Executive Summary

UNICEF DPR Korea’s advocacy of a human rights-based approach yielded results in 2016. The Government submitted the fifth and sixth combined report (overdue since 2012) on the implementation of the Convention on the Rights of the Child to the Committee on the Rights of the Child. The Government also submitted the combined second, third and fourth periodic reports (overdue since 2014) to the Committee on the Elimination of Discrimination against Women. The Convention on the Rights of Persons with Disabilities was ratified and the Government and the United Nations country team signed a five-year Strategic Framework to advance national efforts to enhance people’s well-being, paying attention to the most vulnerable groups. Building on these events, a human rights-based, humanitarian-focused Country Programme Document for 2017–2021 was developed and was endorsed by the UNICEF Executive Board.

UNICEF provided life-saving support in health; nutrition; water, sanitation and hygiene (WASH); and tuberculosis (TB) and malaria programmes, while also supporting children and women to cope with protracted crises in the country. UNICEF ensured essential services were available – including immunization, nutrition and TB prevention and treatment nationwide.

More than 360,000 children under the age of one year were vaccinated and 1,537,640 children ages 6–59 months (99 per cent) received biannual vitamin A and zinc supplements. A total of 57,000 severe acute malnourished children with and without complications were treated, and 490,000 children ages 6–23 months (92 per cent) received multi-micronutrient powder for home fortification of complementary foods. A total of 270,000 pregnant women (10 per cent of the target) received weekly iron-folate supplements and 360,000 pregnant and lactating women (47 per cent) received at least two months’ supply of multi-micronutrient tablets during pregnancy and at least one month’s supply for use during lactation. More than 1.7 million children under the age of 5 had access to Oral Rehydration Salts and 1,024,992 children ages 24 to 59 months (99 per cent) were dewormed and screened for treatment of malnutrition during two Child Health Days.

More than 91,000 people were supplied with water purification tablets, buckets and soap, ensuring access to clean drinking water and hygiene. In partnership with the World Health Organization (WHO), international partners including Global Fund and the Global Alliance for Vaccines and Immunization (GAVI), UNICEF did an assessment of the performance of the projects they had funded in the country. Global Fund recognized the country performance on TB/malaria, awarded an ‘A’ rating for 2015 and indicated an allocation of US$44 million for 2018–2021. The expanded programme on immunization received a positive assessment, resulting in performance-based funding of US$13 million for the next five years.

Through study visits and participation in high-level meetings, South–South cooperation enhanced the communication, knowledge exchange and technical cooperation for the realization of children’s and women’s rights in the country. Accompanied by technical experts, the Minister of Public Health attended High-Level Meeting3 in Malaysia, the main objective of which was to advance child rights in the region. The Government of the Democratic People’s Republic of Korea shared with 14 countries its successes in universal health coverage and extending maternity leave from six to eight months. The Government
also committed to further improving the quality of primary health care services. In 2016, the Ministry of Public Health (MoPH) developed a Comprehensive Every Newborn Action Plan – the first of its kind in the country – and a Universal Salt Iodization Action Plan, both with technical support from UNICEF.

A situation analysis of children and women was conducted in close collaboration with the country’s Central Bureau of Statistics (CBS) and relevant government ministries. The process highlighted the lack of up-to-date, equity-focused, age- and gender-disaggregated data with a specific focus on children and women. As a result, UNICEF and CBS agreed to conduct a Multiple Indicator Cluster Survey (MICS) compliant with international standards. A detailed survey plan with a nationally representative sample size was developed for data collection in 2017.

UNICEF DPR Korea proactively communicated the humanitarian needs of children and women through Humanitarian Action for Children (HAC). The programme received only 27 per cent of the US$27.8 million funding required. However, active communication of humanitarian needs attracted a good portion of Central Emergency Response Fund funding (US$2,221,233 of which US$550,000 was from US Fund for UNICEF) and resulted in a strengthened partnership with the Korean National Committee for UNICEF and a new partnership with the United States Fund for UNICEF.

**Humanitarian Assistance**

In 2016, UNICEF DPR Korea responded to the protracted humanitarian situation, characterized by drought and the sudden onset of floods that resulted in acute malnutrition and poor health outcomes for children and women. An estimated 11 million people, including more than 789,000 children under the age of 5 and 318,000 pregnant and lactating women living in North and South Hwanghae, South Hamgyong and South Pyongan were affected by the severe drought. UNICEF provided essential medicines, oral rehydration salts (ORS) and water purification tablets to treat and prevent diarrhoea and pneumonia. In the four drought-affected provinces, 4,000 children with acute malnutrition were treated.

