Executive Summary

In 2014, UNICEF DPRK faced constrained implementation as a result of a bottleneck in banking, which resulted in no cash entering the country for nine months due to the on-going economic sanctions. A significant amount of staff energy was spent trying to analyse the situation in order to implement what was feasible, and to find ways of transferring money to the local banks for operational needs. However, despite the paucity of cash, UNICEF DPRK programmes were kept on track by taking effective measures that included reprioritising interventions as truly life-saving and essential. UNICEF also rationalised interventions in such a manner that some expenditure was reassigned offshore. In the second half of the year, in collaboration with the United Nations Country Team (UNCT), an alternative route for transferring cash into the country was identified. The East Asia and the Pacific Regional Office (EAPRO) and UNICEF Headquarters (HQ) helped explore the available options.

The year 2014 marked the 25th anniversary of the Convention on the Rights of the Child (CRC), which inspired additional focus on child rights issues. UNICEF DPRK made every effort to sensitise partners on its work to promote child rights in an equitable manner. Two events that included the participation of children were organised to raise understanding of child rights and allowed children to artistically express their rights. Considering the importance of data in UNICEF evidence-based advocacy, UNICEF also initiated the process of obtaining government data through a set of agreed indicators. The Regional Advisor for Evaluation provided technical support in planning three evaluations for 2015.

Fortunately, in 2014, DPRK did not suffer from annual flooding and so the need for emergency humanitarian support did not strain the limited resources. However, UNICEF DPRK was ready with pre-positioned supplies as well as the Early Warning and Early Action plan to deal with any eventualities.

The Health Programme ensured up to 97 per cent immunization coverage and reduced coverage disparities. Successful advocacy with the GAVI Alliance resulted in expanded cold chain support in low performing areas. Comprehensive immunization coverage ensured that measles and tetanus no longer contributed to child mortality in DPRK, and supported a decline in under-five child mortality. Tuberculosis (TB) and malaria interventions catered to patients in a decentralised manner, and included children exposed to TB by providing them with isoniazid chemoprophylaxis and collecting sputum at the lowest administrative levels.

UNICEF supported the treatment of children affected by severe acute malnutrition (SAM), effectively targeting 29 counties in four provinces and 14 baby homes and incrementally expanding the geographical coverage of the community-based management of acute malnutrition (CMAM) programme to reach to children outside of the 29 focus counties. However, about 30 per cent of the targeted wasted children, 70 per cent of children under 2 and 55 per
cent of pregnant or lactating women did not receive appropriate nutritional support and/or multiple micronutrient supplements.

A Water Assessment Survey identified comparative vulnerability in respect to service coverage, continuity and quality. In 2014, a special programme focus involved a study visit to China to assess the possibilities of improvised sanitation design. The study visit was followed by an in-country technical workshop where several design options were considered. The water, sanitation and hygiene (WASH) programme also used animated films and cartoon books to promote hygiene practices.

In its interventions aimed at improving the quality of learning environments, UNICEF DPRK gave priority to rural schools and branch schools (small primary schools with 2-4 teachers serving small and remote communities). These schools are generally not as well equipped as other regular schools in terms of infrastructure and teaching and learning materials. UNICEF, therefore, supported such schools with supplies, including improved teaching and learning materials and recreation kits, and provided priority training opportunities to teachers and rehabilitated school buildings, where needed. All 42 child institutions (boarding schools, children’s homes and special schools) continued to receive support from UNICEF to ensure improved learning and living environments, benefitting approximately 10,000 children.

Despite the constraints, UNICEF DPRK continued with its programmes in a near-normal fashion, through offshore procurements, capacity development opportunities, and overt conversations on child rights issues, with relevant service delivery. UNICEF DPRK was aware of strategic future needs, and the need for robust evidence-based planning and advocacy. The UNCT agreed to propose a one year extension of the Country Programme Document to the end of 2016, while continuing with incremental emphasis on data management and evaluations through 2015.

Humanitarian Assistance

Humanitarian assistance was critically needed to address the underlying drivers of vulnerability. With 29.5 per cent (US$ 6,000,885) of the total Humanitarian Action for Children (HAC) appeal (US$ 20,332,675) available as of the end of October 2014, UNICEF saw some concrete programme results. During the middle of 2014, the impact of sanctions worsened. Cash transfers into the country were not possible until September, which disrupted the implementation of activities. In 2014, UNICEF support enabled the realization of the following achievements:

- CMAM services were delivered in 1,000 service delivery sites in 29 counties in four north eastern provinces (with the highest burden of SAM cases) as well as in 14 baby homes, 29 county hospitals and 12 provincial paediatric hospitals (countrywide).
- 16,000 SAM-affected children were treated, representing about 70 per cent of the annual case load
- 1.6 million pre-pregnant women (women of child bearing age) received three month rations of iron folate (76 per cent coverage)
- 269,000 pregnant and lactating women received three month rations of multiple micronutrient tablets (45 per cent coverage)
- 156,000 infants aged 6 to 24 months received multiple micronutrient powder (30 per cent coverage) National vaccination coverage remained above 98 per cent across the country
- 1.6 million children aged 6 to 59 months (98 per cent coverage) received vitamin A supplementation and deworming (children aged 24 to 59 months).
- Provision of essential and life-saving medicines, particularly for the treatment of diarrhoea and pneumonia, among children in six provinces
- Approximately 254,000 people (about 1 per cent of the national population) gained access to safe water through seven gravity-fed water supply systems in three provinces Kangwon (Sepo and Ichon Counties), North Pyongan (Unjon County) and South Hamgyong (Sudong and Kumya Counties)
- Procured WASH emergency kits for 5,000 families were prepositioned at the Ministry of City Management warehouses
- 4,000 children (half of them girls) benefitted from the rehabilitation of 13 school buildings after the rainy season
- Teaching and learning materials and recreation kits delivered to remote boarding and branch schools, benefitted over 25,000 children (half of them girls)

However, the budget shortfall meant that the needs of the most vulnerable children could not be met: about 30 per cent of wasted children, 70 per cent of children under 2 and 55 per cent of pregnant and lactating women did not receive appropriate nutritional support and/or multiple micronutrient supplements in 2014.

Structural causes of vulnerability remained unchanged. According to the 2012 National Nutrition Survey, 28 per cent and 4 per cent of children under 5 suffer from chronic malnutrition (stunting) and acute malnutrition (wasting), respectively. Chronic and acute undernutrition is a public health problem and was among the major contributors to maternal and child mortality in DPRK. Without adequate sanitation and dietary intake of the necessary macro and micronutrients, children continued to face stunting and wasting and suffer delayed growth and developmental challenges. Furthermore, 6 million school-age children were exposed to health risks through the dilapidation of learning infrastructure and compromised sanitation in schools. Old water schemes with dysfunctional infrastructure made it more difficult to meet the water supply needs of an estimated 20 per cent of the population. The main causes of non-functionality of water schemes were lack of electricity (49 per cent) and the poor conditions of pumping equipment (25 per cent).

Rainfall data indicated that many parts of the country received less rainfall than the average for the last three years by the peak of the rainy season (July). With reduced rainfall, there were no flood emergencies responded to during 2014. However, drought conditions affected food production, the generation of hydro-electricity, and in some areas disrupted water supply services, thereby increasing health risks for children and women. The cereal shortfall in 2014/2015 was in excess of 891,500 metric tonnes. External assistance continued to play a vital role in safeguarding and promoting the well-being of children and families whose food security, nutritional status and general health would otherwise be seriously compromised.

**Equity Case Study**

A concerted analysis of disparities, almost anywhere, brings to light that national averages do not provide a balanced profile of the development situation. There are always disparities when data are disaggregated by geography and population groups. Addressing equity issues in DPRK remains challenging, however, as the basic requirements for addressing equity would be to identify the deprived and vulnerable populations, which are left out, and for there to be a robust data set, which is unavailable. However, UNICEF DPRK attempted to address the equity agenda based on country experience and the principle of remoteness – peripheral populations are more likely to be deprived – in each of the programme sectors. The simplest way to address
issues of equity was to reach the hard-to-reach areas of the country, primarily the northern and eastern provinces.

The health programme used the findings of the Immunization Bottleneck Analysis carried out in 2013 to advocate for improved immunization coverage in low performing areas in the north to ensure the universalization of the immunization programme. The third quarter Expanded Programme on Immunization (EPI) report for 2014 showed 97 and 93 per cent immunization coverage in the capital city of Pyongyang and Chagang Province, respectively, which clearly indicates that disparity is declining. Analytical discussions also enabled UNICEF to present the case to GAVI Alliance for the expansion of cold chain support in low performing geographical areas. Through the GAVI Alliance Health System Strengthening initiative there will be particular focus on bridging gaps among different geographical areas. Immunization coverage above 90 per cent across the country could be linked to the decline in the under-five mortality rate, from 58 per 1000 live births in 2000 to 27 in 2013. Measles and tetanus also no longer contribute to child mortality in DPRK.

The National TB Programme (NTP), supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, operates in 190 counties in DPRK. In 2014, the Programme provided anti-TB drugs to district-level clinics at the peripheral levels of health care, where household doctors ensured quality and directly observed treatment implementation. To mitigate health disparities among vulnerable populations, particularly children, the programme had the household doctors maintain lists of children.

UNICEF agreed with the Ministry of Public Health (MoPH) and the Central Bureau of Statistics (CBS) to provide beneficiary data disaggregated by gender and service delivery/facility type (i.e. baby homes vs. villages and community based treatment of SAM-affected children) to better target and reach the most vulnerable within the most disadvantaged groups in the 29 counties in four provinces and the 14 baby homes.

Based on a random sample of 20 counties, the Water Assessment Survey identified comparative vulnerability, in terms of service coverage, continuity and quality. Overall, 33 per cent of the piped schemes were gravity-fed systems, which did not require electricity for water supply distribution; 17 per cent of pumped piped schemes lacked continuity of service because of intermittent electricity (48.5 per cent), aging and non-functional equipment (24.5 per cent), aging and leaking pipes (20.4 per cent) and other reasons (6.6 per cent); and coverage levels were poorer in health facilities and child care institutions compared to households. Piped water was connected to 77 per cent of households, 54 per cent of health facilities, 56 per cent of schools, 50 per cent of kindergartens and 38 per cent of nurseries. In addition, 23 per cent of households depended on tube wells (11.5 per cent), dug wells (8.9 per cent) or spring sources (3.6 per cent) and had access to water supply for virtually 100 per cent of the time.

The drinking water drawn from dug wells and tube wells was filtered, while 3.4 per cent of those using dug wells did not at all treat the drinking water, representing a higher quality risk.

DPRK has achieved remarkable success in the provision of universal access to education. However, the quality of learning environments is not uniform across all schools and regions. There are schools in which much needs to be done to bring learning environments and facilities in line with acceptable national standards of child-friendly schools (CFS). One such type of school is the branch schools, small primary schools with 2-4 teachers serving small habitations located over remote hills, islets and in forests. They are called this because they are administratively part of a bigger school located in a nearby district or county.
Although these schools provide crucial access to education for children living in very remote areas, they are not as well equipped as regular schools, probably because resource allocation is not equitable. Consequently, most of these schools lack proper infrastructure and essential learning aids. UNICEF accorded priority to these schools in its capacity building and service delivery interventions. In 2014, 73 branch schools out of 1,600 were provided with improved teaching and learning materials and recreation kits. The teachers of branch schools were included in trainings on child-centred teaching. The interventions not only helped to raise the standard of learning environments in these schools, directly benefitting approximately 1,400 marginalised children, but also brought the issue to the attention of the Education Commission.

Efforts to bridge the equity gaps by addressing social and political remoteness will be necessary moving forward, as will effort to seek out objective data and ensure targeting in future programming.

Summary Notes and Acronyms

AES  Academy of Education Science
BCG  Bacille Calmette-Guerin
C4D  Communication for Development
CBS  Central Bureau of Statistics
CCC  Core Commitments for Children
CEDAW  Convention to Elimination All Forms of Discrimination against Women
CFS  child-friendly schools
CMAM  community-based management of acute malnutrition
CMT  Country Management Team
CPD  Country Programme Document
CRC  Convention on the Rights of the Child
DPRK  Democratic People’s Republic of Korea
EAPRO  East Asia and the Pacific Regional Office
EMIS  Education Management Information System
EmONC - emergency obstetric and neonatal care
ePAS  electronic Performance Appraisal System
EPI  Expanded Programme on Immunization
GFS  gravity-fed water supply system
GPSH  Grand People’s Study House
HAC  Humanitarian Action for Children
HQ  UNICEF Headquarters
ICT  information and communications technology
IDD  iodine deficiency disorder
IEC  information education communication
IMNCI  integrated management of neonatal and childhood illness
IMEP  Integrated Monitoring and Evaluation Plan
IPV  inactivated poliovirus vaccine
IRS  indoor residual spray
IT  information technology
IYCF  infant and young child feeding
JCC  Joint Consultative Committee
LLIN  long-lasting insecticide-treated net
M&E  monitoring and evaluation
MDG  Millennium Development Goal
UNICEF DPRK recognises the importance of adequate capacity for addressing the rights of children. Since line ministries and departments are the only partners that UNICEF works with on programme implementation, it is important to assure parity of capacity. Each programme component addresses the requisite capacity development to ensure future results for children.

