10. Some 44 per cent of computers were not compatible with Windows 10 and were replaced. Replacement of desktops (27 per cent of total information and communications technology equipment) with laptops (which consume electricity more efficiently, have a lower carbon emission and allow users to work outside their offices) was begun.

To reduce its carbon footprint, the office installed 136 solar panels that generate 60 kVA of electricity, which is expected to save 0.15 tons of coal per day and reduce carbon dioxide emissions by 0.8 tons per day. Annual savings of US$16,120 are expected, with a payback period of five years and overall project life of 20 years. UNICEF DPRK shared the solar voltaic project with other UN agencies that are also keen to promote the UN global greening initiative.

**Programme components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By 2021, pregnant women and newborn and under-five children have equitable access to essential health care services.
Analytical statement of progress
Seasonal disasters, chronic deprivation and limited access to quality life-saving health services impacted child and maternal mortality rates, affecting 1.7 million children under five. In 2017 UNICEF supported the development, validation and implementation of the multisectoral health sector plan (HSP). Informed by the humanitarian priorities defined in the mid-term strategic plan for 2016–2020, progress was attained in the following areas:

1. A multi-year plan (2017–2020) for the immunization programme was finalized and endorsed by the inter-agency coordination committee.
2. The MoPH updated and rolled out the new IMNCI protocols.
3. Revision of national maternal and childbirth protocols was initiated.
4. Integration of childhood TB screening and prevention into the primary health care system was well-defined in the 2017 national TB plan.

UNICEF has been facilitating the uninterrupted supply of routine EPI antigens in the DPRK. A national immunization coverage survey, which informed policy decision-making, was carried out in partnership with the MoPH and its Population Centre. UNICEF international staff and consultants designed the survey and supervised field data-collection in seven clusters for quality assurance. Coverage for all antigens – except for inactivated poliomyelitis vaccine, for which there was a global stock-out – was verified and recorded at over 95 per cent.

A joint team comprised of representatives from MoPH, WHO and UNFPA was convened by UNICEF to revise the community IMNCI protocol. The updated protocol reflects the burden of paediatric diseases in the country. The contents of both the essential medicine kit and the household doctor’s bag were updated to match the IMNCI protocol. In addition, a TB module was drafted for inclusion in the IMNCI charts for the MoPH’s children’s health department and the national TB programme. This addition to the IMNCI protocol will help household doctors close the gap on underdiagnosed and underreported TB cases in children.

In October the severe acute malnutrition e joint team, led by MoPH started the process of technically updating the national clinical protocols guiding medical care in pregnancy and childbirth. The new protocols were adapted from the WHO 2015 integrated management of pregnancy and childbirth (IMPAC) protocol and are expected to be finalized in the first quarter of 2018.

In 2017 UNICEF provided vaccines and oral rehydration salts nationwide, supplied essential medicine kits and rolled out IMNCI in 25 counties. More than 2,700 household doctors were trained to apply IMNCI principles, with improved protocols for diagnosing and treating key childhood killers such as diarrhoea and pneumonia. A total of 5,597,000 ORS sachets, 5,607 essential medicine kits and 1,591 household doctor’s bags were supplied. Two complete surgical obstetric kits were provided to two county hospitals and 9,500 clean delivery kits were distributed to village hospitals and clinics in 50 counties.

For emergency preparedness and response, 26 inter-agency emergency health kits were procured and pre-positioned in seven prioritized locations, guided by the occurrence of past emergencies.

Joint MoPH and UNICEF quarterly, midyear and annual reviews were conducted, and monitoring missions were carried out at national, provincial, county and village hospitals and in
UNICEF co-leads the health sector working group, which provides a forum for effective coordination of humanitarian activities and adherence to standards by international partners in the country.

In 2018 the priorities for UNICEF’s health programme are to: maintain the high immunization coverage achieved, introduce the rubella antigen, reintroduce the inactivated poliomyelitis vaccine, expand the IMNCI approach to 50 counties, increase the percentage of the population accessing essential medicines and enhance emergency care to delivering mothers and neonates in nine convergent counties hospitals. In convergent counties, the programme will demonstrate partnership with local authorities through implementation of the HSP with the aim of reducing infant, young child and maternal mortality by 10, 40 and 45 per cent, respectively, by 2020.

OUTPUT 1 Ministry of Public Health (MoPH) has enhanced capacity to develop, implement and monitor evidence-based maternal, neonatal and child health (MNCH) national policies, strategies, humanitarian action plans and guidelines.

Analytical statement of progress
UNICEF continued to support the Government in the development of health sector policies and implementing the HSP, focusing on the provision of life-saving humanitarian interventions for the most vulnerable communities. UNICEF, WHO and UNFPA provided technical support for a review and update of the HSP. The HSP defines national health priorities and is the main reference document for setting objectives to achieve national and global targets, including the SDGs.

In line with agreed national priorities, a number of national plans and policies were revised and issued during 2017.

1. The multi-year plan 2017–2020 for immunization was developed: a national immunization coverage survey, supported by UNICEF, was carried out by MoPH and the Population Centre to determine national and provincial vaccination coverage and dropout rates, as well as the reasons for non-vaccination. Accordingly, the multi-year plan 2017–2020 for DPRK’s immunization programme was finalized jointly by MoPH, WHO and UNICEF and endorsed by the inter-agency coordination committee. In addition, a request to Gavi to extend pentavalent vaccine co-financing for 2018–2020, submitted in coordination with MoPH and WHO, was approved. This extension will ensure provision of pentavalent vaccine for children under one year of age with uninterrupted supply.

2. The UNICEF health team and WHO, at both country and regional level, supported the Government’s commitment to introduce the rubella antigen into the national EPI schedule. Partners provided technical support to MoPH in preparing the five-year national measles elimination and rubella control plan, measles-rubella (MR) supplementary immunization activities plan and MR introduction support application to Gavi.

3. The IMNCI protocol was updated and training was rolled out in order to address major childhood killers (diarrhoea and pneumonia). Training on the updated IMNCI protocol reached more than 2,700 household doctors working in 25 counties. A TB module was drafted for inclusion in IMNCI after agreement was reached between the national TB
programme and the MoPH mother and child health unit. The module, once introduced in 2018, is expected to increase detection of paediatric TB cases and follows the new national TB plan.

National IMPAC clinical guidelines, adapted from the WHO, were being updated and will be finalized by the end of January 2018.

OUTPUT 2 A package of knowledge products, skills and tools is available to ensure equitable access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care (EmONC).

Analytical statement of progress
A costed package of evidence-based emergency obstetric and new-born care services is being implemented in nine convergent counties to demonstrate its contribution to reducing maternal and neonatal mortality and to inform scale-up by the Government. More than 96 per cent of births in DPRK are institutional but despite this fact the maternal mortality rate in the country still stands at 65.9/100,000 (MoPH, 2015), and neonatal mortality contributes to more than 50 per cent of the infant mortality rate. Obstetrical haemorrhages (28.9 per cent), post-partum sepsis (8.9 per cent) and eclampsia (7.8 per cent) are the main causes of the high maternal mortality rate in DPRK. Together with essential obstetrical supplies, there is high demand for continuous activities to improve the quality of staff in maternity wards, which includes capacity-building, strengthening links between the primary health-care system and higher-level medical facilities, as well as reliable transportation for urgent hospitalization of pregnant women at risk.