In August 2016, Typhoon Lionrock resulted in widespread destruction of livelihoods, as well as health, WASH and education infrastructures in six counties of North Hamgyong Province. Approximately 600,000 people, including 44,706 children under the age of 5 and 18,969 pregnant and lactating women, were affected by the floods. The Government appealed for international support. UNICEF DPR Korea co-led the inter-agency joint assessment mission and released pre-positioned nutrition, health and WASH emergency stocks for 100,000 people. UNICEF raised US$5 million for emergency response and deployed a team comprised of international and national seconded personnel in the flood-affected areas. The team provided technical assistance and monitored distribution and use of emergency supplies.

Twenty temporary health clinics were established, and essential medicines and emergency health kits were provided to meet the needs of 600,000 people. Approximately 91,200 people accessed safe drinking water and hygiene through provision of water purification tablets, soap and buckets. The nutrition programme facilitated an emergency workshop for 30 doctors; established 108 Community Management of Acute Malnutrition (CMAM) sites; and in North Hamgyong Province (north) treated more than 6,000 children under the age of 5 who were suffering from severe acute malnutrition. A total of 44,706 children under the age of 5 received vitamin A and were screened for early detection and referral for treatment at CMAM sites. In total, 14,216 children ages 6–23 months were provided with multi-micronutrient powder for home fortification of complementary food. A total of 9,025 pregnant and lactating women received multi-micronutrient tablets and key messages on infant and young child feeding practices. Of these women, 3,234 were given blankets for the harsh
winter, and 30,000 children under the age of 16 who had lost their homes received winter clothes. Educational support extended through the provision of 530 emergency classroom kits and educational supplies for 1,500 school children. Spare parts to restore the water supply systems of 50,000 households were procured for installation in 2017.

### Emerging Areas of Importance

**The second decade.** UNICEF DPR Korea focused on expanding its nutrition programme to include the second decade of life and accelerating integrated early childhood development. In recognition of the importance of the nutritional status of adolescent girls, UNICEF DPR Korea facilitated awareness-raising workshops for MoPH. Global evidence was presented on promoting adolescent girls’ and women’s nutrition within the context of supporting future pregnancies and the first 1,000 days of life. MoPH recognized the importance of adolescent girls’ nutrition as the second ‘window of opportunity’ to break down the intergenerational cycle of undernutrition in the country. The Government agreed to upgrade the National Nutrition Strategy and Action Plan with selective interventions targeting adolescent girls in 2017.

**Integrated early childhood development.** The nutrition programme provided technical assistance and introduced best practices from around the world on integrated early childhood development and complementary feeding guidelines for nurseries. The Government drafted a guideline, which is expected to be finalized in 2017, for outreach to cater to the needs of an estimated 60 per cent of children ages 6–36 months attending nurseries in the country.

### Summary Notes and Acronyms

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<tr>
<td>CBS</td>
<td>Central Bureau of Statistics</td>
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<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>HAC</td>
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<td>ICT</td>
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<td>Multiple Indicator Cluster Survey</td>
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<td>ORS</td>
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### Capacity Development

Capacity development through technical assistance remained an integral part of UNICEF’s engagement with Government, using three strategies: building the capacity of service providers, ensuring effective use of humanitarian services and providing supplies in line with global standards.

UNICEF facilitated 46 workshops training more than 8,000 service providers in health, nutrition, WASH and TB/malaria programmes. Six thousand health service providers were trained in emergency obstetric and newborn care. Two thousand doctors were trained in
community integrated management of newborn and childhood illnesses; 420 paediatricians were trained in CMAM and infant and young child feeding; and 520 WASH technicians were trained in operation and maintenance. The TB programme supported training on programmatic management of drug-resistant tuberculosis at central and provincial levels. The Malaria programme trained 1,259 lab technicians in microscopy and external quality assurance, 165 entomologists in malaria entomology and 2,880 sprayers in indoor residual spraying.

UNICEF DPR Korea partnered with MoPH and the Grand People’s Study House to conduct technical webinars on nutrition, while health and WASH used telemedicine and tele-education systems. A total of 12,142 technicians were trained in low-cost, high-impact, evidence-based interventions through 132 sessions. Community sessions on integrated management of newborn and childhood illnesses and emergency obstetric and newborn care, were conducted through tele-education. UNICEF international staff and national seconded personnel provided supportive supervision and on-the-job training to service delivery functionaries through more than 200 visits to more than 50 counties. For example, the nutrition programme provided hands-on guidance on anthropometric measurement and follow-up on treatment of wasted children.