Although the availability of in-country cash hindered the pace of trainings, key competency-specific training on maternal, neonatal and child health continued to ensure quality of care as per global standards and protocols. Of note was the quality assurance of the immunization programme at national, provincial, county and district levels through the training of more than 600 government personnel on vaccine quality monitoring.

The full package comprising the infant and young child feeding (IYCF) counselling module and related information education communication (IEC) materials was translated into Korean and then introduced at the national level and in three provinces. In total, 190 technical officers and master trainers from the MoPH, North Korea’s Institute of Child Nutrition and TWGs were trained on community IYCF counselling, the promotion of appropriate practices and early initiation of breastfeeding.
Advocacy meetings on the multi-sector approach and the 1,000 days approach were facilitated for seven line ministries. In total, 14 officers participated and learned about the importance of this approach and the critical role of delivering nutrition-specific interventions.

UNICEF China hosted a tour for the Ministry of City Management (MoCM) and the National Coordination Committee (NCC) of the People’s Republic of China’s rural sanitation and water quality surveillance programmes. UNICEF China also facilitated a two-week strategy development workshop in DPRK for the improvement of rural sanitation and Wash in Schools (WinS). The MoCM and CBS trained enumerators in 20 counties who updated water inventories in their counties.

Trainings were organized for officials of the Education Commission and Academy of Education Science (AES) and kindergarten, primary and secondary school teachers. In total, 23 AES resource persons were oriented on essentials of textbook writing and 88 teachers and teacher trainers were oriented on child-centred teaching methods. The Regional ECD Specialist facilitated a workshop on recent global trends in ECD with 37 children’s home directors and those in charge of kindergartens in the provinces.

The cross-sectorial Advocacy, Communication and Knowledge Management Programme supported UNICEF DPRK data needs by organising meetings to discuss strategies. As a result, the indicators were finalized for all sectors.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF DPRK seized every opportunity to advocate for policy dialogues within and across sectors, resulting in valuable contributions for children. Negotiations were held to promote child rights programming, particularly using the opportunity of the 25th anniversary of the CRC.

The health programme advocated for the introduction of the inactivated poliovirus vaccine (IPV) and for the Government to co-finance the vaccines. There was an agreement to scale up interventions for reducing neonatal morality nationwide. An impact assessment of essential medicines and a needs assessment of maternal and neonatal health were undertaken to provide the evidence-base for equity-focused programing.

Two independent joint monitoring missions carried out external reviews of the national malaria and TB programmes. These missions informed country dialogues between partners, and the development of national strategic plans and concept notes for new grant cycles.

The 2013 nutrition survey findings and CMAM data were reviewed to design new nutrition programme directions and the delivery of nutrition-specific interventions (CMAM, IYCF and multiple micronutrient supplements) in all county hospitals. Focus will shift towards scaling down the current 1,000 CMAM services in 29 counties to expand the geographic coverage incrementally. The Government is in agreement with the new direction. In collaboration with the State Planning Commission, the iodine deficiency disorder (IDD) legal framework and universal salt iodization (USI) plans of action for 2014-2020 were drafted.

The final report for the first phase of the roll out of the Water Assessment Survey, aimed at updating water inventories, was completed in September 2014. A random sampling of 20 counties was used to get representative data for updating the national water policy. This data will be used to generate evidence-based action plans for achieving universal water supply coverage.
Following the finalization of the National Framework of CFS, UNICEF continued its advocacy around child-centred teaching methods as an essential part of CFS. In order to create evidence within the country’s 40 schools, in 2014, 13 of these schools began interventions to create CFS environments and student-centred teaching and learning processes. The usefulness of the approach has been acknowledged by practitioners and will inform overall policy on the quality of education.

**Partnerships**

UNICEF DPRK programmes are implemented through various line ministries. UNICEF DPRK works closely with the UNCT and through the United Nations Strategic Framework thematic groups with the resident international non-governmental organizations (NGOs). UNICEF leads nutrition, WASH, education, and monitoring thematic groups.

The approval of the GAVI Alliance Health System Strengthening (2) initiative over five years is an excellent example of strong and effective partnership between the Government, GAVI Alliance, UNICEF and the World Health Organization (WHO). Approval of the IPV introduction grant by the GAVI Alliance was made possible through strong partnership efforts. All of these significantly contributed to the Every Newborn Action Plan and A Promise Renewed targets for reducing child mortality.

The TB and malaria programmes maintained strong partnerships with the donor (the Global Fund) and UNICEF (principal recipient), WHO (sub-recipient), and the MoPH (implementing partner). Enhanced partnerships, including potential collaboration with the Christian Fund for Korea, the Eugene Bell Foundation and local stakeholders for TB management are being explored.

An interface with national counterparts was realized in WASH, with thematic group meetings opened to national officers. UNICEF held separate meetings with national organizations, including the national Red Cross, in collaboration with the International Federation of the Red Cross, to share experiences and discuss strategy options for hygiene promotion in schools. The MoCM started an inter-ministerial consultative meeting with other agencies active in sanitation and hygiene. Regular meetings were held at the Grand People’s Study House (GPSH) between March and October 2014.

Education forged a partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the international NGO Handicap International, in two key areas of capacity building and inclusion. UNESCO provided the services of its technical expert from the UNESCO Institute of Statistics to facilitate a training on Education Management Information Systems (EMIS) and global education indicators. Handicap International and UNICEF collaborated to support schools for physically challenged children to improve the learning environment.

UNICEF continued to build partnerships with donors for strategic results. However, from time to time, political overtones tended to overshadow developmental discourse. Despite the challenges, advocacy continued with several partners, the key partners being the Republic of Korea, The Global Fund, the Central Emergency Response Fund, the Swedish International Development Agency (SIDA) and UNICEF National Committees.
External Communication and Public Advocacy

UNICEF DPRK contributed to the UNCT Advocacy and Communications Strategy for humanitarian funding for United Nations agencies. The external advocacy challenge for DPRK was striking a balance between humanitarian and development funding in the context of economic sanctions. UNICEF also contacted potential donors for funding based on a UNICEF DPRK resource mobilization strategy.

Advocacy efforts by programmes included the introduction of new vaccines (IPV) and the fulfilment of its co-financing obligation (pentavalent). Communication and advocacy with key non-health sector and local stakeholders, such as people's committees and women’s unions, helped to build local ownership of the content and implementation process. The programme also engaged with society through its public events/seminars on World Malaria Day and World TB Day, as well as through occasional national educational broadcasts.

In collaboration with the GPSH, the programme facilitated the celebration of World Breastfeeding Week through a national event in which the heads of different United Nations agencies and government departments attended a half-day seminar to promote early initiation of breastfeeding in all maternity hospitals in DPRK. The GPSH managed to disseminate key messages on early initiation of breastfeeding to all provinces in the country through affiliated journalists and media channels.

WASH supplemented a cartoon film on hand washing with a cartoon book. Broadcasts of the film on national television and the nationwide dissemination of the cartoon book sustained awareness of the issues. Technicians in agencies active in hygiene promotion are preparing to use similar popular media for promoting safe excreta disposal and safe handling of sludge from latrines used for manure.

UNICEF advocated for comparable educational facilities for children staying and studying in boarding schools and remote branch schools. CFS standards agreed to in the framework were shared with parents and local county level committees to support the creation of CFS environments across the country.

EAPRO supported UNICEF DPRK to handle media enquiries, including from Voice of America, Radio Free Asia, Envoye Special (French TV) and Fox News.

South-South Cooperation and Triangular Cooperation

For UNICEF DPRK, south-south collaboration occurred primarily through study and exposure visits to countries and programmes in the region. This was primarily used to build the capacity of national counterparts to carry out efficient and effective service delivery. Although several study and exposure visits were planned for 2014, only one visit (for health) could be undertaken.

To promote the scale up of maternal, neonatal and child health interventions in DPRK, UNICEF DPRK supported health managers to observe country experiences in Bangladesh in September 2014. DPRK health managers focused, in particular, on new approaches to the integrated management of neonatal and child illness (IMNCI). This exposure was an excellent opportunity for the team to gather knowledge and support the scale up of evidence-based interventions with context-specific approaches. As a result, the MoPH decided to expand IMNCI from 10 counties to another 25 counties in 2015 to reduce neonatal and child mortality in DPRK.
The Government of Cambodia and UNICEF Cambodia agreed to facilitate a study visit by a delegation from DPRK. The delegation’s aim was to learn about CFS initiatives and the EMIS, which was developed with UNICEF support. However, the visit was postponed to 2015 because 2014 dates could not be mutually agreed upon. Similarly, study visits by the CBS to Vietnam and Thailand were also postponed feasible dates in 2015.

A sharing meeting was organized between UNICEF DPRK and the Republic of Korea Ministry of Unification in Tokyo in October 2014. The meeting provided an opportunity to present the UNICEF DPRK programme to one of the most consistent donors. Meeting participants discussed opportunities for cross-sectorial programming that would include the health, nutrition and WASH sectors. This was the first time the Ministry of Unification showed an inclination to include WASH as part of the proposal.

UNICEF DPRK is planning to explore additional south-south cooperation opportunities in 2015 and consolidate such cooperation.

Identification Promotion of Innovation

In the context of the unique programming environment and the commensurate constraints, UNICEF DPRK attempted non-technological innovations. Information technology (IT) has limited reach in DPRK and any IT-based innovation has a limited reach. However, innovative programming has been the core of UNICEF DPRK work. The year 2014 began with banking constraints that reduced in-country cash, and UNICEF DPRK reprogrammed to address this challenge.

A significant issue requiring an innovative response was the improvement of neonatal survival, which is only effective if specific interventions are implemented at scale. More than 80 per cent of neonatal deaths occur when babies are born small, and two thirds of these deaths are of preterm babies. Targeting interventions to improve care is therefore vital. Simple interventions such as early initiation of breastfeeding within one hour, umbilical cord care with chlorhexidine, and kangaroo mother care can reduce neonatal mortality. However, the coverage of these evidence-based interventions is very limited, despite extensive health facility infrastructure and the presence of a large number of health care providers. To scale up evidence-based interventions, data from different sources was analysed to show the link between high mortality and low coverage of evidence-based interventions and the impact of improving the coverage of these interventions on child survival and development. UNICEF initiated the process towards the development of a neonatal survival package.

Engaging children through art (drawing and painting) was explored through the release of the cartoon book on hand washing with soap. Because the cartoon book proved popular, similar engagement will be expanded to promote other hygiene behaviours.

UNICEF supported the Education Commission to organize events, such as sports, cultural activities, and competitions, etc., for children living in boarding schools and children attending regular schools, to provide these children with the opportunity to interact and empathize with each other. This is intended to be a step towards the future integration of institutions with mainstream education.

In collaboration with the GPSH, UNICEF DPRK organised painting and poetry compositions to promote the CRC on its 25th anniversary.
Support to Integration and cross-sectorial linkages

UNICEF DPRK made every attempt to support cross-sectorial linkages in the Country Programme to ensure that overall implementation was efficient and effective and in the best interests of children. Although cross-sectorial work can be challenging because implementing partners normally work using a dedicated sectorial approach, integration and cross-sectorial work provides a pivotal developmental opportunity for the efficient and effective achievement of results for children. Undoubtedly, integrated programming will be the key to optimizing resources in DPRK.

The best opportunity for cross-sectorial linkages was found in the ‘1,000 days window of opportunity’ approach, which was effectively used to open avenues for programme integration, especially for health, nutrition and WASH, and generate greater long-term impact. The planning and implementation of this approach is in the early stages but partners have already been influenced by the positive benefits of multi-sector programing and integration. WASH for Schools and Health facilities require more attention as these institutions recognize growing needs.

Dialogues with the MoPH, UNICEF and WHO were conducted to facilitate the development of strategy documents and concept notes for new grant cycles for TB and malaria. Consultations have been carried out with local stakeholders, integrated TB control interventions incorporating IMNCI and nutrition have taken place, and links with agriculture for vector control are being explored and will be included in the Global Fund’s New Funding Model.

The Education Section worked in collaboration with the WASH and Health sections to deliver services aimed at creating CFS environments. The WASH Section provided technical support for designing water and sanitation systems in model schools and the Health Section provided kits containing essential medicines to children’s institutions, benefitting over 6,000 children. The Education Section printed and distributed IEC materials on health and hygiene in schools.

In 2015, cross-sectorial linkages will be further strengthened through the consolidation of cross-sectorial advocacy, communication and knowledge management programmes.

Service Delivery

UNICEF DPRK supported service delivery through concerted health, nutrition, WASH and education programmes. For health, the Global Fund provided extensive resources for addressing TB and malaria. UNICEF worked with government partners to build capacity for effective implementation.