Some 354,000 pregnant women received two doses of tetanus toxoid vaccine through the national EPI for children and pregnant women. UNICEF ensured the procurement of vaccines, vaccine quality during transportation and storage and equity in immunization through enhanced access.

Based on the UNFPA module, a new sexual and reproductive health module was added to the IMNCI protocol. As a result, 2,732 trained household doctors were able to counsel and disseminate health education messages on safe pregnancy and childbirth to more than 22,000 pregnant women in 25 convergent counties (MoPH, 2017). MoPH, in partnership with UNICEF, WHO and UNFPA, started the process of adapting the WHO IMPAC protocol to the specific DPRK context. The first draft of the IMPAC protocol is expected to be released by the end of January 2018.

On the supply side, UNICEF procured obstetric kits for hospitals in two convergent counties and 9,500 clean delivery kits for village hospitals. Discussions are being held with the MoPH to find ways to strengthen access/transportation of patients from remote areas of the county to comprehensive emergency obstetric care facilities. In addition, solar energy systems are being procured for maternity units in nine counties to ensure uninterrupted, independent power supply, which is especially important during emergencies and deliveries. Supportive supervision was provided to nine convergent county hospitals, enhancing the capacity of more than 40 obstetricians and gynaecologists to implement good practices in basic medical and emergency surgical procedures and utilize humanitarian supplies provided by UNICEF.

The priorities for 2018 are to train health workers on the new IMPAC practices, upgrade nine maternity wards with the required basic equipment for comprehensive emergency obstetrics, and refresh the skills of practitioners, enabling them to use the emergency supplies correctly.
OUTPUT 3 MoPH and health system have enhanced capacity to provide equitable access to quality immunization and IMNCI services, particularly in those regions affected by the protracted humanitarian crisis.

Analytical statement of progress
The delivery of immunization services was supported nationally by upgrading the cold chain and enhancing monitoring systems to ensure quality services. Particular attention was paid to hard-to-reach villages and those affected by the protracted humanitarian crisis, promoting equity in immunization through enhanced access.

MoPH continued expanding the cold chain infrastructure with UNICEF assistance. Responding to the irregular availability of grid electricity, all 210 county medical warehouses were equipped with solar direct drive refrigerators to ensure the safe storage of vaccines. In the severe acute malnutrition period, 550 solar direct drive refrigerators were installed at village hospitals and clinics, improving access to safe vaccines. One 40m³ cold room was installed at the central medical warehouse to increase national vaccine storage capacity, in line with the 2015 effective vaccine management improvement plan. Outreach immunization sessions in low-performing areas and technical support provided by UNICEF at national, provincial and county levels helped the MoPH to plan and implement activities to sustain high immunization coverage.

A national immunization coverage survey was conducted in April 2017 by MoPH and the Population Centre, with technical support from UNICEF and financial support from the Gavi health systems-strengthening two-grant agreement. The survey aimed to provide province-level disaggregated coverage data for different EPI antigens to measure equity in immunization. According to the results, 94 per cent of children aged 12–23 months were fully vaccinated with valid and documented doses before reaching 12 months of age. There was no significant difference in coverage between boys and girls. The pentavalent 1-3 dropout rate remained below 3 per cent.

A request to extend pentavalent vaccine co-financing was submitted with the support of partners and approved by Gavi. No deaths due to measles or tetanus were reported during the year. The programme was able to vaccinate 350,000 children under one year of age and 354,000 pregnant women in 2017, with disparities in provincial DPT3 coverage narrowed from 8.5 to 0.5 per cent. In 2017 no vaccine stock-outs were noted, except for the continued stock-out of inactivated poliomyelitis vaccine due to global supply issues.

Roll-out of the IMNCI programme involved training 2,732 household doctors in 25 target counties to apply the updated IMNCI protocol. As an immediate result of these capacity-building activities, use of ORS increased by more than 50 per cent and a decline of up to 30 per cent in misuse of antibiotics was observed in three of the monitored counties.

Priorities for 2018 are: to include the rubella antigen in EPI, preparing the five-year national measles elimination and rubella control plan, organizing MR supplementary immunization activities and applying to Gavi for support for introducing MR vaccination. MoPH, WHO and UNICEF, at both the national and regional levels, are together exploring various scenarios for the introduction of the MR vaccine so the country commitment can be achieved by 2018.
OUTCOME 2 By 2021, malaria is prevented and controlled.

Analytical statement of progress
The DPRK now has one of the lowest malaria incidence rates in the WHO South-East Asia Region and is seeking WHO-certified malaria-free status in 2025. In 2017 the country concluded the pre-elimination phase and an ambitious new malaria elimination strategy for 2018–2022 was developed. GF partners advanced vector control with IRS and insecticide-treated clothes, and deployed rapid diagnostic test kits for early malaria detection in all low-risk areas. Nearly all suspected malaria cases (98.9 per cent) were tested and over 4,412 microscopically confirmed cases received treatment. Capacity development activities were conducted for over 6,000 persons engaged in malaria control – from household doctors and laboratory technicians to insecticide sprayers. In line with recommendations from a risk management review, UNICEF set up benchmarks to measure programme performance in the field, adopting minimum monitoring standards according to disease burden and size of investment, which led to a significant increase in monitoring visits.

Under the national malaria pre-elimination strategy for 2013–2017, eight provinces where malaria transmission occurs were targeted with malaria prevention, diagnostic and treatment services according to a three-tier risk classification. Progress in reducing the incidence of malaria in the country since 2013 was such that the MoPH national malaria control programme (NMP) was able to shift from the pre-elimination to the elimination phase in 2017. The risk classification was reviewed and the number of cases defining an area as high-risk was reduced from three per 1,000 people to one per 1,000 people. The MoPH, relying on technical support and guidance from UNICEF and WHO, consequently finalized and submitted to the GF a new grant application to implement activities of the national malaria elimination strategy 2018–2022.

During the next three-year programme cycle, the NMP will focus on increasing the technical capacities of its service providers, including microscopy specialists; adoption of a revised accountability and assets monitoring structure through the national logistics management information system; and supportive supervision for provincial and county malaria control institutions, to increase the quality of prevention activities and raise awareness among the population.