This capacity-building support facilitated policy and programme development and improvements in humanitarian service delivery, which contributed to UNICEF and the Government ensuring quality health, nutrition and WASH services for more than 1.7 million children under the age of 5 and 600,000 pregnant and lactating women.

### Evidence Generation, Policy Dialogue and Advocacy

A situation analysis of children and women in the Democratic People’s Republic of Korea (DPR Korea) was conducted in close collaboration with CBS and other government line ministries. The process highlighted the lack of up-to-date, equity-focused, age- and gender-disaggregated data, with a specific lens on the country’s children and women. After several rounds of discussions, UNICEF and CBS agreed to conduct a MICS in compliance with international standards in 2017. Government partners participated in the global Survey Design Workshop held in Kenya, where a detailed nationally representative survey plan covering 8,500 households was developed, for data collection in 2017.

CBS and the Ministry of City Management (MoCM) conducted a formative evaluation of UNICEF-supported WASH projects, with a focus on gravity-fed water supply (GFWS) projects completed over the last 10 years. Town water supply projects in four counties, serving more than 31,848 people, were assessed. Although the systems were operational, design and maintenance issues were identified that need to be addressed to ensure sustainability of the programme interventions in 2017.

UNICEF partnered with the Grand People’s Study House, MoPH and MoCM in celebrating global events such as World Water Day, Global Handwashing Day, World Toilet Day, World TB Day, World Malaria Day and World Breastfeeding Week. Public gatherings and mass media including national television, newspapers and intranet systems were used to promote key messages, including the early initiation of breastfeeding, complementary feeding practices, skin-to-skin attachment and kangaroo mother care. As a result, awareness was raised: 10,000 people took part in the events and the television broadcasts reached a nationwide audience.
Partnerships

UNICEF DPR Korea prioritized partnerships for children and women through health, nutrition, WASH, TB and malaria programmes. As the sector lead for nutrition and WASH, UNICEF, in collaboration with Government partners, held a three-day national workshop which brought together stakeholders resident in the country for the first time. The participants included: National Coordination Committee under the Ministry of Foreign Affairs, Ministry of Public Health, Education Commission, Ministry of Agriculture, Ministry of City Management, Ministry of Land and Environmental Protection, Academy of Medical Sciences, Institute of Child Nutrition, World Food Programme, WHO, United Nations Population Fund, and international NGOs. The partners understood the dynamics between WASH and nutrition interventions through evidence pointing towards the synergies between the two programmes. Imperatives to scale up preventive and curative nutrition-specific interventions as well as nutrition-sensitive actions to combat undernutrition were recognized by the WASH sector.

UNICEF partnered with GAVI in close collaboration with WHO and MoPH under the GAVI Health System Strengthening Agreement. The expanded programme of immunization reached 370,000 children under the age of 1 and 372,000 pregnant women annually. A joint appraisal mission led by GAVI assessed the country’s performance from national to provincial, country and village level on an expanded programme of immunization. The mission resulted in the securing of performance-based funding of US$13 million for the next five years. UNICEF DPR Korea (as the principal recipient), with WHO (sub-recipient) and MoPH (implementing partner) facilitated implementation of the Global Fund programme to help prevent and control TB and eliminate malaria. Enhanced partnerships for TB management were explored, including potential collaboration with Christian Friends of Korea, the Eugene Bell Foundation and local stakeholders. In 2016, Global Fund recognized the country performance and awarded an ‘A’ rating along with an allocation of US$44 million for 2018–2021.

External Communication and Public Advocacy

UNICEF DPR Korea communicated the humanitarian needs of children and women through HAC; the humanitarian focus of its new country programme for 2017–2021; and partner updates in response to the flood emergency in North Hamgyong Province. HAC highlighted the situation of children, outlined the support required to help them survive and thrive, and showed the results achieved. Communications were developed and updated, with support from the UNICEF Regional Office and Headquarters, putting the humanitarian needs of the children of the Democratic People’s Republic of Korea on the global agenda.