The Health Programme provided essential maternal, neonatal and child health services to over 29,000 pregnant women and a similar number of newborns through emergency obstetric and neonatal care (EmONC) services provided in 16 counties. Tetanus toxoid vaccination for pregnant women remained above 98 per cent. The child health days reported 98 per cent coverage for vitamin A and deworming for children under 5. For TB and malaria, the focus was on strengthening facility-based case management at peripheral levels, providing medicines and scaling up quality microscopy facilities and key malaria interventions (i.e. mass primaquine prophylactic treatment, insecticide treated clothes and indoor residual spraying (IRS)). Supportive supervision from partners reinforced service delivery, particularly monitoring and evaluation (M&E) and quality assurance/quality control of drugs. The Global Fund rated the grant implementation high or ‘A’ performance.
A total of 34,701 cartons of ready-to-use therapeutic food and 6,100 cartons of therapeutic milk (Formula-75 and Formula-100), as well as different quantities of iron/folate, micronutrient tablets and micronutrient powder (Sprinkles) and essential CMAM medicines and anthropometric scales, were delivered nationally. Eighty-six sites were visited to track supplies.

More than 32,500 households gained access to safe water through seven gravity-fed water supply systems (GFS) in four provinces. These services reached more than 21,700 children in schools, 56 childcare institutions and 9 health posts. Water system challenges included lack of electricity (49 per cent) and the poor conditions of pumping equipment (25 per cent). The GFS model proved to be popular, successful and sustainable in DPRK.

Hygiene promotion materials were provided to all 41 children’s institutions, benefitting around 8,000 children. The institutions and 73 branch schools also received education and recreation kits. The teacher training centres (TTCs) in 16 education focus counties were provided with 10 improved pedal organs, each to be used in the training of kindergarten teachers. Direct support was given to 13 educational institutions, including one county TTC, for the rehabilitation of physical infrastructure.

**Human Rights-Based Approach to Cooperation**

UNICEF DPRK paid strong and focused attention to rights-based programming in 2014. The 25th anniversary of the CRC presented a symbolic and useful opportunity to emphasise the child rights perspective of programmes. UNICEF DPRK initiated a dialogue about the 25th anniversary of the CRC through planned events for sustainable programming. Through the events, UNICEF support to DPRK was viewed through the child rights perspective. Advocacy centred on the fact that what UNICEF supports in DPRK is not merely sector programmes but also specific rights issues.

The findings of the 2013 Bottlenecks and Barriers Analysis provided a reference for evidence-based equity-focused programing for universal immunization coverage in DPRK. The proposal for the GAVI Alliance Health Systems Strengthening 2, 2014-2018, incorporates actions to overcome major bottlenecks identified through this exercise. Based on this, the expansion of cold chain facilities at primary level health facilities (district hospital/clinic) has been planned with particular focus on low-performing areas, to address the needs of vulnerable populations. Data on exclusive breastfeeding of infants aged 0-6 months are good, but more work needs to be done to improve the impact of early initiation of breastfeeding on neonatal mortality (50 per cent of under-five mortality is due to neonatal deaths in DPRK).

The WASH Sector informed the MoCM and other stakeholders of the disparities that need to be addressed. Data from a random sample of 19 counties showed that the level of water supply services is better in households than in institutions. Overall, 77 per cent of households, 54 per cent of health facilities, 56 per cent of schools, 50 per cent of kindergartens and 38 per cent of nurseries were connected to a piped water supply.

To ensure the implementation of the CRC provision for the “rights of every child to good quality education in a safe and healthy environment,” UNICEF supported the creation of CFS environments in institutions for marginalized children, such as boarding schools and branch schools. A national framework for CFS was drafted to facilitate the implementation of common standards.
Gender Mainstreaming and Equality

From a dilettante viewpoint, gender is not a primary social challenge for DPRK development programming. The country’s politics and society are supportive of maintaining apparent gender equality. The representation of sexes in day-to-day life seems well balanced. Women enjoy as much independence in work as men. However, there are latent structural issues that require analytical understanding. Disaggregated data and in-depth analysis are needed to better understand issues related to gender equality. UNICEF DPRK programme interventions objectively targeted women and men in equal proportions.

DPRK illustrates gender parity through the availability of free health care for everyone. Through the GAVI Alliance Health System Strengthening initiative, the MoPH committed to providing gender-disaggregated data on immunization and IMNCI-related interventions. In 2014, the Health Programme supported nationwide immunization services and child health day interventions to reach virtually all children in the country without gender discrimination.

In the national TB and malaria programmes, partners considered gender issues in regards to team composition, trainings and capacity building. Integrating gender and equity issues into programme interventions, surveillance, analysis and reporting was a priority. Disaggregated data analysis by gender, age group and geography is being introduced to facilitate equity-based programming, particularly for vulnerable populations (children and women).

Both sexes are represented at all levels in the people’s committees and in the technical ministries. However, at the household level, women in households not connected to piped water systems bear the larger burden of collecting water.

Over several years, DPRK has shown remarkable gender parity in enrolment and completion rates in primary and secondary education. The Multiple Indicator Clustery Survey (MICS) 2009 reported over 99 per cent enrolment and completion for boys and girls up to the secondary level. However, the rate of girls’ enrolment drops to 17 per cent in post-secondary level education, which indicates some systemic bias against girls’ education, beyond school education. There is no information available on gender differentiation in the level of achievement between boys and girls.

To develop a better understanding of gender issues in the UNCT, UNICEF supported the Gender Assessment of the United Nations Humanitarian and Development Programmes, funded by the United Nations Development Programme (UNDP)/Resident Coordinator.

Environmental Sustainability

In 2014, environmental sustainability was an integral part of UNICEF DPRK programming, as appropriate. While the environment is a crosscutting theme, the largest opportunity for addressing environmental issues was found in the WASH Programme. UNICEF DPRK continued to conduct advocacy for catchment protection for the GFS, a cost effective and environmentally-friendly approach that is being promoted to scale. The use of mountain sources for GFS does not require electricity generated from burning coal. Moreover, this creates awareness among communities on the need to protect forests and save water sources. Alternative energy, such as solar pumping, was also promoted where pumping is required. With UNICEF support, the MoCM continued to enhance knowledge among local engineers/technicians about the importance of forest protection and rejuvenation.
The pilot WASH for All Project, aimed at achieving universal coverage of water supply and sanitation, completed the feasibility and design stages. Through this pilot, harmless sanitary latrines will be introduced to make sludge recycling used in agriculture safer.

Another opportunity to ensure environmental sustainability was through switching over to solar direct drive refrigerators for vaccine storage, and the provision of incinerators, safety boxes and capacity building of health care providers for the safe disposal of immunization and hospital wastes. The Health Programme will further sharpen its focus on environmental sustainability through expanding responsive infrastructure, enhancing the capacity of government health staff and volunteers and monitoring and documenting the entire process. Environmental sustainability is an important component of the next five-year GAVI Alliance Health System Strengthening initiative for 2014-2018.

UNICEF supported the Education Commission to develop life skills materials for children in kindergarten and primary school around the theme of clean and healthy environment. The materials were printed and distributed in 320 kindergartens and primary schools and will be accessed by approximately 15,000 children.

**Effective Leadership**

Effective leadership is reported programmatically, as well as for office management. The limited availability of in-country cash restrained programme implementation. UNICEF DPRK engaged with EAPRO and HQ divisions to resolve the risk caused by the inadequate cash, looking at solutions for getting cash into the country and simultaneously managing the programme in a cash-strapped context. UNICEF DPRK went through a series of re-planning exercises where programmes were classified as truly life-saving or essential.

The 2013 audit urged a focus on data management and programme monitoring. However, at that time, the impending financial constriction had not been anticipated. The Country Management Team (CMT) met regularly and discussed programme management generally, as well as with regard to audit concerns.

Continual limitations included the availability of reliable, on-time data for tracking results and evidence-based planning. UNICEF DPRK focused on capacity building and establishing mechanisms for receiving regular data, at least, from UNICEF-supported programmes. Several joint meetings were organized with the CBS and line ministries and as a result, the ministries agreed to provide data on pre-arranged periodicities (for example, in health: quarterly for EPI and twice for maternal, neonatal and child health indicators). There were discussions on assessing the possibility of a data management unit in CBS.

The national TB and malaria Programmes strengthened country-level management capacities by supporting the country coordination mechanism, which reviewed and endorsed national strategic plans, funding proposals and grant implementation in 2014. International fellowships and participation in international conferences also supported the supervisory capacities of government staff and partners.

To ensure effective management, the Joint Consultative Committee (JCC) met twice in 2014 to enhance the participatory and enabling work environment. The CMT also met seven times and reviewed office management indicators and programme implementation. Monthly programme/operations meetings were also conducted to review and plan programme and operations priorities. The minutes of these meetings were regularly shared with all staff. The
office statutory committees (such as the Country Management Team, Joint Consultative Committee, Contracts Review Committee, Property Survey Board and Human Resource Development Team) were updated and continued to function effectively. UNICEF DPRK reviewed and updated the Table of Authority and delegation of authority memos were updated, signed and documented.

The October 2013 audit report action plan on the audit recommendations was submitted to the Office of Internal Audit and Investigations on 12 August 2014 and feedback was received in November 2014. Another audit was initiated in November 2014 and the final audit report is expected for February 2015. The progress on the implementation of the recommendations, which is a standing agenda item of the CMT meetings, will be reported back to the Office of Internal Audit and Investigations regularly.

UNICEF DPRK continued to update risk mitigation strategies in 2014 as per the overall office country risk profile. The Business Continuity Plan was reviewed and updated in 2014. The Business Continuity Plan and the Risk and Control Library are part of the 2014 Annual Management Plan and are updated at least twice a year. The Risk Control Self-Assessment Task Force met once to review and assess the effectiveness of the existing controls for mitigating risks and amended the profiles as required.

**Financial Resources Management**

Cash assistance was provided to implementing partners through reimbursement and direct payments only. United Nations agencies do not implement the full harmonized approach to cash transfers because the Government has not agreed to the required assessments. Overall, UNICEF DPRK applies a reimbursement-based modality. However, UNICEF DPRK has put procedures and assurance mechanisms into place to ensure that the funds transferred to counterparts are used for the purposes intended, which involves regular field monitoring, supervisory visits and reviews of submitted accounts. The implementation of the harmonized approach to cash transfers was still an open audit recommendation, and given the situation in the DPRK, UNICEF DPRK was granted an exemption for the macro-assessments and special audits by HQ for one year, through 31 December 2015.

Bank reconciliations took place on a monthly basis. UNICEF DPRK experienced cash replenishment problems due to economic sanctions. The transfer of funds to DPRK for bank replenishment was completely blocked from January to September 2014. It was only in September 2014 that a new channel was identified for bringing funds to DPRK. The bank replenishments were received from September 2014. With the approval of the Regional Director, UNICEF DPRK built a buffer in the local bank account that will enable for life-saving activities to continue for at least the first three months of 2015 if the funding channel is interrupted. Various other efforts made by UNICEF DPRK, EAPRO and the Division of Financial and Administrative Management were unsuccessful.

In 2014, three standard operating procedures for payments, hospitality and rest and recuperation were updated. In addition, two trainings on direct cash transfer and delegation of authorities, including the new procedures for direct payment processes, were held in 2014 for all responsible staff. The work process for invoice processing was also updated. UNICEF DPRK met the requirements of end closure accounts as per the deadline set by HQ.
The Country Programme Document (CPD) fixed the ceilings for regular resources (RR) and other resources (OR) at US$ 9,305,000 and US$ 118,842,000, respectively. The Country Programme has been operating with an OR gap of US$ 51,259,488, or 43.13 per cent. In 2014, funds utilisation was 71.14 per cent (US$ 24,172,470 out of US$ 33,815,120 available, as of 7 January 2015).

Once the Rolling Work Plan was finalised and approved by the National Coordination Committee (NCC), the line ministries submitted proposals through the NCC to UNICEF DPRK to undertake the agreed activities, specifying estimated funding, monitoring and reporting timeframes. The respective programmes monitored and conducted supportive supervision during the implementation phase. The efforts led to the full absorption of allocated funds.

All donor reports were completed on time and reported against the programme management indicators (although two donor reports were uploaded into the system one day late). The donor reports were drafted by the concerned sections and then reviewed by the Deputy Representative with oversight by the Representative. Programme Management Group meetings tracked reports and status updates were presented in the CMT meetings.

The national TB and malaria programmes submitted concept notes for new TB and malaria grants (about US$ 42.5 million for 2015-2018) in 2014 under the Global Fund’s New Funding Model. The Swiss Agency for Development and Cooperation contributed to WASH. The grant was extended to June 2015, following the financial crunch experienced in the second and third quarters. UNICEF DPRK met with the Republic of Korea Ministry of Unification in Tokyo. The new proposal was also sent to the Norwegian Committee for UNICEF.

Planned visits by SIDA and the Swiss Agency for Development and Cooperation were cancelled at the last minute because of the Ebola-related quarantine policy announced by the Government in October. Both of these donors have funded UNICEF DPRK in the past and there are expectations for further funding.