In 2017 UNICEF DPRK and WHO, under the GF-funded TB and malaria programme, increased the accessibility of malaria prevention, diagnosis and treatment services and provided people with essential anti-malaria supplies. Vector-control activities included one round of residual spraying and three rounds of treating clothes with insecticide. Rapid diagnostic test kits were distributed in all low-risk areas, ensuring early detection of malaria cases in zones where the malaria epidemic is very low. Close to 15,000 suspected malaria cases with fever were tested, and among over 4,400 confirmed cases nationwide, 98.8 per cent had access to WHO-standard treatment drugs supplied through UNICEF under the GF. Capacity development was another key area of intervention by the MoPH and GF partners, focusing on prevention and case management. Over 5,200 persons involved in insecticide spraying and treatment of clothes with insecticide received theoretical background and practical training. Furthermore, microscopy capacities were reinforced through a 10-day training of 110 new lab technicians and a five-day refresher training for 984 longer-serving lab technicians.

Going forward under the new malaria elimination strategy for 2018–2022, the MoPH and GF implementing partners will focus on activating the potential of community engagement to advance towards the elimination of malaria. In 2018, the GF-supported programme plans to
continue prevention, diagnosis and treatment activities with the severe acute malnutrition e
coverage of 157 of 210 counties in DPRK, while adding a component on malaria prevention
messaging to promote timely health-seeking behaviours based on new knowledge, attitudes
and practices (KAP) survey data collected in 2017. The diligent use of monitoring data for
performance management and continuing the development of the health management
information system are further 2018 priorities to underpin NMP activities with quality evidence
and analysis.

OUTPUT 1 2.1 NMP is able to provide quality-assured diagnosis and effective treatment of
malaria cases

Analytical statement of progress
Microscopy capacity is key to case detection and malaria prevention and control; therefore the
NMP has focused since 2013 on increasing the number of village microscopic laboratories.
While this has led to a marked increase in the case confirmation rate, quality assurance of
diagnosis required further investment in the ability of community-level lab technicians to align
test results with the central reference level.

In 2017 the MoPH conducted an interrelated set of trainings for lab technicians and conducted
all scheduled external quality assurance visits down to the village level. Thus, 110 newly
appointed laboratory technicians received a 10-day full-fledged training course, and 984
laboratory technicians received a five-day refresher training on microscopy conducted by
experts from the central level. Through the cluster-based approach to microscopy services in
DPRK, these trained technicians are expected to increase the accuracy of laboratory testing at
the peripheral level in 1,259 microscopy centres covering over 2,500 village clinics. The pool of
focal points for external quality assurance was also extended, by training a subset of 152 lab
technicians to ensure external quality assurance documentation in their respective village
clinics.

The NMP applied microscopic testing for 98.9 per cent of suspected malaria infection cases,
and UNICEF, WHO and the GF ensured sustained access to therapeutic treatment for all 4,412
confirmed malaria cases, despite increased challenges around import. Procurement, distribution
and use of laboratory reagents and consumables, as well as 13,600 boxes of antimalarial drugs
for intensive and continuous treatment phases, were supported by UNICEF.

The provision of these capacity-development measures and diagnostic and treatment supplies
contributed to the increase in lab-confirmed malaria diagnosis cases from 98.4 to 99.5 per cent
between 2016 and 2017. Furthermore, effective diagnosis and treatment contributed to the 8.69
per cent reduction in disease burden achieved between 2016 and the period of January to
September 2017 alone.

OUTPUT 2 2.2 NMP is able to implement effective targeted vector control interventions
including LLINs, IRS and ITC

Analytical statement of progress
In the final year of the malaria pre-elimination phase, before shifting to the 2018–2022
elimination strategy, vector-control interventions remained a high priority due to their
contribution to complete interruption of local transmission across the country. Quantitatively, IRS
and insecticide-treated clothing achieved a higher coverage ratio than the targets established
for 2017; monitoring visits were conducted regularly to ensure the quality of interventions.

Reactivated case detection was supported with sufficient rapid detection supplies for over 400,000 tests. The procurement of long-lasting insecticide-treated nets, which have a replacement cycle of three years and are scheduled to be distributed in 2018 in DPRK, was carried out in advance and completed in 2017.

Vector-control interventions were carried out in accordance with the transmission and risk levels in the 157 counties targeted by the NMP. In high-transmission areas, the clothes of 150,368 night workers were treated with insecticide by 2,325 household doctors and trained volunteers, overachieving the target by 2.6 per cent. In medium-transmission areas, 2,880 field sprayers reached a total of 295,480 households with IRS, representing similar over-performance (2.7 per cent). These activities were conducted in a targeted manner, covering, respectively, 283 and 69 of the total 3,460 villages in malaria transmission areas covered by the NMP. In low-risk areas in the pre-elimination phase, the reactivated case detection approach ensured surveillance and response capacity for isolated/suspected malaria cases through the provision of rapid diagnostic kits for over 400,000 tests and insecticide for IRS in affected households.

Combined with monitoring visits for quality assurance and promotion of malaria-preventing behaviour in communities by household doctors empowered by NMP, these targeted vector-control interventions contributed to an 8.69 per cent reduction in malaria cases between 2016 and 2017; from 4,832 to 4,412 malaria cases respectively. While continuing the focus on vector control, notably with a scheduled distribution of long-lasting insecticide-treated nets, more advocacy will be needed in 2018 to increase resource allocation to sustain and scale up these interventions in the future.

**OUTPUT 3** 2.3 NMP is able to effectively implement targeted specific prevention interventions (MPPT)

**Analytical statement of progress**

Due to effective supply chain and logistics management, a malaria prevention campaign was conducted during two weeks of March in 213 communities with a high risk profile. The campaign reached 55 counties of eight provinces with prophylactic treatment and, with over half a million targeted people reached, exceeded the performance target by 3.7 per cent. Only about 1.9 per cent of the targeted population withdrew from the treatment, primarily due to long travel distances to campaign sites or severe side effects, including haematuria.

**OUTPUT 4** 2.4 NMP is able to strengthen health system for supply chain management

**Analytical statement of progress**

The need for uninterrupted flow of stocks through the supply chain to service delivery points was met, enabling the transition to the malaria elimination phase starting in 2018. Quality-assured drugs and WHO pesticide evaluation scheme-certified insecticides were provided as per GF requirements, despite challenges in offshore procurement due to the specific geopolitical context in the DPRK.

All essential supplies for the malaria programme were delivered through the MoPH supply chain, and antimalarial drug severe acute malnutrition ples submitted to the WHO-accredited supranational reference laboratory for quality control successfully passed testing. The NMP also
provided reagents to the National Drug Regulatory Authority for local quality-control tests. Thus, no stock outages of malaria drugs were reported at 5,700 health facilities in eight provinces during the period January to September 2017, and all interventions were carried out according to work plans, using quality supplies.

When sanctions against the DPRK tightened, programme implementation was affected, especially imports of needed chemotherapeutic supplies. Challenges in making timely shipping arrangements for insecticides were overcome by UNICEF with support from the Copenhagen Supply Division's shipping unit. To prevent transportation delays in the future, UNICEF devised a pre-financing scheme for 2018 supplies. Based on a letter of commitment from the GF, the Supply Division advanced around US$2.4 million for the procurement of 500,815 long-lasting insecticide-treated nets, antimalarial drugs and consumables for IRS, which will be delivered to DPRK during the first quarter of 2018, well ahead of the malaria season.