In the specific context of the 2016 United Nations sanctions, the Country Programme Document (CPD) for 2017–2021 was developed in close consultation with Government and its contents were proactively communicated among the humanitarian and diplomatic community resident in the country as well as beyond its borders. Emergency specialists from UNICEF Headquarters and UNICEF’s East Asia Pacific Regional Office developed partner updates and presentations. UNICEF shared these needs assessments, field photographs and human interest stories through its regional and global communication network, thereby informing donors of the needs of children and women affected by flooding. This outreach attracted new donors, including the United States Fund for UNICEF.

In partnership with national and local authorities, a Child Health Week was organized in North Hamgyong Province. This event, which was tailored for emergency response, provided an opportunity for UNICEF, together with representatives from the British, German and Russian embassies, to deliver and monitor the use of life-saving supplies provided by the health, nutrition and WASH sectors. The event and other specific donor visits (including
by the Australian Government) provided opportunities for the donor community to understand and widely communicate the humanitarian needs of children and women. Examples of the human interest stories communicated throughout the year can be found on UNICEF blogs.

**South-South Cooperation and Triangular Cooperation**

Through four study tours and participation and high-level meetings, South-South cooperation enhanced communication, knowledge exchange and technical cooperation for the realization of children’s and women’s rights in the country. Accompanied by technical experts, the Minister of Public Health attended a High Level Meeting in Malaysia, the main objective of which was to advance child rights in the region. The Government of the Democratic People’s Republic of Korea shared with 14 countries its successes in universal health coverage and policy to extend maternity leave from six to eight months. The Government also committed to further improving the quality of primary health care services in the country.

Government counterparts went on exchange visits in China, which enhanced their knowledge of and skills in implementing and scaling up maternal, neonatal and child health, and integrated management of neonatal and childhood illnesses. A government delegation from MoCM participated in the International Environmental Technology Conference in China; and government partners from MoPH and the Institute of Child Nutrition participated in discussions with high-level government officials on the advanced multisectoral planning process for child nutrition within the context of the Scaling Up Nutrition movement in the Lao People’s Democratic Republic and Cambodia. During the exchange visits, participants learned about the importance of the national and provincial coordination mechanisms in which multisectoral line Ministries, development partners and NGOs participate.

In Indonesia, representatives from the Education Commission participated in the ‘WASH in Schools’ conference and committed to promoting gender-sensitive WASH programming in schools in 2017. The exchange visits enabled the Government to develop strategies and action plans including the Every Newborn Action Plan and the Universal Salt Iodization Action Plan. Agreement also was reached on revision of the National Nutrition Strategy and Action Plan in 2017.

**Identification and Promotion of Innovation**

Despite sustained high vaccination coverage in the country, the expanded programme on immunization faced context-specific challenges in monitoring the storage and potency of vaccines due to a shortage of grid electricity for cold chain equipment. To avoid temperature fluctuations resulting in unnoticed permanent loss of vaccine potency, the Government, with UNICEF support, introduced Fridge-tag 2 devices for uninterrupted temperature monitoring of vaccines. Multilog 2 computerized temperature monitoring systems also were installed in national and nine provincial medical warehouses. That device records the temperature of vaccine storage for 60 days at set intervals. Approximately 600 staff were trained in the use of the devices. Temperature monitoring charts were revised and printed. The programme also developed tools for compilation and reporting of Fridge-tag 2 and Multilog 2 data to higher levels of management.

Installation of temperature monitoring systems in all cold chain equipment in the Democratic People’s Republic of Korea assured the availability, potency and safety of vaccines throughout the vaccine supply chain by confirming that the vaccines are not wasted due to exposure to temperature fluctuations that would adversely affect them. In 2016, the Government recorded 31 alarms from Fridge-tag 2 devices out of 1,364 locations. This monitoring system helped programme efficacy in reaching children with life-saving vaccines.
and protecting them against deadly diseases. More than 360,000 children were vaccinated in the country and no measles and tetanus cases were reported.

Support to Integration and Cross-Sectoral Linkages

Evidence-based information, advocacy materials and documentaries on the first 1,000 days of life were developed and shared with line ministries. A three-day national workshop brought together health, nutrition and WASH stakeholders, and as a result partners understood the importance of synergies between health, nutrition and WASH interventions. The first 1,000 days of life was also recognized as the most important window of opportunity for the best start in life in terms of cognitive development and physical growth for every child. UNICEF and the Government formulated a ‘convergent county’ approach and linked the nutrition, health and WASH sectors to demonstrate the 1,000-days approach.