UNICEF DPRK modified the rolling Integrated Monitoring and Evaluation Plan (IMEP) and reviewed the Plan periodically. UNICEF DPRK has an M&E Committee working in tandem with the Programme Management Group. UNICEF DPRK paid special attention to evaluations with concrete results and data for programme needs. Upon the invitation of UNICEF DPRK, the Regional Advisor for Evaluation visited and discussed effective ways of strengthening the management of the evaluation function, among other things. Consequently, two evaluations were planned for CMAM and EPI coverage. The scheduled study visit of select CBS data management staff to Thailand and Vietnam could not take place and will be reorganized in 2015.

The Health Programme carried out the Impact Assessment of Essential Medicines in partnership with the MoPH and the Population Centre to assess the impact of essential medicine support on health care delivery. In addition, the findings of the EmONC Needs Assessment carried out in 2013 were disseminated. The assessment was used to advocate for evidence-based programing, and will also be utilized for future fundraising and advocacy. The planned Immunization Coverage Evaluation Survey could not be carried out due to lack of an available and suitable consultant, and will instead be conducted in 2015.
A terms of reference for the Global Fund programme evaluation was shared with partners, and reviewed by EAPRO. Consultation regarding the scope of the evaluation is being discussed with the donor. The evaluation will focus in particular on the equitable achievement of results across populations and geographies, and also seek to decipher the roles of partners and assess synergies between the grant activities and corporate mandates and functions while comparing, to the extent possible, risk assessment, the grant model and the programme structure of similar initiatives by other donors.

**Efficiency Gains and Cost Savings**

In 2014, the United Nations Operations Management Team for DPRK reviewed the various payments/entitlements made to personnel seconded by the different United Nations agencies in DPRK. This review harmonised salaries and allowances, such as overtime, meals, daily subsistence rates, etc. However, at this point, it is too early to quantify how much, if anything, will be saved by the implementation of these initiatives.

**Supply Management**

A total of US$ 21.97 million in supply requisitions was raised, representing 60 per cent of the Country Programme’s utilized value for 2014.

Procurements were made from the UNICEF Supply Division, China and locally. The value of supplies procured through the Supply Division was US$ 15.52 million, mainly for pharmaceutical, malaria prevention, medical and nutrition supplies. WASH supplies, printing consumables and construction materials were sourced from China for US$ 2.92 million.

Local procurement was for a total value of US$ 2.05 million and approximately 23 per cent of local procurement was carried out through the Supply Division’s direct order of medical supplies. Fuel to support in-land transportation, construction materials and printing were sourced from the local market. Commodity-oriented procurement was the main activity, as opposed to institutional contracts, which represented only 3 per cent of transactions.

Local procurement remained a challenge because of non-competitive pricing and limited commodity availability. Moreover, the banking crisis suspended procurement from local markets even for construction materials. Despite such challenges, in 2014, UNICEF DPRK managed to establish long-term agreements for the procurement of fuel, construction materials, meeting services and transportation services. In addition, a long-term agreement for soap and buckets was maintained for responding to emergency needs.

A large proportion of offshore procurement was delivered in a timely manner with good quality, and this was achieved by overcoming challenges in shipping via sea and air due to sanctions and prolonged review processes that delayed delivery. In 2014, an agreement on seaport handling was reached and resulted in the reduction of labour needs and costs for government implementing partners. UNICEF DPRK made best use of monitoring tools to follow up on goods in transit. UNICEF did not directly manage a warehouse for programme supplies. In 2014, the value of supplies and services received by UNICEF DPRK were valued at US$ 12,345,252.62, US$ 112,953.36 and US$ 69,068.04 for programme supplies, operations supplies and services, respectively.
Security for Staff and Premises

UNICEF DPRK continued to ensure the safety and security of the staff and premises. UNICEF DPRK reviewed its Minimum Operating Security Standards (MOSS) compliance and completed the MOSS self-assessment in December 2014. Additional first aid kits were procured for all office vehicles.

In October 2014, the Government introduced strict measures for staff travelling and returning from abroad in relation to the outbreak of Ebola disease in some West African countries. While Ebola has been contained in a few countries in West Africa, and the few isolated cases in the United States of America and the Kingdom of Spain have also been contained, the Government of DPRK took their response to a higher level and issued their own list of affected and non-affected countries. The DPRK High-Level Non-Standing Committee classified all African countries, the United States and Spain as affected countries and anyone arriving from these countries was subject to a 21-day quarantine in isolated identified locations/hotels away from the capital city of Pyongyang. All other countries were classified as non-affected and anyone arriving from these countries was also subject to a 21-day quarantine in their place of residence and not allowed to leave. The living conditions of isolated locations/hotels were reported to be very poor without communication access. The staff members quarantined in their residences were not able to interact with anyone else. If anyone else made physical contact with a person in quarantine, that person was quarantined for the same period and under the same conditions. These strict measures affected staff productivity.

UNICEF developed a Human Resource Strategy to mitigate the risks associated with the quarantine policy and decided to keep staff returning from so-called ‘affected countries’ in intermediary countries for 21 days to avoid quarantine in the isolated hotels. UNICEF DPRK also took measures to support staff in quarantine in their residences.

UNICEF DPRK had to be in constant consultation with the UNCT, and through the UNCT, with the United Nations Department for Safety and Security (UNDSS) for issues related to the use of WiFi and the quarantine imposition for Ebola. These did not directly affect the safety and security of staff but did stress programme implementation.

Human Resources

Due to the challenges related to cash replenishment and the later government quarantine policy, which impacted staff movement/office attendance, UNICEF DPRK experienced difficulties in the implementation of its 2014 learning plan. Key planned group trainings, such as Programme Planning Process and results-based management were not implemented. However, UNICEF DPRK managed to implement a few group, office-wide and online trainings, such as for humanitarian response (including Early Warning Early Action) and ethics dialogue and English language writing and speaking skills, and training materials covering gender equality. United Nations Coherence was made available to all staff. Overall, 94 per cent of individual planned trainings were implemented. National supply, finance, and information and communications technology (ICT) assistants participated in a one week attachment training with UNICEF China. All staff members, including national seconded personnel, completed the mandatory training programmes, such as Basic and Advanced Security trainings, Prevention of Harassment, and the Sexual Harassment and Abuse of Authority in the Workplace.

The quality of electronic Performance Appraisal System (ePAS) (for international staff) and the manual PAS (for national seconded personnel) was strengthened through enhanced dialogue between supervisors and supervisees. The completion rate of 2013 ePAS and manual PAS was
95 per cent by March 2014, and improvement was seen in the timely completion of mid-year discussions, with 95 per cent for international staff and 70 per cent for national seconded personnel (as a number of them were recalled before mid-year).

In 2014, five positions become vacant and two of these were filled. Two other staff members were not able to join due to the existing quarantine policy, which is still in effect. The advertisement of the remaining post has been postponed.

On 29 October 2014, the Government of DPRK introduced and implemented quarantine measures to prevent an Ebola outbreak in the country. All people arriving in DPRK from affected countries, defined by the Government as all African countries, the United States and Spain, were subject to a 21-day quarantine in isolated hotels away from the Pyongyang City. The living conditions of these hotels were reported to be harsh with limited water and electricity and poor heating. Staff placed in quarantine there had no internet connection and were not able to work. All people arriving from other countries were quarantined inside their places of residence and not allowed to move between their residences and offices. These people also underwent daily temperature checks conducted by a government doctor and nurse. All national seconded staff with family members returning from outside the country were also quarantined for 21 days. This impacted both programme implementation and staff morale. The office developed a Human Resource Management Strategy and Guidelines in response to the DPRK Ebola quarantine situation. The Strategy was shared and cleared by both EAPRO and the Division of Human Resources.

Effective Use of Information and Communication Technology

In 2014, continued effort was made to introduce new technologies as per global practice. The implementation and adoption of Microsoft Office 365, the state of the art combo pack, took ICT services to the next level. Staff can now access their work not only in the office, but wherever they are located.

This initiative improved service levels and contributed to strengthening business continuity, which is no longer dependent on a wide range of hassles and user interventions. The introduction of Lync and the synchronization of services with personal gadgets like iPads, iPhones, Android phones and tablets broke down the traditional barriers. The OneDrive on SharePoint has made documents available virtually anywhere and has made it much easier to share documents.

The office went through many back end data centred improvements to achieve these gains. A critical step was increasing internet bandwidth. All of the above initiatives require a high-speed internet connection. For UNICEF DPRK, using very small aperture terminal (VSAT) technology for internet connectivity was not possible without sizeable investment. However, with the support of EAPRO and HQ, UNICEF DPRK managed to secure reliable and improved internet connectivity.

UNICEF DPRK also upgraded the e-security environment to safeguard against a wide range of threats.

UNICEF DPRK is still trying to mitigate challenges related to the traditional unreliable electrical power supply (low voltage and frequent cuts). Another challenge is the availability of services and goods for managing the equipment. Under these conditions, the heavy investment needed to support the Business Continuity Plan remains a challenge.
Investment in developing the skills of the ICT Unit is a high priority. UNICEF China provided attachment training on ICT.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2015, the Government implements a comprehensive sustainable nutrition programme including adequate Infant and Young Child Feeding (IYCF), Micronutrients and Management of Acute Malnutrition programmes

Analytical Statement of Progress:
In 2014, the UNICEF Country Programme was extended by one bridging year, through the end of 2016. During the reporting period of 2014, the Nutrition Programme achieved the below main results:

2. Endorsement of three national technical guidelines on CMAM, promotion of appropriate IYCF practices and promotion of micronutrient supplements.
3. Facilitating drafting of the IDD legal framework and USI action plan.
4. Agreement with the MoPH to expand the geographical coverage of CMAM beyond the 29 focus counties.
5. Translating and introducing community IYCF counselling courses in the health service delivery system.
6. Extending treatment to about 70 per cent of the targeted SAM children, multiple micronutrient powder/Sprinkles supplements to 30 per cent of targeted children aged 6-24 months and multiple micronutrient tablets to 45 per cent of targeted pregnant and lactating women (PLW).

However, the budget shortfall meant that many children could not be supported to meet the needs of the most vulnerable: about 30 per cent of wasted children, 70 per cent of children under 2 and 55 per cent of pregnant and lactating women did not receive appropriate nutritional support and/or multiple micronutrient supplements in 2014.

Structural causes of vulnerability remained unchanged. According to the 2012 National Nutrition Survey, 28 per cent and 4 per cent of children under 5 suffer from chronic malnutrition (stunting) and acute malnutrition (wasting), respectively. Chronic and acute undernutrition are public health problems and were among the major contributors to maternal and child mortality in DPRK. Without adequate sanitation and dietary intake of the necessary macro and micronutrients, children continued to face stunting and wasting and suffered delayed growth and developmental challenges.

The 2014 rainfall data indicated that many parts of the country received less rainfall than the average for the last three years by the peak of the rainy season (July 2014). The drought conditions affected food production, the generation of hydro-electricity, and in some areas disrupted water supply services, thereby increasing the health risks for children and women. The cereal shortfall for 2014/2015 was in excess of 891,500 metric tonnes. External assistance continued to play a vital role in safeguarding and promoting the well-being of children and families whose food security, nutritional status and general health would otherwise be seriously compromised.
OUTPUT 1: By 2015, national and provincial authorities have the capacity to develop a national nutrition strategy, action plans and updated guidelines.

Analytical Statement of Progress:
Valuable progress was made in 2014 with the Government of DPRK. UNICEF facilitated the upgrading and endorsement of the National Nutrition Strategy and Action Plan 2014-2018, and provided technical inputs to upgrade the national CMAM, IYCF and micronutrient supplementation technical guidelines.

The programmatic context is both centralized and vertical in DPRK, thereby limiting the possibilities for designing, implementing and monitoring multi-sectorial interventions to address the immediate and underlying causes of undernutrition. The technical capacities of decision makers and service providers in public health and nutrition need to be further strengthened and upgraded to cope with the most recent developments in these fields. The availability of essential nutrition supplies, medicines and micronutrients is vital to ensuring the quality of preventive and curative nutrition interventions. Improving warehousing capacity, management and in-country logistics is another area in need of further strengthening in 2015.

The national focus needs to be on delivering, at scale, an integrated package of services incorporating low-cost high-impact nutrition-specific interventions, as well as selected key WASH interventions, to the most vulnerable groups through the health delivery platform within the context of the 1,000 days approach (pre-pregnancy, pregnancy, lactation, newborns, the first 24 months of life and all children under 5). The need to institutionalise this package into the health system is critical to achieving the sustainable reduction of undernutrition among children under 5.

OUTPUT 2 By 2015, health facilities, baby homes, nurseries and communities have the capacity to promote adequate breastfeeding and appropriate complementary feeding practices.

Analytical Statement of Progress:
In 2014, UNICEF facilitated the upgrade and endorsement of the national IYCF technical guidelines and the introduction of the community IYCF counselling course into the health service delivery system. The full package of the technical module and related IEC materials was translated into Korean and then introduced at the national level and in four provinces (Pyongyang, Nampo, North Pyongan and South Hwangha). In total, 190 technical officers and master trainers from the MoPH, ICN and TWGs were trained in 2014 on community IYCF counselling, the promotion of optimum IYCF practices and early initiation of breastfeeding. UNICEF will facilitate the rollout of this initiative in all provinces and service delivery sites in 2015-2016.