Efforts to strengthen national capacities to improve overall capacity to implement and manage a quality-assured pharmaceutical supply chain were ongoing, and the planned information and communications technology and power infrastructure development of the health management information system is expected to reinforce effective supply chain management decisively in 2018.

OUTPUT 5 2.5 NMP is able to strengthen health information and M&E system

**Analytical statement of progress**

Evidence-based planning and targeting of interventions, as well as strong monitoring and reporting mechanisms, are important for enabling the performance of the malaria elimination phase to be initiated in 2018. In 2017, UNICEF developed an annual monitoring plan to oversee implementation activities in 154 malaria programme target counties, which informed biannual, quarterly, monthly and weekly monitoring plans. UNICEF further adopted minimum standards for monitoring, with benchmarks for measuring programme performance in the field based on the criteria of disease burden and size of NMP investment. The number of field visits conducted for malaria programme monitoring thus significantly increased in 2017, and the number of unique counties visited doubled compared to 2016. Overall, the malaria programme team conducted 77 field monitoring visits to 59 counties, including eight yellow counties (which are only open to nationals, not international staff). The programme is thus on track to fulfil the 2017 targets laid out in the minimum standards for monitoring, and in the case of yellow counties has already exceeded the target.

UNICEF monitoring focused on verifying the availability and use supplies as per the agreed distribution plan and quality standards through on-site monitoring. In addition to regular programme monitoring, stocks and assets were verified in these counties and found to be in line with planned distribution and guidelines. Necessary corrective actions on utilization and management of supplies were advised following each visit and shared with partners for follow-up.

In continued response to the 2015 KAP survey findings, the NMP partners revised and updated the national malaria M&E plan. Procurement and Supply Management and Recording and Reporting forms were revised after due consultation and are being printed, with the expectation that they will improve programmatic reporting. In partnership with the Central Bureau of Statistics (CBS), the programme undertook data collection for a new KAP survey during the 2017 malaria season and a workshop on the results will be conducted in 2018, notably to design
effective population-based interventions and behaviour change communication for the malaria elimination phase.

Investments in the Health Management Information System and electronic reporting system were initiated simultaneously to facilitate comprehensive reporting coverage and near to real-time disease surveillance. The procurement process for 100 computers – including eight servers, back-up power systems (350 solar panels) and network equipment – was finalized. These will extend networked malaria databases to 157 counties in eight provinces and facilitate real-time and accurate data reporting, analysis and feedback. Accompanying this process with capacity development for accurate recording and reporting as well as systematic interpretation and use of data at each level will be a major NMP priority in 2018.

OUTPUT 6 2.6 Malaria programme is efficiently and effectively managed

Analytical statement of progress

Strengthening of the NMP continued through effective and efficient management of the programme, including training, coordination and review meetings, and development and implementation of M&E and procurement and supply management plans.

Routine M&E activities continued with regular reporting, including quarterly and mid-year review meetings held with partners. Between January and September 2017, four on-site data verification visits were conducted, establishing a consistency and accuracy rate of more than 95 per cent in records and reports. The relevant performance framework indicators were reviewed jointly and appropriate feedback was provided to the MoPH on further improvements to service delivery, recording, reporting and data analysis. UNICEF conducted a risk management review with headquarters and Regional Office experts and developed a set of minimum standards for monitoring to further enhance planning, benchmarking and measuring of programme performance through field monitoring in line with recommendations.

Between January and November 2017, more than 70 monitoring visits (including 42 stock monitoring visits and seven yellow county visits) were made by UNICEF. Yellow counties are those accessible only to DPRK nationals, not international staff. WHO, in its capacity as grant sub-recipient, undertook 24 field visits, including four yellow counties, as scheduled. The objectives of these visits were to monitor activities such as massive primaquine prevention treatment, long-lasting insecticide-treated net usage, IRS, insecticide-treated clothes, sentinel sites and distribution of supplies and equipment. Feedback from monitoring was that the mechanism for results is in place, including: sharing immediate on-site observations and recommendations; written trip reports, including system-level recommendations for central follow-up; and regular updates on the findings of monitoring visits and review of follow-up actions undertaken with partners at weekly, monthly and quarterly meetings.

In 2017 MoPH, UNICEF and WHO conducted four joint monitoring field visits for on-site data verification at the central and provincial levels. The NMP undertook regular supervisory visits at the provincial and county levels with the objective of programme assessment at the peripheral executive level.

Quarterly, mid-year and annual review meetings were also conducted. These meetings reviewed progress and challenges in ongoing programme implementation, identified lessons learned and informed the future course of the programme. Going forward, malaria programme partners will seek to sustain the high performance ratings granted by the GF for performance in
2017, notably emphasizing the expansion and sharpening of the joint monitoring plan and following scheduled implementation under the general guidance and support of MoPH/NMP.

OUTCOME 3 By 2021, tuberculosis is prevented and controlled.

Analytical statement of progress
TB is a public health challenge in the DPRK, with an estimated 120,000 cases (including about 9,000 children) and 3,000 deaths in 2014 as well as an estimated 5,000 multi-drug-resistant (MDR) cases annually. Inadequate preventive, diagnostic and treatment services contribute to high rates of transmission, including to caregivers and children exposed to infected family members. Since 2010, the Global Fund grant, for which UNICEF serves as principal recipient, has focused on expanding case management and strengthening health systems to ensure an efficient supply chain and service delivery in 190 counties of 10 provinces.

In 2017 the MoPH released the national TB prevalence survey report and updated the TB incidence rate as 528/100,000 (WHO estimate 2015: 561/100,000). This report revised the baseline for design of the national TB control strategy for 2018–2021 and guiding TB interventions during 2017 and subsequent years.

The MoPH sustained the achievements of the NTP and continued efforts to build the DPRK detection and registration system for TB with UNICEF, WHO and GF technical and financial support. The routine reporting system determined that around 82,913 TB cases, including 4,247 children (5.12 per cent of all cases), were registered during the first three quarters of 2017. This is similar to the case identification and treatment rates for the severe acute malnutrition period in 2016. The TB treatment success rate was sustained at 87.4 per cent in 2017, the severe acute malnutrition as for 2016. Unsuccessful treatment of TB patients (the remaining 12.6 per cent) was attributed to treatment failure, death and defaulting due to side effects of anti-TB medicines.

In 2017 three times as many drug-resistant TB patients were identified than in 2016. This increase implied that national and regional reference laboratories have enhanced capacities to reveal resistance through expanded bacteriological testing. During the year, Sariwon Regional Reference Laboratory was completely renovated, increasing the total number of regional reference laboratories from two to three. The treatment success rate for drug-resistant TB reached 76.8 per cent in 2017, slightly (1.03 times) higher than in 2016.