The UNICEF Executive Board approved the implementation of the new country programme in which the convergent county approach forms the basis of cooperation. Nine counties in nine provinces were identified for implementation of the approach during 2017–2021. The latest analysis of the situation of children and women in the country had been conducted in 2010. In close collaboration with line ministries, an analysis of the situation of children and women in the Democratic People’s Republic of Korea was conducted in 2016. During this process, partners recognized that there was limited up-to-date child-focused data in the country. UNICEF, CBS and line Ministries agreed to conduct a MICS in compliance with international standards in 2017.

Service Delivery

UNICEF ensured availability and continuity of immunization, nutrition, TB treatment and prevention services nationwide. More than 360,000 children under the age of 1 were vaccinated. A total of 1,537,640 children ages 6–59 months (99 per cent) received biannual vitamin A and zinc supplements. Fifty-seven thousand children with severe acute malnutrition were treated; and 490,000 children ages 6–23 months (92 per cent) received multi-micronutrient powder for home use. A total of 270,000 pregnant women (10 per cent of the target) received iron-folate supplements; and 360,000 pregnant and lactating women (47 per cent) received at least two months’ supply of multi-micronutrient tablets during pregnancy and at least one month’s supply during lactation. More than 1.7 million children under the age of 5 accessed ORS and 1,024,992 children ages 24–59 months (99 per cent) were dewormed and screened for malnutrition.

The country suffered from chronic shortages of medicines essential for treating childhood diseases. Due to funding shortfalls, UNICEF DPR Korea was only able to provide 5,413 of a planned 10,400 essential medicines kits. Approximately 364,337 children under the age of 5 (of the 700,000 target) thus accessed treatment for pneumonia, preventing an estimated 4,372 deaths. More than 31,000 people accessed improved services under WASH programming in selected counties. During emergency response, 91,000 people received water purification tablets, buckets and soap, ensuring availability of clean drinking water. More than 5.3 million ORS sachets were provided nationwide for 1.7 million children under the age of 5. Estimates showed that ORS may have helped avert more than 10,200 deaths among these children. For TB and malaria, 1,116,981 people received mass primaquine preventive treatment; 296,722 households received insecticide residual spray; and 151,359 night workers’ clothes were treated with permethrin. A total of 4,832 new malaria cases were diagnosed and treated, and 325 drug-resistant TB cases were enrolled for treatment. All these actions contributed to a 31 per cent reduction in malaria cases in the country.
**Human Rights-Based Approach to Cooperation**

UNICEF DPR Korea advocacy in promoting a human rights-based approach in different forums yielded success in 2016. In April, the Government submitted the fifth and sixth combined report (overdue since 2012) on the implementation of the Convention on the Rights of the Child to the Committee on the Rights of the Child. The Government also submitted the combined second, third and fourth periodic reports (overdue since 2014) to the Committee on the Elimination of Discrimination against Women. The Convention on the Rights of Persons with Disabilities was ratified in November 2016. In various consultations for the development of the country programme for 2017–2021, UNICEF advocated for the significance of the central role of the Government in the realization of child rights. Subsequently, a human rights-based Country Programme Document was developed and was endorsed by the UNICEF Executive Board in 2016.

**Gender Equality**

Inadequate gender-disaggregated qualitative and quantitative data in social sectors like health, nutrition, WASH and education made it difficult to fully assess, design and monitor interventions to address any gaps. In 2016, in fulfillment of a GAVI health system strengthening agreement requirement, UNICEF, in partnership with MoPH and WHO, revised immunization coverage recording and reporting instruments and incorporated gender disaggregation. Following UNICEF advocacy on the importance of adolescent girls’ and women’s nutrition in breaking the intergenerational cycle of undernutrition in the country, the Government agreed to revise the National Nutrition Strategy and Action Plan. For the first time, the Government provided gender- and age-disaggregated data, which informed the flood emergency response in North Hamgyong Province. As a result, UNICEF provided 28,000 children with gender- and age-appropriate emergency supplies. In addition to United Nations Population Fund support, UNICEF ensured availability of dignity and hygiene kits to women and adolescent girls in the flood-affected areas through the WASH sector Working Group, which was appreciated by the Government. The situation analysis used a specific gender lens, captured existing data in the country and identified gaps that will inform how MICS is conducted in 2017.