UNICEF also facilitated the World Breastfeeding Week Celebration in which more than 30 government officials and media specialists from the GPSH participated. The GPSH then facilitated similar events in all provinces and launched a one-week media campaign with local television and radio stations and local newspapers. In 2014, the theme of Breastfeeding Week was the promotion of early initiation. At the same time, UNICEF facilitated three one-day meetings for the GPSH officials and media officers, for the senior management and specialist doctors in Pyongyang maternity hospital and in Okryo children hospital.

OUTPUT 3: By 2015, relevant health facilities (provincial and county hospitals, health clinics and baby homes) and institutions (salt factories) have the capacity to operationalize the approved micronutrient guidelines.
Analytical Statement of Progress:
In 2014, UNICEF facilitated the upgrade and endorsement of the micronutrient supplementation technical guidelines and the drafting the IDD legal framework and the USI work plan 2015-2020, in collaboration with the MoPH and the State Planning Commission, respectively. UNICEF also provided different micronutrient supplements, supplies and equipment to the IDD programme to achieve the below main results:

- 1.6 million women of child bearing age received three-month rations of iron-folate (76 per cent coverage).
- 269,000 pregnant and lactating women received three-month rations of multiple micronutrient tablets (45 per cent coverage).
- 156,000 infants aged 6 to 24 months received multiple micronutrient powder (30 per cent coverage) due to funding constraints.
- 1.6 million children aged 6 to 59 months received vitamin A supplementation and deworming (for children aged 24 to 59 months) (30 per cent).
- The legislative framework and the USI action plan are in draft form. UNICEF provided technical inputs to the legislative framework and is currently in the process of further consolidating the national USI plan of action in consultation with government stakeholders.
- A science documentary film on IDD was produced and broadcast on the national television channel.
- IDD supplies were delivered, including potassium iodate (1000 kilograms), packing material (18 tonnes), 2 salt dryers, 15 motor carts, 15 hand lifts and 3 spraying machines.

OUTPUT 4 By 2015, food fortification programme strengthened for iodine deficiency disorders with focus on reaching population groups with low coverage levels.

OUTPUT 5 By 2015, relevant health facilities have the capacity to operationalize the approved acute malnutrition guidelines in selected areas and in emergency affected areas as per CCCs.

Analytical Statement of Progress:
In 2014, UNICEF facilitated the upgrade and endorsement of the CMAM technical guidelines and facilitated a half-day multi-sectorial meeting with seven ministries (14 technical officers participated) to introduce the multi-sectorial approach to addressing undernutrition. The Nutrition Programme achieved the below main results:

- CMAM services delivered in 1,000 service delivery sites in 29 counties in four north-eastern provinces (with the highest burden of SAM cases), as well as in 14 baby homes, 29 county hospitals and 12 provincial paediatric hospitals (countrywide).
- 16,000 SAM-affected children were treated, representing about 70 per cent of the annual case load.

UNICEF enabled the quality improvement of CMAM services by facilitating the capacity development of master trainers and health workers to ensure the availability of nutrition supplies and in-country logistics.

OUTCOME 2. By 2015, improved behavioural and care practices at institution and household level in focus counties.
Analytical Statement of Progress:

The bottlenecks identified relate mainly to:

- Lack of national guidelines to enable efforts to go forward in ministries and at the local level, covering such areas as growth monitoring, early childhood development and nutrition in emergencies; and
- The limited availability of nutrition-related education material available at all levels.

Through regular interaction with the MoPH and need-based actions, steps were already initiated in 2013 to address these bottlenecks.

**OUTPUT 1** By 2015, increased proportion of families adopting key caring practices to improve young child survival, growth and development in focus counties

Analytical Statement of Progress:
Most of the activities related to this output were already integrated and implemented under the outcome.

**OUTCOME 3** By 2015 improved government capacity in emergency preparedness, early recovery and response including long-term strategies for risk reduction particularly in nutrition.

**OUTPUT 1** By 2015, capacity of national and local government to respond to humanitarian situations relating to appropriate IYCF practices and acute malnutrition management strengthened

**OUTCOME 4** By 2015, national government capacities strengthened to formulate policies and plans for improving the quality of education nationwide.

**OUTPUT 1** By 2015, national policy on quality standards for schools based on Child Friendly School or similar models formulated and operationalized.

Analytical Statement of Progress:
A group of resource persons within the Education Commission, trained by UNICEF, finalised the DPRK-specific CFS checklist. The checklist is being used to implement UNICEF-supported interventions in schools. During the year, seven educational institutions were assessed based on the CFS checklist and taken up for rehabilitation and other interventions, including children's homes, boarding schools and a branch school (schools located remotely over hills, islands and in forests). UNICEF DPRK distributed 97,000 bars of soap to cover one year of needs for nearly 10,000 children in boarding schools and children’s homes and 570 children in special schools to improve hygiene practices. Notebooks and writing materials were provided to 17 boarding schools to cover shortages in the government provision of these homes. In order to create safe and secure environments for young children, six children’s homes with 1,800 children were provided with improved outdoor playground equipment.

The CFS framework document and the checklist have been prepared and are being adopted as a national guideline for schools and other educational processes. Lack of systematic data on the status of schools and their facilities has been a constraint in getting a holistic picture of the schools’ physical environments. The EMIS being set up is expected to address this issue, to a large extent.
OUTPUT 2 By 2015 Government capacity improved in disaster risk reduction including development of long-term strategies for risk reduction relating to education CCCs

OUTCOME 5 By 2015, revised national policy on quality standards implemented for equitable access and utilization of pre-primary, primary and secondary education including in humanitarian situation.

Analytical Statement of Progress:
In continuation of efforts made during the Country Programme, the national framework on CFS was further revised based on experience gained during its implementation in 40 pilot schools. The framework was accepted by DPRK as an evolving document that will be further strengthened as more knowledge and evidence are obtained through its implementation. In line with the standards outlined in the CFS framework, the Education Commission has directed counties and provinces to begin identifying gaps in schools and prepare a comprehensive plan to address those gaps. The plan to organise training for all head teachers and TTC teachers on the CFS guidelines could not be completed due to the cash flow within the country and therefore will be postponed to early 2015. The Early Learning Development Standards were finalised after a rigorous validation process for content and age appropriateness. The Standards have now been accepted as the national standard for early learning and will be implemented in all kindergartens beginning in the 2015 academic year. As a follow up to the Early Learning Development Standards, UNICEF DPRK provided technical support to the Education Commission to revise the pre-school curriculum and the kindergarten teacher training. By the commencement of the new academic year in 2015, the new curriculum will be finalised and all teachers will have received orientation on the new standards and curriculum.

The capacity development of TTCs remained a focus during the year. A training of trainers on the student-centred teaching method was organised for the teacher trainers from province and county TTCs. In these trainings, emphasis was placed on developing the capacity of the county and province TTCs to also employ new teaching methods in their trainings. Sixteen TTCs were provided with some essential teaching and learning materials that the Government had not provided for a few decades.

As educational institutions catering to marginalised children, children’s institutions and special schools remained a priority for direct service delivery. With UNICEF assistance, efforts were made to improve their living and learning environments. Safe outdoor playground equipment was provided to encourage safe physical activities necessary for children’s balanced development. In addition, with UNICEF support, six children’s homes installed playground equipment and seven had supplies in different stages of procurement. All children’s institutions were supported with necessary hygiene materials to fill the gap in government supplies to ensure that children remain healthy. All of these supports will aid the creation of better learning environments for over 10,000 of the most marginalised children living in these institutions.

In 2014, 13 educational institutions (11 primary and secondary schools, one special school for children with visual disabilities and a TTC) were provided with inputs such as supply of teaching and learning materials, recreation kits and rehabilitation materials for their buildings, to make their environments more child-friendly. With these interventions, more than 6,000 children and teachers attending these schools benefitted from improved physical environments. In addition, stationery and recreation kits were provided to all children’s institutions to help them with the necessary teaching and learning materials and recreation materials. UNICEF DPRK continued to support the Education Commission to print textbooks for about 20 per cent of the country’s children.
Fortunately, DPRK did not face an emergency situation in 2014. However, UNICEF DPRK was fully prepared with a group of trained Education Commission personnel to respond to any eventuality, and pre-positioned supplies sufficient to cover 25,000 children in case of emergency. UNICEF, however, supported the Education Commission with construction materials to rehabilitate 10 school buildings found to be unsafe for use, benefitting more than 4,000 children. The pre-positioned education kits (600 for primary schools and 700 for secondary schools) and recreation kits (130) were distributed to all children’s homes (13), boarding schools (17), special schools (7) and branch schools (73) in focus counties and CFS project schools (23). An estimated 28,000 children attending these schools in different parts of the country will make use of these kits. A new set of educational and recreation kits have been procured for 10,000 children, and have been pre-positioned for any emergency situation.

**OUTPUT 1** By 2015, national government capacity (knowledge and skills) to formulate quality standards in line with CFS and early learning development standards.

**Analytical Statement of Progress:**
Despite severe constraints to undertaking capacity building activities due to the limited availability of cash for local payments, two important workshops, one on early childhood development and the other on student centred teaching, were organised for key personnel from the Education Commission, the Academy of Education Science, provinces and counties. The early childhood development workshop was also attended by directors of children's homes. The workshop provided additional technical inputs to the process of curriculum revision based on new standards. The student centred teaching workshop, attended by resource persons from kindergartens, also provided a crucial methodological framework for teacher training. The CFS document was finalized and is a live document that will undergo further improvement in the course of its implementation. The Early Learning Development Standards document is being printed and will subsequently be disseminated.

To further enhance the Education Commission’s capacity on data management and the operationalization of the EMIS, a workshop on education data and statistics was organised in partnership with UNESCO. Resource persons from the UNESCO Institute of Statistics participated in the workshop, which was also attended by personnel from the Education Commission Planning Department and the CBS.

**OUTPUT 2** By 2015, teacher training centres and children institutions nationally have the technical capacity and resources to implement student centred/heuristic teaching process and child friendly environment.

**Analytical Statement of Progress:**
Beginning with a training of trainers, the Education Commission organized a series of trainings on a child centred teaching methodology conducted by trained resource persons at the province and county levels. Over 300 teachers from provincial TTCs and the 40 model CFS schools were oriented on the teaching methodology, which is activity-based and more child-centred. In these trainings, emphasis was placed on developing the capacity of the province and county TTCs to employ new teaching methods in their trainings. Recognising that music is an essential part of the teacher training curriculum for kindergarten teachers, pedal organs were provided to 16 education focus county TTCs that did not have a sufficient number of functioning organs (the Government issued the last supply nearly four decades ago).
In 2014, 13 educational institutions (11 primary and secondary schools, one special school for children with visual disabilities and a TTC) were provided with inputs such as supply of teaching and learning materials, recreation kits and rehabilitation materials for their buildings, to make their environments more child-friendly. With these interventions, more than 6,000 children and teachers attending these schools benefitted from improved physical environments.

Continuing the UNICEF DPRK priority to ensure healthy learning environment for children living in institutions (boarding schools and special schools for children with disabilities), children's homes were given special support through the provision of safe outdoor playground equipment to encourage safe physical activities necessary for their balanced development. In 2014, with UNICEF support, six children's homes installed playground equipment and seven had supplies in different stages of procurement. All children's institutions were supported with necessary hygiene materials to fill the gap in government supplies and to ensure that children remain healthy. In addition, stationery and recreation kits were provided to all children's institutions to help them with necessary teaching and learning materials and recreation materials. In coordination with the health section, a set of essential medicine kits were also made available to all children's institutions to ensure proper health care when needed. All of these supports are supposed to support the creation of better learning environments for over 10,000 of the most marginalised children living in these institutions.

To give children attending boarding schools opportunities to interact with children attending regular schools, UNICEF DPRK supported inter-socialization sports in which both boarding school children and regular school children participated.

UNICEF DPRK continued to support the Education Commission by printing textbooks for about 20 per cent of the country's children.

**OUTPUT 3** By 2015, national and sub-national capacity in disaster risk management enhanced to respond effectively to emergency including long-term strategies relating to Education CCCs.

**Analytical Statement of Progress:**
Fortunately, DPRK did not face an emergency situation in 2014. However, UNICEF DPRK was fully prepared with a group of trained Education Commission personnel to respond to any eventuality, and pre-positioned supplies sufficient to cover 25,000 children in case of emergency. UNICEF, however, supported the Education Commission with construction materials to rehabilitate 10 school buildings found to be unsafe for use, benefitting more than 4,000 children. Since the pre-positioned supplies of education and recreation kits had been in the Education Commission warehouse for over two years, they had ended their shelf lives. It was therefore decided that these should be cleared from the shelves and replaced with new materials. The pre-positioned education kits (600 for primary schools and 700 for secondary schools) and recreation kits (130) were distributed to all children’s homes (13), boarding schools (17), special schools (7) and branch schools (73) in focus counties and CFS project schools (23). An estimated 28,000 children attending these schools in different parts of the country will make use of these kits. A new set of educational and recreation kits have been procured for 10,000 children, and have been pre-positioned for any emergency situation.