The MoPH endorsed the national TB control strategy 2018–2021. According to the strategy’s objectives, the TB programme will focus attention on active case detection, including identification and treatment of childhood TB, and expansion of quality TB diagnosis and treatment services. In addition, it will strengthen community awareness about TB prevention, which will also contribute to decreasing the country’s TB burden.

OUTPUT 1 3.1 NTP services are scaled up to prevent, diagnose and effectively treat TB cases

Analytical statement of progress
Inadequate preventive, diagnostic and treatment services for TB contribute to high rates of transmission, including exposure of caregivers and children to infected family members. Ten digital X-ray machines were delivered and installed in provincial TB institutions, enhancing
screening for and diagnosis of tuberculosis. WHO facilitated human capacity-building activities and trained an average of nine TB specialists at each county TB facility (1,791 in 190 counties) through 21 training sessions. TB lab personnel at all microscopic centres were trained to improve the quality of these services. External quality assurance conducted by the national TB reference laboratory assessed that 263 of 329 laboratories were performing at a high level.

On average, about 30 per cent of all 82,913 TB cases were smear-positive during the first three quarters of 2017. For the severe acute malnutrition period, the treatment success rate for all forms of TB was 87.4 per cent against the target of 90 per cent for 2017. This failure to achieve the indicator prompted the NTP to enhance supervision of treatment sites and ensure increased compliance with the standard treatment outlined in national guidelines. Supervisory activities are planned with partners as a priority for 2018.

Isoniazid preventive therapy data reporting was included in national statistics, and as of 2017 was available through the national TB reporting system. The first report of 2017 determined that about 9,389 children under the age of seven were enrolled in isoniazid preventive treatment. The NTP ensured inclusion of all recommended global indicators in the country’s health management information system. As of 2017, partners were able to generate comprehensive regular reports: NTP (quarterly) and WHO (annually).

UNICEF DPRK organized a workshop on childhood TB in December 2017, bringing experts from UNICEF headquarters. The workshop resulted in prioritizing clinical capacity-building to improve the diagnosis of paediatric TB in the country in 2018. Partners agreed to revitalize the household doctors system to increase presumptive TB referrals of children at the community level. Accordingly, in 2018 the diagnostic algorithm in the IMNCI guidelines will be updated with a revision of the national guideline for childhood TB, in close collaboration with WHO and UNICEF.

**OUTPUT 2** 3.2 NTP is able to expand management of MDR-TB cases

**Analytical statement of progress**

MDR-TB requires a higher standard of preventive, diagnostic and treatment services to minimize transmission to the general population, with special attention to potential exposure of caregivers and children to MDR-TB cases. In 2014, there were an estimated 3,900 MDR cases and in 2016, 125 MDR additional cases were enrolled in treatment under the GF programme.

Between January and September 2017, a total of 1,162 MDR-TB patients were placed on second-line anti-TB treatment. Of these cases, 217 were carried over from 2016, as there was no second-line drug available to treat those cases that year.

To improve MDR-TB management capacities, drug-resistant TB guidelines were updated and TB specialists were trained in their use. The MoPH conducted a training-of-trainers on MDR-TB programme management at the Central TB Preventive Institute for 22 staff from provincial TB facilities (two from each province).

Operational research to identify the optimal model of care for MDR-TB cases was initiated in 2016 with the support of UNICEF and the GF, and the result was issued in 2017. The combination model (inpatient care at the intensive phase, followed by outpatient care at the continuous phase) was opted for in the country context.
In spite of challenges in offshore procurement, second-line drugs for MDR-TB were procured and supplied to TB sanatoria/hospitals. To further develop the TB infrastructure, UNICEF supported the renovation of three provincial TB hospitals to provide standard facility-based care services to MDR-TB patients. The reference laboratory system was expanded by renovating Sariwon Regional TB Reference Laboratory, which was also completed in the severe acute malnutrition e period.

In 2018, UNICEF will continue to implement the GF-funded TB programme. An upgraded water supply system will be installed to provide 24-hour access to tap water in the reference laboratories and TB hospitals, which will improve in-hospital infection control measures. By providing a solar-powered water pumping system, UNICEF initiated groundwork to design efficient water supply systems at two provincial reference laboratories and three provincial TB hospitals that were upgraded, with UNICEF and Global Fund support, in 2016 and 2017.

Training on culture and drug susceptibility testing was planned for lab technicians from the Hamhung (central) and Sariwon (south) regional TB reference laboratories, to be conducted by national master trainers from the national/central TB reference laboratory in Pyongyang City (central).

OUTPUT 3 3.3 NTP is able to strengthen health system for supply chain management

Analytical statement of progress
In the current geopolitical context DPRK faces constant challenges for importing goods, including supplies required for quality functioning of the TB programme. Land, sea and air transportation are used to transport equipment, reagents, medicines and other essential assets to sustain TB service, despite the cost. On average, goods are delivered to the country within three to six months. One danger of the challenging delivery environment is that if programme supplies are kept in a ‘hazardous for medicines’ environment (i.e., stored in direct sunlight), it could result in a shorter shelf life and destroy the active chemical components of the medicines.

In 2017, UNICEF procured 92,390 first-line drug kits (Category I and III) for treatment of TB cases, which covered 100 per cent of needs. Procurement of second-line drugs for 625 MDR patients was also fulfilled, together with the required ancillary drugs. In August, a sea shipment of TB medicines was delayed due to unavailability of freight lines to the country. In consultation with partners, 27,430 TB kits were airlifted and delivered to target county hospitals, thus preventing interruptions to TB treatment in the country. The remaining TB kits were delivered in October and December through sea shipment. Severe acute malnutrition cases of drugs were submitted to the country’s WHO-accredited supranational reference laboratory for quality control tests. All batches passed quality control tests. The MoPH ensured immediate distribution of TB medicines to county and village hospitals, ensuring continued access to treatment for TB patients.

Fifteen portable conventional X-ray machines were delivered and installed in hospitals for use in TB diagnosis and treatment. An international technical expert from the manufacturing company was brought into the country for one month to monitor their use and provide maintenance services for 10 X-ray machines installed in previous years.

Tightening of the geopolitical environment affected programme implementation, especially the import of laboratory reagents, some of which are on the list of ‘dangerous goods’ and therefore cannot be procured using UNICEF/Global Fund support. The quantities of ‘dangerous goods’
allowed are very small and theoretically cannot be used except by laboratory services. Even so, UNICEF proposed that the Government of DPRK identify internal resources for procuring these lab reagents.

The supply component of the TB programme should be enhanced by the regular refresher training programme for staff at TB and X-ray facilities and laboratories. There is an especially strong need for a paediatric TB training programme. In 2018, in collaboration with the health programme, 2,500 household doctors will be trained on the updated child TB algorithm within the IMNCI protocol in 25 target counties. In addition, at least two paediatricians from 190 county hospitals will be trained on the new national paediatric TB guidelines. The training programme will consist of a module specially designed to teach TB staff about quantification (dosing) of TB medicines, and a separate module for warehouse staff on storage and distribution essentials (e.g., temperature, humidity).