**Environmental Sustainability**

UNICEF ensured the availability of safety boxes for disposal of syringes used in all immunization sites nationwide. A total of 21,925 safety boxes were distributed for the safe disposal of syringes used for the vaccination of 360,000 children in 2016. To ensure environmental sustainability and the expansion of the cold chain system, solar direct drive refrigerators were installed in 110 village-level hospitals. UNICEF DPR Korea joined global efforts to reduce the carbon footprint by embarking on a greening initiative through using renewable resources such as solar energy. In this regard, an energy audit was undertaken in partnership with the Science and Technology Complex in the Democratic People’s Republic of Korea. More than half of the office windows were replaced with energy-saving windows. Procurement placed an order to replace all the remaining desktops with laptops to achieve a six-fold savings in electricity costs. A three-phase plan was developed to introduce a solar photovoltaic power supply and geothermal cooling and heating systems. A funding request was made to the Greening and Accessibility Fund to partially support this initiative. Although the payback period for the investment is five years, the expected lifespan of this entire project is 20 years.

**Effective Leadership**

Through a consultative process including the staff association, the country management team (CMT), inputs from senior management and 2015 annual review recommendations, the 2016 Annual Management Plan was completed in April 2016. The Plan priorities were
developed based on audit and peer review recommendations, and any weaknesses were identified in midyear and annual reviews. Refresher trainings were conducted for office committees. Bottlenecks emanating from committees were first discussed at programme and operations group meetings and carried forward to the CMT when adequately addressed. The CMT maintained an action table of all points that needed to be addressed, with agreed deadlines. All action points yet to be addressed appeared in subsequent meetings and a register of actions was maintained for future reference and made accessible to all staff.

Using the dashboard on InSight as a guide, key monthly indicators were reviewed for both operations and programme activities, and corrective actions were taken based on CMT-agreed decisions and timelines, which were documented in the minutes of CMT meetings. These minutes were also shared with staff members since some of the action points were relevant to their day-to-day work. Sustained compliance was monitored through the programme and operations group meetings by the Deputy Representative and Chief of Operations, who in turn reported to the seven CMT meetings in 2016.

At the risk control self-assessment (RCSA) training and at the midyear and annual review meetings, the RCSA profile was reviewed and implications for programming factored into revised work plans and annual management plans to mitigate identified residual risks. The RCSA was reviewed on a half-yearly basis by the CMT and adjustments were made based on emerging issues in the programming operating environment. The RCSA was updated on Enterprise Risk Management on InSight.

**Financial Resources Management**

UNICEF DPR Korea reviewed the utilization of all budgets on a bimonthly basis through CMT and programme meetings. Since some funds carry donor conditions, other resources funds were reviewed by the CMT in terms of utilization, reporting and expiration. Bank reconciliation was a part of the operations group management indicators and fed into the CMT report presented by the Chief of Operations on a bimonthly basis. From October 2015, replenishment of funds through the banking channel was stopped in the Democratic People's Republic of Korea. The Division of Financial and Administrative Management assisted UNICEF DPR Korea to regularize the banking channel with other United Nations agencies in coordination with the Resident Coordinator. In late October 2016, the banking channel transfer test through Sputnik Bank in Russia was successful. Through this channel, UNICEF DPR Korea submitted and received a replenishment to cover last quarter expenses based on the cash forecast. These funds were prioritized for life-saving interventions and other critical activities related to staff safety, security and well-being.

**Fundraising and Donor Relations**

Fundraising for the Democratic People’s Republic of Korea remained constrained, inadequate and unpredictable due to the political context of the Korean peninsula. The programme was only 27 per cent funded (US$7.4 million), in addition to rollover funds of US$219,499 from 2015, in comparison to the US$27.8 million humanitarian appeal of 2016. The Global Fund to Fight AIDS, Tuberculosis and Malaria was the major source of the ‘Other Resources’ for the country programme. Despite the Global Fund contribution of US$13 million in 2016 and cumulative extension of the country programme for one year (2011-2016), the unfunded portion of Other Resources remained at 7 per cent. In the current country programme, WASH and Education programmes received the least funding.

Quarterly, midyear review and programme coordinating meetings were used for regular monitoring of funds, resulting in a utilization rate of 87 per cent. With efficient internal monitoring through programme coordination and CMT meetings and the quality assurance system, all eight donor reports were submitted on time. UNICEF’s proactive cooperation and
communication of its funding needs attracted the attention of Government partners, United Nations agencies and other international donors to extend support through UNICEF. UNICEF received a good portion of Central Emergency Response Fund and support from the Governments of Sweden and the United Kingdom, and the United States Fund for UNICEF, the latter being a potential emerging donor for the first time through its response to the flood emergency.