**OUTCOME 6:** By 2015, capacity of national and local government strengthened to formulate relevant and effective WASH policies and strategies.
OUTPUT 1 National and Provincial Government capacity to review and update WASH sector policies, plans and strategies to support, evidence based and high-impact interventions increased.

OUTCOME 7 By 2015, national and local governments implement relevant and effective WASH policies and strategies that equitably increase access to quality WASH services

Analytical Statement of Progress:
On-going advocacy for the provision of clean and safe water to communities through the construction of GFS, a sustainable, environmentally-friendly and cost-effective strategy, has involved promoting better balance in the coverage of WASH services between county towns and districts for greater equity. In 2014/2015, the Government intends to increase cost sharing for water supply and sanitation initiatives. The priority of improving the WASH facilities of childcare homes and health facilities to support combined nutrition and health interventions and schools in vulnerable areas was maintained. Feasibility reports for GFS (total planned: seven towns and 30 districts) were prepared and submitted to UNICEF, including three for Up areas in Jungsan and Changpung County, district areas in Rinsan County and another three for districts under the pilot WASH for All Initiative (Taepyong Ri (Hyangsan County, N. Pyongan Province), Jiyin Ri (Kumya County, S. Hamgyong Province) and Unjong Ri (Pongsan County, N. Hwanghae Province)).

An inter-ministerial collaboration of sector ministries in sanitation and hygiene under a WASH for All Initiative introduced with UNICEF support in three rural communities seeks to achieve universal coverage of water and sanitation, using a range of technologies for water supply delivery and improved sanitation at the household level. This is part of the expansion of partnerships for implementing hygiene and sanitation promotion. Challenges include developing a latrine model that provides safe containment (until excreta decomposes adequately for safe reuse in agriculture) and that is suitable for replication by communities using their own resources. In order to succeed, all sector players must come to the table to play their part in addressing the common issue of improving the health outcomes of the community. One ministry cannot do it alone by addressing only their mandate; a holistic approach is more effective. Sector players were invited to a consultative meeting under the invitation of the NCC. The GPSH, a national reference centre for academic study and public lectures in various fields, hosts the consultative meetings. After the initial meeting, the MoCM, the GPSH, the MoPH, the Education Commission, the State Academy of Sciences and the CBS came together to share their roles and mandates and identify areas of collaboration for improving latrine safety and safe handling of excreta used in agriculture. Regular consultative meetings have been taking place. The various partners have been developing proposals related to their mandates and roles in the collaborative effort in the pilot communities. A harmless sanitary double urn latrine model was selected for demonstration and later scaling up. The piloting will include developing and adapting the harmless sanitary double urn latrine model using local materials and technology, which will be introduced in all counties. A training workshop was conducted with technical assistance from UNICEF China on latrine design and strategy development for improving household and institutional sanitation.

The WASH Programme aims to increase convergence with other UNICEF-supported interventions, where possible (education, health, nutrition and care), with other line ministries, United Nations agencies and international NGOs.
OUTPUT 1 By 2015, 500,000 more women, children and other population in underserved areas in 50 ris and 20 Ups (County Town) equitably and sustainably use safe drinking water sources, improved sanitation facilities and practice hand washing with soap

Analytical Statement of Progress:
Approximately 254,000 people (about 1 per cent of the national population) gained access to safe water through seven GFS in three provinces Kangwon (Sepo and Ichon Counties), North Pyongan (Unjon County) and South Hamgyong (Sudong and Kumya Counties). Implementation of the WASH for All Scheme, an eco-friendly construction project designed to ensure access to safe water and sanitation for all inhabitants in respective areas by tapping all potential alternative technologies, is continuing. The project progressed to the procurement of supplies and installation has been initiated.

However, old water schemes with dysfunctional infrastructure increased the gap for meeting an estimated 20 per cent of the population’s water supply needs. The main causes of non-functionality of water schemes were lack of electricity (49 per cent) and the poor condition of pumping equipment (25 per cent). Furthermore, the pace of the GFS rollout is constrained by the slow inflow of funds. DPRK lacks access to development funding. Although supply management improved, there were still some issues related to trans-shipment of supplies from China and regarding trucking companies. The option of using a long-term agreement transporter from the China/Korea border (Sinuiju) is under consideration.

OUTPUT 2 By 2015, children homes, schools, health institutions in focus county towns and ris have access to and are utilizing the safe water and sanitation facilities

Analytical Statement of Progress:
Although the targets for this output were met in 2013, it was realized that an estimated 50 per cent of child learning spaces did not have adequate WASH facilities. Therefore, the WASH and Education programmes agreed to make special efforts to achieve the universal application of national WASH standard for childcare institutions through progressive improvements made in all schools and childcare institutions in target focus county towns and districts through collaboration between WASH and Education with specific joint activities planned to support the local Government.

In 2014, along with more than 32,500 households gaining access to safe water through seven GFS in four provinces, more than 21,700 children in schools, 56 childcare institutions and 9 health posts gained access to safe drinking water. Hygiene materials were provided to all 41 children’s institutions, benefitting around 8,000 children. Engagement of children through art (drawing and painting) was explored with the release of the cartoon book on hand washing with soap. Since the cartoon book proved popular, similar engagement will be expanded to promote other hygiene behaviours.

OUTPUT 3 By 2014, improved government capacity in disaster risk reduction and management including long term strategies for risk reduction relating to WASH CCC.

Analytical Statement of Progress:
The Inter-Agency Contingency plan (WASH), coordinated by UNICEF, was updated in 2014. The emergency stocks replenished in 2013 to meet the immediate needs of 10,000 families are available for use in case they are needed to respond to the 2014 seasonal flooding. In 2014, there was no reported flooding requiring UNICEF or WASH theme group assistance.
OUTPUT 4: By 2015, National, Provincial Government capacity to provide institutional support to sustainable operation and maintenance of WASH Services and Water Quality Protection, treatment, surveillance based on appropriate evidence based best practices and technologies increased.

Analytical Statement of Progress:
The WASH Bottleneck Analysis conducted along with the Water Assessment Survey in 2013 indicated the following key bottlenecks in respect to the functionality of water supply services: 1) inadequate operation and maintenance management of pipes supplies led to systems that were not fully operational; 2) dug well and springs were not properly protected; 3) hand pumps were not well maintained and prone to contamination. This output aimed to address these bottlenecks through a number of strategies including: 1) institutional support for continuous skills development for piped system operators on proper repair, operation and maintenance; 2) local manufacture and supply of quality pipes and fittings, equipment and materials needed for operation and maintenance; 2) development of local district and village level capacity in the construction of properly designed and protected wells and springs; and 3) support for local manufacture of hand pumps and spare parts distribution in strategic areas in DPRK.

The indicators selected for this output are:

a. Proportion of water supply systems (GFS systems and other systems) functional
b. Number and per cent of engineers and technicians who have access to new technology initiatives for sustaining WASH services
c. Number and per cent of counties with functional water quality surveillance systems
d. Percentage of households in areas without functional water quality surveillance practicing household water treatment
e. Per cent of water systems with water quality management (protection, treatment and water quality surveillance) in place.

Based on a random sample of 20 counties, the Water Assessment Survey identified comparative vulnerability in respect to service coverage, continuity and quality. Overall, 33 per cent of the piped schemes were GFS, which did not require electricity for water supply distribution; 17 per cent of pumped piped schemes lacked continuity of service because of intermittent electricity (48.5 per cent), aging and non-functional equipment (24.5 per cent), aging and leaking pipes (20.4 per cent) and other reasons (6.6 per cent); and coverage levels were poorer in health facilities and child care institutions compared to households. Piped water was connected to 77 per cent of households, 54 per cent of health facilities, 56 per cent of schools, 50 per cent of kindergartens and 38 per cent of nurseries. Overall, 23 per cent of households depended on tube wells (11.5 per cent), dug wells (8.9 per cent) or spring sources (3.6 per cent) and had access to water supply virtually 100 per cent of the time. The drinking water drawn from dug wells and tube wells was filtered, while 3.4 per cent of those using dug wells did not at all treat the drinking water, thus representing a higher quality risk.

OUTPUT 5 By 2015, National and Provincial government capacity to review and update WASH sector policies, plans and strategies to support evidence-based and high impact interventions increased

Analytical Statement of Progress:
Data from a random sample of 20 representative counties assessed as part of the first phase of the roll out of the Water Assessment Survey was used to extrapolate the situation across the country. The Survey identified comparative vulnerability with respect to service coverage, continuity and quality: a) 33 per cent of the piped schemes were GFS, which did not require
electricity for water supply distribution; b) 17 per cent of pumped piped schemes lacked continuity of services because of intermittent electricity (48.5 per cent), aging and non-functional equipment (24.5 per cent), aging and leaking pipes (20.4 per cent) and other reasons (6.6 per cent); and c) coverage levels were poorer in health facilities and child care institutions compared to households. Piped water was connected to 77 per cent of households, 54 per cent of health facilities, 56 per cent of schools, 50 per cent of kindergartens and 38 per cent of nurseries. The most available service (providing access to water supply for virtually 100 per cent of the time) was supply from tube wells, dug wells and springs, and 23 per cent of the households depended on these sources as the main sources of their water supply (tube wells: 11.5 per cent; dug wells: 8.9 per cent; and spring sources: 3.6 per cent). The drinking water drawn from dug wells and tube wells was filtered, while 3.4 per cent of those using dug wells did not at all treat the drinking water, thus representing a higher quality risk. This information will be used to update water policies and strategies. With an emerging consensus among government ministries, departments and agencies with various roles in sanitation and hygiene to prioritize the development of a national action plan for the improvement of latrines in the rural areas, the timeframe for updating the water policies is set at December 2015.

The MoCM selected the sanitary double urn latrine for demonstration and adaptation to the DPRK context as the highest standard for rural sanitation that will ensure safe latrines as well as safe handling of excreta (sludge) used as manure in agriculture. The model will be piloted in the three districts under the WASH for All Initiative and demonstrated in all focus counties and districts. UNICEF China provided technical support on strategy and design training for technicians from agencies, such as the State Academy of Sciences, and ministries, such as the MoCM, the MoPH Institute of Hygiene Education and local authorities (County Peoples' Committees and Ri Peoples' Committees). Further support will be provided for the preparation of training modules and technical manuals.

Support for achieving the local manufacture of essential water supply (PE and uPVC pipes for water supply meeting ISO certification) and sanitation (fittings for latrines) continued under this output. No further progress towards readiness for certification was made in 2014.

**OUTCOME 8** By 2015, capacity of national and local governments strengthened to formulate and implement relevant policies and results oriented strategies to manage the health system nation-wide.

**OUTPUT 1** Old-Nat health sectorial policies sans to support high impact, measurable interventions at national and provincial levels for maternal and child health outcomes developed.

**OUTPUT 2** 1.2 Provincial health sectorial policies and plans to support high impact, measurable interventions at provincial levels for maternal and child health outcomes operationalized

**OUTCOME 9** By 2015, access, delivery and utilization of quality basic health services improved for children and women at national and sub-national levels with emphasis on low coverage areas.

**Analytical Statement of Progress:**
In 2014, the Health Programme contributed to improve maternal, neonatal and child health in DPRK. The Health Programme advocated for the introduction of IPV and for the Government to co-finance the vaccines. There was an agreement for the nationwide scale up of interventions for reducing neonatal mortality. An impact assessment of essential medicines and a needs assessment of maternal and neonatal health were undertaken to provide the evidence-base for
equity-focused programing. The approval of the five-year GAVI Alliance Health System Strengthening 2 initiative is an excellent example of strong and effective partnership between the Government, GAVI Alliance, UNICEF and WHO. The approval of the IPV introduction grant by the GAVI Alliance was made possible through strong partnership efforts. All of these steps significantly contribute to the Every Newborn Action Plan and A Promise Renewed targets for reducing child mortality.