OUTPUT 4 3.4 NTP is able to strengthen health information and M&E system

**Analytical statement of progress**
UNICEF developed annual monitoring plans to oversee implementation activities, referring to the budget lines of the workplan approved by Global Fund. Based on these plans, biannual, quarterly, monthly and weekly plans were developed and implemented. Additionally, in line with recommendations made by the risk management review team, UNICEF developed a set of minimum standards for monitoring to further enhance planning, benchmarking and measuring of programme performance in field monitoring.

Two criteria were taken into account for prioritizing field monitoring activities in counties: the disease burden (high-burden counties were prioritized) and volume of investment (sites to which large investments were directed). UNICEF’s monitoring focused on verifying the availability of supplies and their use, as per the agreed distribution plan. Both the number of field visits and the number of unique counties visited in the TB programme increased significantly in 2017. For example, the number of unrepeated visits to the TB programme’s counties doubled compared to the previous year. By mid-December 2017 the TB team had conducted 132 field monitoring visits to 85 unique counties, including eight yellow counties, thereby meeting the 2017 targets laid out in the minimum standards for monitoring.

Plans for 2018 will emphasize expansion and sharpening of the joint monitoring plan and following scheduled implementation under the general guidance and support of MoPH/NTP. Given the integration of the mother and child health and NTP programmes (IMNCI+TB), combined child health and paediatric TB programme monitoring will be applied in the field.

The GF monitoring toolkit will be used to strengthen the national TB programme monitoring framework and connect it with the global standards and UNICEF/WHO M&E platforms, to generate harmonized, evidence-based (triangulated) reports.

OUTPUT 5 3.5 NTP is able to strengthen health system for service delivery

**Analytical statement of progress**
High-performance liquid chromatograph equipment was provided previously, and in 2017, continuous supply of spare parts/accessories, lab supplies and reagents reinforced the performance of the National Drug Regulatory Authority to provide high-quality drug registration
and quality control. Upon the decision of MoPH/NTP/ to shift from a long-term to a short-term regimen for MDR-TB treatment, severe acute malnutrition ples of five new second-line drugs were sent to the Regulatory Authority for registration.

Central and provincial level medical warehouses received temperature-control equipment to improve storage practices. However, expansion of the specially designed training programme for warehouse staff is required. In addition, UNICEF has initiated revision of the country’s logistics management and information system to include TB medicines and supplies. The Government planned to connect the central medical warehouse (Pyongyang) with provincial and possibly county warehouses through a fibre-optic Internet connection.

In the near future, UNICEF and WHO will expand capacity-building activities for lab technicians, to achieve 100 per cent coverage for each provincial reference laboratory under the general guidance of the national TB reference laboratory. The TB system will be further integrated with paediatric care and the primary health-care system (village clinics and hospitals). The NTP recording and reporting system will be revised in accordance with GF M&E recommendations and WHO guidance. TB programme supplies will be a part of the national logistics management and information system to achieve a harmonized supply chain.

OUTPUT 6 3.6 TB programme is efficiently and effectively managed

Analytical statement of progress
The TB programme received high 'A' performance rating from the Global Fund in 2017. Strengthening of the national TB programme continued through effective and efficient management of the programme, including training, coordination and review meetings and development and implementation of both M&E and procurement-supply management plans.

For 2017 the performance framework included four impact, six outcome and 14 coverage indicators, with specified targets to be reported on. Routine M&E activities continued with regular reporting, including quarterly and mid-year review meetings held by partners.

Between January and November 2017, four on-site data verifications were held at the central and provincial levels, following review of quarterly reports. UNICEF (as principal recipient), WHO (as sub-recipient) and the NTP jointly conducted on-site data verifications at both county/city and village/sub-district levels. Relevant performance framework indicators were reviewed and individual targets for each provincial TB facility were established. Appropriate feedback was provided at various levels of the TB health-care system to improve service delivery, recording, reporting and data analysis.

During the reporting period (January–November 2017), in addition to programme monitoring field visits, UNICEF performed 61 stock-monitoring visits. WHO conducted 14 visits to field sites, including three yellow county visits, as per its schedule. The main purpose of these visits was to monitor activities such as implementation of the directly observed treatment short-course programme at different levels, national programme management of drug-resistant TB implementation, lab performance and distribution of supplies and equipment.

In 2018 UNICEF, in partnership with WHO, will expand the joint monitoring system and, under the overall guidance and support of the MoPH, will sharpen the MoPH/NTP M&E system using the GF monitoring toolkit and minimum monitoring standards developed for WHO and UNICEF
given their respective responsibilities. The NTP monitoring database will be fully synchronized between the current GF-funded TB programme and the national M&E platform.

OUTCOME 4 By 2021, government uses disaggregated data for equity-focused social policy development and planning and for reporting on the rights of children and women in humanitarian situations

Analytical statement of progress
Partners’ limited data management capacity hinders the analysis, planning, monitoring, evaluation and reporting of results for children and makes it challenging to understand the distribution and depth of disparities, risks and humanitarian needs in DPRK. As a flagship of cooperation for equity-focused humanitarian programming, execution of the MICS has been prioritized to address data gaps. The MICS survey plan was implemented following 24 out of 25 globally standardized steps and used the full set of questionnaires to interview 8,500 households. The only adaptation made was related to access by international experts to raw MICS data; the data cannot be removed from CBS premises. The MICS report, highly anticipated in the context of a dearth of quality data, is on track for completion early in 2018.

DPRK is one of the first countries to conduct a sixth-generation MICS, creating a baseline for most of the child-related SDGs. MICS was the principal avenue by which CBS capacity to coordinate, analyse and disseminate disaggregated data related to children, adolescents and women was built. Demand for MICS data and analysis by both national institutions and the international community remained high, given the dearth of quality data on the situation of women and children in DPRK. Fieldwork was concluded in 2017 under close monitoring for quality assurance by UNICEF international experts. Seven in-country missions totalling 130 days contributed to a quality survey plan and implementation. The MICS will provide information about the humanitarian needs and priorities of children and women, underpin government planning, and serve as a baseline for a much of the United Nations strategic framework (2017–2021) for cooperation and SDGs.

The evaluation function also achieved notable progress in 2017. MoCM successfully drove the follow-up of the GFS evaluation, including at the policy level, where regulatory change was effected. A methodologically ambitious evaluation of the the community management of moderate acute malnutrition programme was designed with partners, involving relevant UN and international NGO partners. Data collection was completed, with unprecedented access to health facility records, disaggregated routine statistics and communities, using lot quality assurance severe acute malnutrition sampling assessment to ensure effective service coverage. In addition, CBS led the implementation of an immunization coverage survey, which verified a rate of more than 95 per cent vaccine coverage for children under 12 months of age. UNICEF M&E capacities were reinforced with two full-time international specialists prioritizing and strengthening the results monitoring and partnership with CBS in 2017. Throughout the year, CBS responded to data requests with routine statistics and provided timely ad hoc information, such as data on the humanitarian impact of a drought in the southern part of the country. CBS was increasingly involved in methodological improvements for field monitoring, such as defining minimum monitoring standards and creating an integrated monitoring checklist for the health, nutrition and WASH programmes.

The evidence base for the education sector was advanced through the full acceptance and fielding of the MICS modules on education and literacy and foundational learning skills. UNESCO and partners organized an SDG localization event with UNICEF participation.
However, the lack of UNICEF in-country international expertise and humanitarian funding for the education sector implied a need for longer-term reprioritization and a resource mobilization strategy to address humanitarian needs in education. Priorities for 2018 include finalizing and making use of the MICS report, conducting sector-specific thematic analyses of MICS data and communicating the humanitarian needs and priority actions for improved policies in the health, nutrition, WASH and education sectors. Evidence-based programming and learning will be advanced through completion of the nutrition evaluation, collection and dissemination of routine statistics related to children and women and strengthened field presence and monitoring.

OUTPUT 1 4.1 : By 2018, CBS has capacity to coordinate, analyse and disseminate disaggregated data related to children, adolescents and women in humanitarian situations.

Analytical statement of progress
Addressing the underlying vulnerabilities and structural causes of deprivation, which exacerbate disaster risk in DPRK, requires evidence-generation, policy and budget influence and communication and advocacy. UNICEF continued to advocate with the Government for improved collection, management and analysis of real-time data across all sectors, underlining its critical importance for humanitarian planning. All survey activities planned for 2017 were successfully implemented, in accordance with global standards. The fieldwork was concluded under close monitoring for quality assurance: UNICEF international staff conducted 32 visits, CBS 28 and external MICS specialists 22. The CBS hosted seven missions by UNICEF Regional Office and headquarters experts, for a total of 130 days, to develop sustainable capacity while driving concrete progress on deliverables.

During the reporting period the steps required for the survey – from listing and mapping training to customization of syntaxes – were completed with the support of a full-time in-country MICS expert and crucial UNICEF Regional Office/NY Headquarters technical assistance. With the survey findings report thus on track for completion by the end of March 2018, UNICEF DPRK is forging ahead with conceptualizing in-depth thematic analyses of MICS data and a localized MICS to generate representative data on the nine convergent counties prioritized in the CPD.

Despite the MICS stretching available CBS and UNICEF expertise, notable progress was made in the design, conduct and use of evaluations in 2017. MoCM successfully drove follow-up of the WASH GFS evaluation completed in March, including at the policy level. UNICEF support led to new water supply regulations, and evaluation findings on GFS effectiveness were actively used in resource advocacy. A methodologically ambitious evaluation of the community management of moderate acute malnutrition programme was designed with partners through a participatory process, also involving relevant UN and international NGO partners. Data collection was conducted with unprecedented access to health facility records, disaggregated routine statistics and communities, and an LQAS assessment to ensure effective service coverage. A comprehensive inception mission and in-country mission for data collection, organized with MoPH, ICN and CBS, comprised workshops for design of the methodology and fieldwork training, which contributed to building stakeholder capacity and understanding of roles and arrangements in evaluation management.

Throughout the year CBS provided responses to data requests on routine statistics for joint programme reviews and UNICEF reporting. It also provided timely ad hoc information, such as data on the impact of a drought in the south of the country. The joint establishment of a consolidated matrix for delivery of periodic data against the workplan of cooperation, envisaged
by the memorandum of understanding with the child data management unit, was deprioritized in view of MICS, but remains a priority for 2018.

**OUTPUT 2 4.2:** By 2018 National Education Commission has data and evidence to improve planning, learning outcomes and to address the needs of children with disabilities.

**Analytical statement of progress**

Although the country has near-universal literacy, many areas – such as inclusive education, school infrastructure and the quality of education – remain a challenge. Additional data and disaggregation are needed to fully assess levels of access to quality education and the needs of children. UNICEF and Save the Children spearheaded the creation of an education sector working group for the first time in DPRK, with agreed terms of reference and meetings every two months. The first meeting was held in May 2017, with participation from different international organizations, including the non-resident UNESCO. Evidence work for the education sector was advanced through the full acceptance and fielding of MICS questionnaire modules on education and literacy, and foundational learning skills.

An SDG localization event for education was organized by UNESCO for policymakers and researchers from the education commission, Academy of Educational Science and universities, with UNICEF present in support. In programming, UNICEF sought to demonstrate the effect of stronger assistance to convergence counties by distributing recreational kits to schools and organizing a workshop on WASH and nutrition for kindergarten educators and staff in children’s homes. There is openness on the part of national partners and demand for increased technical assistance by UNICEF and development partners, including on disaster risk reduction in schools, learning assessments and curriculum revision. However, the suspension of activities in DPRK by sector lead Save the Children and the lack of human and financial resources at UNICEF to assume stronger leadership implies a need for longer-term reprioritization and resource mobilization to address as yet undeveloped opportunities in education.

**OUTCOME 5 Programme Effectiveness**

**Analytical statement of progress**

Despite a challenging environment, including heightened geopolitical tensions and difficulties both in mobilizing funds for humanitarian assistance and making funds available in-country, UNICEF was able to contribute significantly to the realization of rights for many children and women.

Among the hallmarks of high-level commitment were: the Government presentation of the implementation action plan for the Convention on the Rights of the Child; release of the HSP jointly with WHO, UNICEF and UNFPA; and SDG 4 consultations on education, with support from UNESCO and participation by UNICEF. These mark ownership, progressive intersectoral and multi-stakeholder cooperation and commitment to a learning agenda based on evidence and global best practices. Regular coordination and quarterly programme review meetings with national counterparts fostered close follow-up on workplan activities, progress against targets and joint response to challenges arising in the field. Advocacy with the Government contributed to many more children and women gaining access to vital services, notably through the nutrition and TB programmes, which were extended to new counties. The MICS plan was implemented following globally standardized steps and used the full set of questionnaires. For MICS,
international experts were granted first-time access to CBS premises to work on data that will establish baselines for many SDG targets and UNICEF DPRK strategic framework indicators.

In programmes, major achievements were in: data collection, the execution of MICS 6 according to global standards, an immunization coverage survey and the GF risk management review. For the humanitarian response: completion of the North Hamgyong (north) flood response in WASH, and timely implementation of the CERF for drought by the health and nutrition programmes. Resource mobilization highlights included advanced technical grant negotiations for GF and Gavi follow-up funding. UNICEF used the Humanitarian Appeal for Children to communicate the imperative of assisting children and women facing chronic humanitarian needs. It also contributed to developing the inter-agency needs and priorities for 2017, organized field visits with donor embassies on child-relevant global days and developed communication and human interest materials, with support from the Regional Office. Despite strong resource mobilization efforts, including visits to two national committees, the historically challenging mobilization of funds worsened. The HAC appeal and the regular humanitarian programme remained underfunded by 52 and 56 per cent, respectively, although CERF and thematic funds provided urgent gap-bridging funding. CERF

UNICEF DPRK also scored internal successes thanks to the enabling environment and active contribution of Government-seconded national personnel. It increased compliance with effective management against organizational standards and performance indicators, implemented a greening policy initiative with environmentally sustainable practices, and earned appreciative feedback from the recent scheduled audit.