- The 2013 Immunization Bottleneck Analysis findings advocate for the improvement of immunization coverage in low performing areas in the north to ensure the universalization of immunization programme.
- The third quarter EPI report for 2014 shows 97 and 93 per cent immunization coverage in Pyongyang and Chagang Province, respectively, clearly indicating a declining disparity. The analytical discussions also enabled UNICEF to present the case to GAVI Alliance for the expansion of cold chain support in low performing geographical areas. Through the GAVI Alliance Health System Strengthening 2 initiative, there will be particular focus on bridging gaps among different geographical areas.
- The Health Programme supported more than 29,000 pregnant women and a similar number of newborns with essential maternal, neonatal and child health services through EmONC services in 16 counties.
- Tetanus toxoid vaccination for pregnant women remained above 98 per cent. The child health days reported 98 per cent coverage of children under 5 with vitamin A and deworming.
- To promote the scale up of maternal, neonatal and child health interventions in DPRK, health managers observed the country experiences of Bangladesh in September 2014. DPRK health managers focused in particular on new approaches to IMNCI. This exposure provided the team with an excellent learning opportunity to gather knowledge and support the scale up of evidence-based interventions with context-specific approaches. As a result, the MoPH decided to expand IMNCI from 10 counties to another 25 counties in 2015 to reduce neonatal and child mortality in the country.
- The findings of the 2013 Bottlenecks and Barriers Analysis provided a reference for evidence-based equity-focused programing for universal immunization coverage in DPRK. The GAVI Alliance Health Systems Strengthening 2 2014-2018 proposal incorporates actions to overcome major bottlenecks identified through this exercise. As a result, the expansion of cold chain facilities at primary level health facilities (district hospital/clinics) is planned, with particular focus on low-performing areas to address the needs of vulnerable populations.
- An opportunity to ensure environmental sustainability was through switching over to solar direct drive refrigerators for vaccine storage, and the provision of incinerators, safety boxes and capacity building of health care providers for the safe disposal of immunization and hospital wastes. The Health Programme will further sharpen its focus on environmental sustainability through expanding responsive infrastructure, enhancing the capacity of government health staff and volunteers and monitoring and documenting the entire process. Environmental sustainability is an important component of the next five-year GAVI Alliance Health System Strengthening initiative for 2014-2018.
- The Health Programme carried out the Impact Assessment of Essential Medicines in partnership with the MoPH and the Population Centre to assess the impact of essential medicine support on health care delivery. In addition, the findings of the EmONC Needs Assessment carried out in 2013 were disseminated. The assessment was used to advocate for evidence-based programing, and will also be utilized for future fundraising and advocacy. The planned Immunization Coverage Evaluation Survey could not be carried out due to lack of an available and suitable consultant, and will instead be conducted in 2015.
The availability of in-country cash hindered the pace of trainings, key competency-specific training on maternal, neonatal and child health continued to ensure quality of care as per global standards and protocols. Of note was the quality assurance of the immunization programme at national, provincial, county and district levels through the training of more than 600 government personnel on vaccine quality monitoring.

Immunization coverage above 90 per cent across the country could be linked to the decline in the under-five mortality rate, from 58 per 1000 live births in 2000 to 27 in 2013. Measles and tetanus also no longer contribute to child mortality in DPRK.

**OUTPUT 1** By 2015, national and provincial authorities have the capacity to develop policies, strategies and provincial plans of action to implement Health Sector Medium Term Strategic plan of 2011-2015

**Analytical Statement of Progress:**
In 2014, the Health Programme provided technical support to the MoPH to develop provincial plans of action based on the MTSP. In 2014, the limited availability of in-country cash hindered the pace of trainings. However, key competency-specific training on maternal, neonatal and child health continued to ensure the quality of care, as per global standards and protocols. Of note was the quality assurance of the immunization programme at the national, provincial, county and district levels through the training of more than 600 government personnel on vaccine quality monitoring.

**OUTPUT 2** By 2015, coverage and quality of maternal and new-born care interventions increased in programme areas (16 selected counties) with emphasis on population groups with low coverage

**Analytical Statement of Progress:**
During the year, the Health Programme supported more than 29,000 pregnant women and a similar number of newborns with essential maternal, neonatal and child health services through EmONC services in 16 counties.

- Antenatal care services have been strengthened. Four quality antenatal care services now include blood pressure monitoring, urine and blood test in 16 are well appreciated by the MoPH for replication in all health facilities.
- Tetanus toxoid vaccination for pregnant women remained above 98 per cent. The child health days reported 98 per cent coverage of children under 5 with vitamin A and deworming.
- The findings of the Maternal and Neonatal Health Assessment 2013-2014 were presented to key stakeholders and a working group was suggested to follow up on the implementation of the recommendations. However, mobility restrictions in the context of Ebola limited the interaction between key partners. The findings and recommendations of the survey have been used for evidenced-based programing for maternal and neonatal health.

**OUTPUT 3** By 2015, coverage and quality of high impact interventions, including provision of essential medicines, to address diarrhoea and pneumonia sustained in 94 counties, with emphasis on low coverage areas among children under 5 (boys and girls)

**Analytical Statement of Progress:**
- Diarrhoea and pneumonia are still the main causes of under-five deaths in DPRK and the availability of essential medicine to treat these ailments is a main component of the Health Programme. UNICEF continued to support the provision of essential medicines to
primary and secondary health care facilities in 94 selected counties to reach 11.83 million people in six provinces (North and South Hwanghae, North Hamgyong, Kangwon, Ryanggang and Pyongyang). However, due to the funding shortage, only 60 per cent of needs were met.

- The Health Programme carried out the Impact Assessment of Essential Medicines in partnership with the MoPH and the Population Centre to assess the impact of essential medicine support on health care delivery. The basic objective of the assessment is to document the impact of essential medicines on health care delivery and to use the results for evidence-backed advocacy for future fundraising.
- UNICEF continued to provide raw materials for the production of about half a million sachets of oral rehydration salt for countrywide distribution. There has been a significant decline in the prevalence of diarrhoea, from 15 per cent in 2009 to 5 per cent in 2014. The limited availability and use of oral rehydration salts is playing a critical role in this decline.
- Two rounds of child health days in May and November 2014 were supported to reach children under 5 with life-saving evidence-backed interventions. Centre for Humanitarian Diaglogue reports indicated above 98 per cent coverage of vitamin A and deworming for children under 5.
- There has been an agreement for the nationwide scale up of evidence-based interventions for reducing neonatal mortality in DPRK. This will be a major area of support in 2015 and beyond.
- The funding shortfall for essential medicines is a major issue and greater efforts are needed to raise funds to ensure the availability of essential medicines.

**OUTPUT 4** By 2015, high and sustained National immunization coverage for infants (girls and boys) and pregnant women with focus on reaching hard to reach areas.

**Analytical Statement of Progress:**
The year 2014 was a very successful year for immunization. High immunization coverage was sustained across the country. Funding from the GAVI Alliance Health Systems Strengthening 2 initiative was secured for strengthening health systems over the next five years.

- The third quarter EPI report for 2014 showed 97 and 93 per cent immunization coverage in Pyongyang and Chagang Province, respectively, clearly indicating declining disparity. Analytical discussions also enabled UNICEF to present the case to GAVI Alliance for the expansion of cold chain support in low performing geographical areas. Through the GAVI Alliance Health System Strengthening 2 initiative, there will be particular focus on bridging gaps among different geographical areas.
- The Health Programme advocated for the introduction of IPV and for the Government to co-finance the vaccines. Both efforts were successful and IPV will be introduced in routine EPI in April 2015, when GAVI Alliance funding and support has already been secured.
- In addition, the Health Programme ensured the availability of traditional vaccines. Tetanus toxoid vaccination for pregnant women remained above 98 per cent.
- The findings of the 2013 Bottlenecks and Barriers Analysis provided a reference for evidence-based equity-focused programing for universal immunization coverage in DPRK. The GAVI Alliance Health Systems Strengthening 2 2014-2018 proposal incorporates actions to overcome major bottlenecks identified through this exercise. As a result, the expansion of cold chain facilities at primary level health facilities (district hospital/clinics) is planned, with particular focus on low-performing areas to address the needs of vulnerable populations.
• Approval of the GAVI Alliance Health Systems Strengthening 2 initiative provides opportunities to strengthen immunization, IMNCI and other components of health systems strengthening work in DPRK.

OUTPUT 5: By 2015, improved government capacity to prevent morbidity and mortality amongst girls, boys and women in emergencies based on health Core Commitments for Children.

Analytical Statement of Progress:
Although structural causes of health vulnerability remained unchanged, DPRK received less rainfall than the average over the last three years by the peak of the rainy season (July), with no flood emergencies. However, as part of emergency preparedness and response and to ensure the timely availability of essential and life-saving medicines for children in six provinces, particularly for the treatment of diarrhoea and pneumonia, the Health Programme pre-positioned 20 inter-emergency health kits and essential medicines at the central level and in two provincial warehouses.

OUTCOME 10: By 2015, Government policies and actions include and are informed by data on children and women.

OUTPUT 1: By 2015, government capacities developed at national, provincial and selected county levels in data collection and use for monitoring achievement of progress towards the MDGs and the CPD results.

Analytical Statement of Progress:
1. Overall, 80 statistics officers from focus counties were trained on Devinfo and Korinfo. The terms of reference for the Situation Analysis was developed and shared with EAPRO, CBS and the NCC, but could not be implemented because of travel restrictions
2. The nationwide survey was not carried out
3. The planned international exposure study tour to Vietnam had to be postponed
4. A number of consultations on data collection were carried out on the results of UNICEF-supported interventions and the situation of children and women
5. Project support, including salary and other entitlements of national staff members for M&E, was carried out

OUTPUT 2: By 2015 improved capacities for the implementation of innovative interventions in the CPD.

Analytical Statement of Progress:
1. Planned GFS documentation and other innovative practices could not be prepared
2. EAPRO was provided with the material for updating the website generated through events for the 25th anniversary of the CRC, and some human interest stories were developed
3. The programme operation manual was not printed because of changing needs and inability to spend funds in the country because of banking constrictions
4. The fundraising strategy was updated several times. The advocacy strategy workshop could not be organized because of travel restrictions, although UNICEF DPRK supported the UNCT in this endeavour

OUTPUT 3: Continuous support timely national reporting on the CRC and CEDAW

Analytical Statement of Progress:
1. Quarterly, midyear and annual programme reviews were carried out with partners, although plenary meetings could not be held.
2. Preliminary consultation on the focus county approach, its utility and issues were discussed.
3. Multi-sectorial consultations on new partnerships for sanitation and nutrition were carried out.

OUTPUT 4 Continuous support timely national reporting on the CRC and CEDAW

Analytical Statement of Progress:
1. One consultation with the Director of the Human Rights Department was carried out to advocate for the Convention on the Rights of the Child reporting. UNICEF DPRK also supported the UN Country Team for the gender assessment study.
2. Participatory events were organised to celebrate the 25th anniversary of the CRC and the opportunity was also used to include children and make them aware of UNICEF in the context of child rights.

OUTCOME 11 By 2015, the National Malaria Programme (NMP) effectively implements interventions for pre-elimination of malaria.

Analytical Statement of Progress:
The Global Fund-assisted Malaria Programme was launched in DPRK in 2010 and is presently in its second phase and set to end in June 2015. UNICEF is the principal recipient, WHO is the sub-recipient and the MoPH is the implementing partner for grant activities. The details on 2014 outcome indicators will be available by the middle of 2015. The available current data from routine recording and reporting systems shows evidence of improvement in the prevention and control of malaria in the country. In 2014, the incidence of malaria cases declined by 28 per cent, as compared to the same period (January-September) in 2013; the decline was highest in Nampho and lowest in Pyongygang. Overall, 10,710 confirmed and clinical cases of malaria were reported in the country during the period of January-September 2014, out of which 10,060 were lab-confirmed cases. In 2014, the confirmed and clinical cases declined nationwide by 26.4 per cent and 46.6 per cent, respectively. The number of suspected cases of malaria in DPRK declined by 46.8 per cent during January-September 2014, as compared to the corresponding period in 2013; the decline was highest in North Hwanghae and lowest in Kangwan provinces. Various entomological surveillance and therapeutic efficacy studies were also conducted. All performance framework targets were achieved/overachieved, with high performance ratings in each quarter. Facility-based case management services were strengthened at primary health care levels and key interventions were scaled up (1,422,467 people were treated with mass primaquine prophylactic treatment, 66,903 sets of clothes were treated with permethrin (100.4 per cent), and 598,799 households received IRS (100.7 per cent)). The Malaria Programme further contributed to strengthening health systems in areas such as M&E, supply chain management, strengthening the National Drug Regulatory Authority, and disease and entomological surveillance, which have helped the programme understand the malaria situation and use the evidence for informed decision making. In June 2014, the Programme also successfully submitted the Malaria Concept Note for the New Funding Model and other relevant documents to the Global Fund, which is now in the advanced stages of grant-making.

The analysis of determinants, in line with the Monitoring of Results for Equity System (MoRES), revealed that the majority of reported cases of malaria in 2014 were farmers by occupation and males by gender; and there is a need to improve the coverage and quality of interventions,
including knowledge and awareness in these groups. Tools for local level data analysis were also developed in order to take corrective actions in low performing areas and address the gaps. Despite challenges in offshore procurement due to the country context, all essential supplies like delamethrin for indoor residual spraying, permethrin for insecticide treated clothing and drugs for malaria were delivered as per the planned schedule. Achieving the planned result of a 50 per cent reduction in malaria incidence will require sustaining the gains achieved and ensuring that resources are available in line with the country’s needs.

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

Analytical Statement of Progress:
In 2014, 859 laboratory technicians were trained on microscopy at peripheral levels and 131 laboratory technicians were trained on quality assurance of malaria microscopy at provincial and county levels to improve the quality of confirmatory malaria diagnosis. The percentage of suspected malaria cases undergoing confirmatory laboratory diagnosis improved significantly, up to 90.3 per cent against a target of 85 per cent, as a result of conscious efforts made by partners to improve the capacity of health workers to diagnose malaria cases. Currently, there are 859 district hospitals conducting malaria light microscopy in 123 high and medium transmission provinces.