Important areas for further improvement and consolidation for 2018 include pursuing the first ever in-country partnership with international NGOs. This is in line with the UNICEF global mandate and country presence in DPRK, as well as building on advances in intersectoral collaboration at all levels to maximize synergies with partners. UNICEF will also focus on increasing the mastery of internal operation and management tools by staff, including VISION. Partners emphasized the need to invest in capacity development initiatives and resource mobilization to enable scale-up of successful approaches, both in coverage and quality. Demonstrating and documenting ‘what works’ and proven innovations through the convergence county approach also remains a priority.

Based on the CPD, UNICEF assistance is delivered in three ways: procurement and delivery of life-saving supplies, monitoring their planned use and resource mobilization based on assessed needs and documented achievements. While supply consumes approximately 85 per cent of all resources, it also provides the basis for active policy advocacy and regulatory improvements. This approach, applied in a receptive and enabling environment, has proven itself. Thus, health programmes ensured availability of vaccines as per the national vaccination schedule for 355,000 children, and more than one child per hour started TB treatment. The approach also contributed to releasing the new IMNCH protocol and HSP, emphasizing partnerships. The nutrition programme administered 120,000 treatments for children with severe and moderate acute malnutrition in 189 community management of moderate acute malnutrition counties. In addition, the approach provided technical support for finalization of a national nutrition strategy and action plan to be endorsed early in 2018. The WASH programme provided more than 220,000 people with access to safe water and drove policy improvement by supporting updated water supply regulations and a standard design for improved rural latrines. UNICEF DPRK helped to overcome challenges arising from sanctions affecting procurement and delivery of humanitarian supplies through high-level communication with the sanctions committee and authorities relevant to exempting humanitarian activities.
In M&E, gathering evidence for child rights encompassed major data-collection efforts and emphasizing effective uptake and use of data in policy, programming and capacity-building. Both data research and monitoring findings – collated in a newly established database – are increasingly used for accountability and underpin external communication and resource mobilization efforts. Minimum monitoring standards are prioritized as a means to plan monitoring frequency and depth in accordance with the level of programmatic investment and risks to be managed.

**OUTPUT 1 2.1 Effective advocacy and partnerships**

**Analytical statement of progress**

UNICEF conducted varied advocacy and partnership development activities to promote rights realization for children. It supported reporting on the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women with evidence and analysis. Advocacy with the Government contributed to access by many more children and women to vital services. The nutrition programme reached unprecedented geographic coverage (189 of 210 counties) and the TB programme gained access to the previously restricted Jagang Province (north central), while seven counties previously closed to international staff were opened. Evidence-based policy advocacy led to the adoption of new water supply regulations prioritizing GFS construction by local communities with UNICEF support. The Government became supportive of increased inter-agency cooperation, allowing joint work by UNICEF, WHO and UNFPA on the new IMNCI protocol and guidelines and provision of technical expertise for the HSP. UNICEF, the World Food Programme and UNFPA developed a shared programming document to raise awareness of, and attract resources to, nutrition and food security.

The HAC appeal was the primary avenue for raising awareness of the growing plight of children and women in DPRK. With chronic needs exacerbated by tensions on the peninsula and a shrinking humanitarian space, funding shrank despite strong resource mobilization efforts. A Regional Office communications specialist generated high-quality photo and storytelling materials showcasing Child Health Days, emergency flood response and the ambitious work on a sixth-generation MICS. UNICEF used Global Handwashing Day and Universal Children’s Day to invite resident donors (Russian Federation, Sweden, United Kingdom) to visit communities benefiting from successful interventions. Presentations were made to the Republic of Korea and Swiss national committees for UNICEF, and the office responded to potential donor interest from the German National Committee. It also invested continuously in the relationship with GF and GAVI, preparing the 2017–2021 phase of TB control and elimination of malaria and advocating for support to sustain the outstanding immunization coverage achieved. However, only US$24.2 million in other resources were mobilized and the HAC and regular humanitarian programme remained underfunded by 52 and 56 per cent, respectively. UNICEF was able to garner CERF support in June to carry out life-saving interventions in drought-affected areas, and successfully advocated for allocation of thematic funds for urgent WASH and health programme activities.

UNICEF promoted partnerships with resident international NGOs, signing letters of intent for collaboration with Concern Worldwide, Save the Children and German Welthungerhilfe. However, the resulting programme cooperation proposals were not permitted by the DPRK National Coordination Council. UNICEF continued to advocate for cooperation based on the comparative advantages of partnerships for advancing child rights.
In 2017 a new partnership was established with the GPSH. Through its tele-advocacy system, over 10,000 nutrition and WASH professionals accessed training; and Global Handwashing Day, Universal Children’s Day and World Toilet Day events were covered. UNICEF and GPSH also cooperated on contextualizing a new edition of ‘Facts for Life’ to reach the wider population with messages on the ‘first 1,000 days’ window of opportunity.

OUTPUT 2 2.2 UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programs

Analytical statement of progress
In 2017 UNICEF introduced the ‘Four Programming Quadrants’ tool as a prism to assess workplan implementation on a rolling basis and in a harmonized format; and in regular programme and partner coordination meetings as well as quarterly, mid-year and annual reviews. Through this tool, review of progress under each country programme outcome was made at the level of national policy; convergence counties; scale-up support; and knowledge, innovation and M&E. This provided a strategic overview and reflected progress toward established targets.

An additional international M&E specialist position was created for the new CPD; as a result planning and monitoring tools, as well as guidance for programmes were developed. The office adopted a new standard operating procedure for evaluation management, and shared expertise for the adaptation of the MICS 6 methodology in DPRK. Substantive contributions by the UN M&E working group to the development of the UN strategic framework for 2017–2021 included aligning indicators with SDG targets monitored through MICS globally.

Furthermore, the office worked to align its monitoring with the new CPD’s multi-level geographic targeting scheme, centred on nine convergence counties and further priority and scale-up counties. A monitoring database was designed to produce automated statistics with temporal and geographical breakdowns for analysis and follow-up of field monitoring findings. Minimal monitoring standards, first adopted for the TB and malaria programme – and under development for the entire programme— are prioritized as a means of planning monitoring frequency and depth in accordance with the level of programmatic investment and risks to be managed. An integrated monitoring checklist for the health, nutrition and WASH programmes was developed to enable efficiency and coherence through intersectoral monitoring of shared service delivery points.

For efficient and results-oriented financial management, DPRK conducted training for all staff on the harmonized approach to cash transfers and continued implementing the system with a country-specific approach. Facing disruption of the banking channel, the office conducted an exercise to prioritize in-country resources against the most pressing needs, in cash conservation mode.

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Other Publication

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