There was about a 28 to 30 per cent reduction in the disease burden, from 15,673 confirmed and clinical cases in 2013 to 10,710 in 2014 (provisional data through September). These improvements can be attributed to strengthening facility-based case management services at PHC levels, and sustained improvements in diagnostic ability through supply of microscopes, reagents, capacity building and periodic monitoring. The training of health workers on clinical management of malaria cases contributed to the initiation of treatment as per the National Malaria Treatment Guidelines.

OUTPUT 2 By 2015, households in targeted areas are provided with long lasting insecticide treated net (LLIN) and are reached by indoor residual spray (IRS).

Analytical Statement of Progress:
In 2014, the work clothes of 66,903 people (100.4 per cent) in occupational risk groups in high malaria transmission counties were impregnated with permethrin. A total of 598,799 households (100.7 per cent) in medium malaria transmission counties received IRS. Various efforts were undertaken to ensure better targeting and quality of these two interventions. In addition, 18 health staff members were trained in-country and seven staff members were trained internationally on entomological surveillance. In total, 2,480 field sprayers were also trained on IRS, and an external review of the NMP was successfully carried out for the first time through a joint monitoring mission in April 2014.

In the past (cumulatively), 711,960 LLINs were distributed to 605,215 households in malaria high transmission areas in five provinces. Priority was given to households with pregnant women and children under 5. Monitoring visits were regularly conducted again in 2014 to ensure the utilization of LLINs. A big challenge in this area is that the resources available currently only suffice for partial coverage (50 per cent) of the total population. There will be an increased need for advocacy for improved resource allocation to sustain and scale up these interventions in the future.
OUTPUT 3 By 2015, household doctors are equipped with skills and materials for improving awareness of malaria (modes of transmission, early detection and prevention) among individuals, families and communities.

Analytical Statement of Progress:
Due to the severe financial crisis and banking channel disruptions in 2014, programme activities were prioritized and it was not possible to conduct IEC trainings for district-level household doctors and volunteers. However, about 87.7 per cent of health facilities in eight provinces received malaria IEC materials, with information for the general public on the prevention and treatment of malaria. Based on the epidemiological data, which shows a high disease burden among farmers, the programme will focus on improving skills, knowledge and awareness of key interventions within this group.

OUTPUT 4 By 2015, the NMP is able to strengthen health systems, including management of information, logistic management and surveillance for insecticide susceptibility.

Analytical Statement of Progress:
With support from WHO and UNICEF, the NMP established a computerized network for online data reporting from eight provincial to central levels. This was done through the installation of software and staff training on data management. In addition, solar power support was also provided as a back up in order to ensure an uninterrupted power supply for data entry and transmission.

Six sentinel sites in provinces conducted insecticide susceptibility tests in 2014. Several capacity building efforts were undertaken to strengthen the sentinel sites and surveillance systems. Accessories for entomological research were distributed to these sites for assessing the effects of vector control interventions and informing the NMP. As a result, the NMP has been able to monitor the effectiveness of LLINs and IRS in malaria endemic areas for improving integrated vector management.

OUTPUT 5 Effective and efficient management and administration of the project.

Analytical Statement of Progress:
The capacity development of the NMP for effective and efficient management and administration of the project is an on-going process that includes programme management training, coordination and review meetings, and development and implementation of the M&E, procurement and supply management plans. In 2014, 18 health staff members were trained in-country and seven staff members were trained internationally on entomological surveillance. An external review of the NMP was also successfully carried out for the first time through a joint monitoring mission in April 2014.

Chloroquine and primaquine were procured in time for adult malaria treatment courses. In addition to radical treatment, primaquine for mass primaquine prophylactic treatment was also procured and 1,422,467 people were treated. Laboratory supplies to support the malaria blood smear microscopy were procured, which enabled suspected malaria cases to undergo confirmatory laboratory diagnosis. Procurement of 2015 supplies is already in the pipeline. Insecticides (deltamethrin, permethrin) and all accessories were procured and distributed in time for vector control activities and are in the procurement pipeline for 2015.

The malaria grant has received consistently high ratings of A1/A2 from the donor for performance management. The key challenges identified include the need for further
strengthening the country coordinating mechanism in areas of grant oversight and monitoring service delivery and further improving the quality of malaria microscopy.

**OUTCOME 12** By 2015, the National TB Programme (NTP) effectively implements interventions for prevention and control of TB in 11 provinces.

**Analytical Statement of Progress:**
DPR Korea is one of the highest TB burden countries in the region. The Global Fund-assisted NTP was launched in DPRK in 2010 and is presently in its second phase and set to end in June 2015. UNICEF is the principal recipient, WHO is the sub-recipient and the MoPH is the implementing partner for the grant activities. Although detailed outcome data for 2014 will not be available until the middle of 2015, available current data suggests evidence of improvement in the prevention and control of TB in the country. The annual burden of all forms of TB cases was 104,912, including 97,665 new plus relapse cases, with 90,591 new cases therein; 7,247 retreatment cases; and 5,239 cases (6 per cent) among the under-fifteen population in 2013. Overall, 74,690 all forms of TB cases were identified between January and September 2014, and 24,957 new smear positive cases were notified during the same period in 2014 (20.9 per cent were women aged 15-44). The case notification rate of TB (all forms, i.e. new, relapse) increased to 424/100,000 by the end of June 2014, compared to 372/100,000 at the end of June 2012. Analysis of paediatric TB data indicated that the paediatric case notification rate increased from 187/100,000 in 2010 to 253/100,000 in 2014 among the 5-14 age group. However, the rate has plateaued at about 47/100,000 for the 0-4 age group over the past four years. In 2013, the proportions of total National Strategic Plan TB cases notified among children under 5 and between 5-15 years were 0.02 per cent and 1.8 per cent, respectively. The treatment success rate also increased to over 90.5 per cent in 2014. Approximately 3,900 cases of multi drug resistant (MDR) TB are estimated for DPRK each year. The TB mortality rate has also shown a significant decline from the 2008 baseline of 39/100,000. The NTP has made several efforts to achieve National TB Strategic Plan targets for improving TB case notification and treatment success. Key efforts included strengthening supply chain management and M&E systems for more disaggregated data analysis and the development and implementation of the National TB Guideline, Childhood TB Guideline and Programmatic Management of Drug-Resistance TB (PMDT) Guideline. In 2014, the Programme also successfully submitted the TB Concept Note for the New Funding Model and other relevant documents to the Global Fund, which is now in the grant-making stage.

The analysis of determinants, in line with MoRES, highlighted the resource and capacity gaps in scaling up MDR TB services. In addition, coordination among partner agencies working for MDR TB and capacity for local level analysis of TB programme data were also identified as areas for improvement. The current needs of the programme include the expansion of MDR TB treatment and conduction of the TB Prevalence Survey, both of which are challenged by limited resources, challenges related to the procurement of required equipment and materials due to contextual issues and the limited technical capacity of counterparts. In addition, establishing linkages between the integrated management of childhood illness, CMAM and childhood TB can be mutually reinforcing for the concerned programmes and demonstrates great potential to ensure that children in need receive comprehensive care.

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

**Analytical Statement of Progress:**
While the Global Tuberculosis Report 2013 showed that the NTP has achieved a 91 per cent case detection rate for new smear positive cases of TB, the routine programme MIS reports
show a more than 90 per cent treatment success rate for all smear positive patients against the target of 85 per cent. These results were made possible through coordinated efforts and the implementation of several technical activities, which included updating the national TB guidelines and building the capacity of staff involved in diagnosis and management of TB cases. The National M&E Plan and procurement and supply management plans were implemented and progress monitored on a regular basis through M&E Taskforce meetings, weekly progress review meetings, onsite data verifications and Procurement and Supply Management Taskforce meetings.

A total of 1,015 health workers/doctors in non-health sectors (NGOs) were trained in 190 counties and 380 health workers were trained in childhood TB. Lab technicians were also equipped with skills on smear microscopy and external quality assurance to improve diagnosis of TB cases. In addition, the Programme supported the provision of lab consumables, microscopes and X-ray consumables, which contributed to an improvement in TB diagnosis and treatment, and provided quality anti-TB drugs to ensure high quality treatment in the country. An external review of the NTP was also successfully carried out through a joint monitoring mission in May 2014.

OUTPUT 2  By 2015, health workers in non-health sectors are equipped with knowledge, skills and materials to identify and refer TB suspects

Analytical Statement of Progress:
Due to the severe financial crisis and banking channel disruptions in 2014, programme activities were prioritized and it was not possible to conduct trainings of health workers in non-health sectors for detecting TB suspects and supporting early diagnosis and treatment. In previous years, a total of 9,987 health workers in non-health sectors like rail, police and defence, and 1,050 health workers from the Red Cross Society of the DPRK and the Korean Federation for the Protection of the Disabled were oriented to ensure identification and referral of symptomatic cases to the microscopy and treatment centres.

OUTPUT 3  By 2015, volunteers from community and NGOs are equipped with knowledge, skills and materials for improving awareness of TB (modes of transmission, early detection, prevention and treatment completion) among individuals, families and communities

Analytical Statement of Progress:
Due to the severe financial crisis and banking channel disruptions in 2014, programme activities were prioritized and it was not possible to conduct sensitization workshops. In previous years, 192 staff from people’s committees and educational institutions, 27 participants from medical colleges and several workers at work places (through trade unions) were sensitized to enhance awareness on the prevention and control of TB in communities.

OUTPUT 4  By 2015, the NTP is able to expand management of MDR-TB cases
Analytical Statement of Progress:
In order to improve the capacity for MDR TB management, programme staff were equipped with skills and knowledge in line with the National PMDT Guideline. In addition, five overseas trainings and 15 in-country trainings/review meetings were carried out. Renovation of nine MDR TB wards in eight sanatoria in and around Pyongyang and the establishment of a Regional Reference Laboratory at Hamhung in South Hamgyong Province, which will contribute to further nationwide expansion of PMDT services, continued in 2014, albeit at a slower pace due to banking channel disruptions. As of December 2014, a total of 382 MDR TB patients were placed on second line anti-TB treatment. Despite challenges related to offshore procurement, due to the country context, all MDR TB drugs were procured and supplied to TB sanatoria in a timely manner.

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

Analytical Statement of Progress:
Due to the severe financial crisis and banking channel disruptions in 2014, programme activities were prioritized and it was not possible to conduct several training activities on tuberculosis programme management at county levels. In previous years, a total of 1,028 health workers had been trained since phase 1. Efforts were made to strengthen the M&E system through mentoring to improve data quality, onsite data verifications, joint monitoring and data analysis. An external review of the NTP was also successfully carried out through a joint monitoring mission in May 2014. In addition, preparations for the National TB Prevalence Survey, including protocol development and procurements continued. Three senior staff from the NTP attended the International Union Conference in Barcelona in 2014, which helped to improve their awareness of challenges in MDR TB management.

OUTPUT 6 Effective and efficient management and administration of the project

Analytical Statement of Progress:
The TB grant has received consistently high ratings of 'A' from the donor for its performance management. The key challenges identified include the need to further strengthen the country coordinating mechanism in the areas of grant oversight and monitoring service delivery, the need to scale up MDR TB interventions, data quality and data sharing by partners especially for MDR TB, the need to ensure site readiness, installation and maintenance of equipment, and delays in offshore procurement due to the country context. The required systems and procedures have been established and periodically updated to strengthen the capacity of the NTP for effective and efficient management and administration of the project. These include training in programme management, coordination and review meetings, development and implementation of M&E plans, supervisory visits from centre to province and county levels and development and implementation of procurement and supply management plans.

OUTCOME 14 By 2015, UNICEF Management ensures continuous efficient and effective delivery of programme results.

Analytical Statement of Progress:
The programmatic and operational results were achieved, including staff recruitment and staff security, in an effective and efficient manner. Corrective actions were undertaken as needed during implementation.

OUTPUT 1 Effective and efficient governance and systems
Analytical Statement of Progress:

The output is mostly related to staff salaries and entitlement costs. The Enterprise Risk Management was updated twice in 2014 in an Excel sheet, and in November 2014, this was uploaded and updated in Insight.

OUTPUT 2 Effective and efficient management of stewardship of financial resources

Analytical Statement of Progress:
UNICEF DPRK ensured effective and efficient communication facilities and provided a conductive office environment through regular maintenance of office premises and equipment. This also includes the procurement of office supplies, fuel and maintenance of office vehicles.

OUTPUT 3 Effective and efficient management of human capacity

Analytical Statement of Progress:
Recruitment for the positions of chief of health (level 4), M&E specialist (level 3) and supply officer (level 2) was undertaken and the positions were filled. The supply officer and M&E specialist have not reported to their post due to the Ebola quarantine issues. The replacement of staff seconded from the Government was also undertaken through proficiency interviews. Performance evaluation reviews were put into place and are being monitored to ensure that all staff were accorded the necessary feedback in the course of the year. Training and development opportunities were made available to all staff and were reflected in their respective performance evaluation reviews. The Human Resource Development Team Committee played a major role in monitoring compilation and monitoring training plans.