**Evaluation and Research**

UNICEF DPR Korea continued its advocacy efforts with CBS and relevant ministries to undertake programme evaluations, and successfully sought concurrence on the initiation of programme evaluations as per the 2016 Integrated Monitoring and Evaluation Plan. Consequently, a formative evaluation of the WASH programme with a focus on gravity-fed water supply systems was conducted. The evaluation reviewed the WASH programme’s input in improving access to water for communities over the last 10 years and provided guidance, lessons learned and recommendations for strengthening the sustainability of interventions. The formative evaluation was completed in close coordination with MoCM, CBS, the National Coordinating Committee under the Ministry of Foreign Affairs and partners. This evaluation was particularly notable because it was the first evaluation undertaken in close collaboration and coordination with the Government and partners in the current country programme of cooperation. This process helped build a better understanding and awareness of the requirements and standards for evaluations in the country. The Child Data Management Unit at CBS facilitated discussions with Government and obtained consent to conduct formative evaluations.

The costed evaluation plan for the 2017–2021 country programme included six programme-specific evaluations as per global norms. The CMT regularly monitored the implementation of the integrated monitoring and evaluation plan during the year. The Plan was revised and updated every quarter. Two evaluations were planned, including formative evaluation of WASH and community management of acute malnutrition (CMAM) programmes. The terms of reference for the CMAM programme evaluation were drafted and the evaluation is expected to be conducted in 2017.

**Efficiency Gains and Cost Savings**

The General Services Bureau of the Democratic People’s Republic of Korea continued to provide free water and heating services to the UNICEF offices during winter. In this regard, the cost savings would be more than US$70,000 in terms of procurement of diesel for the water boilers. UNICEF also invested in installation of double-glazed windows. The country management team used webinars, and video and telephone conferences instead of travelling to other offices. Web-based learnings also were delivered to staff and government partners, thereby saving travel expenses.

UNICEF conducted an energy audit between September and November 2016 which found that the approximate use of electricity was 1,695 kWh per day at an estimated cost of US$24,000 per year. Of this, 65 per cent of total electricity consumption was used for cooling and heating. Based on the findings, a geothermal cooling and heating system and a hybrid solar photovoltaic and uninterruptible power supply system for 100kVA that could cover ICT and lighting systems were proposed. The approximate cost of the geothermal system alone was US$95,000, with an ideal payback period of five years. The solar photovoltaic and uninterruptible power supply system was estimated to cost US$93,000, with an ideal payback period of six years. Due to limited office budget, the project was split into two phases, with the first phase to be completed in early 2017, amounting to US$71,744. The return on investment from this phase was proposed to be five years. An application was submitted for the Greening and Accessibility Fund for US$50,000, with UNICEF to cover the
balance from the office maintenance budget. The lifespan of this project will be up to 20 years, meaning that for 15 years UNICEF will only pay minimal fees for maintenance of the solar system.

**Supply Management**

In 2016, supply requisitions totalling US$30 million were raised, representing 73 per cent of the total country programmes throughput and illustrating the significance of the supply component in UNICEF DPR Korea’s life-saving interventions.

During 2016, the major procurement sources remained Supply Division, Copenhagen (83 per cent); UNICEF China (10 per cent); and local sources (7 per cent). Additionally, childbirth delivery kits were sourced from the UNICEF Regional Office in Bangkok. In 2016, the Supply Division in Copenhagen filled procurement orders worth US$25 million. The main commodities from Supply Division were pharmaceutical, malaria prevention, medical and nutrition supplies. The supply value from China was US$3 million and was mainly for WASH supplies, printing consumables and transportation expenditures.

Local supplies included construction materials used in renovations, household items, printing works and fuel coupons for field monitoring. Direct ordering from global long-term agreement holders for pharmaceutical items and medical equipment was included in local procurement data. Contracting for services stood at a value of US$304,866 for individual and institutional consultancies and services with respect to distribution of humanitarian supplies. A total of 22 contract review committee submissions were made in 2016. Because UNICEF made the best use of existing monitoring tools to closely follow up goods-in-transit status, the number of days of goods-in-transit was significantly reduced, to minimal levels.

In responding to the flood emergency caused by Typhoon Lionrock in North Hamgyong Province in late August, pre-positioned emergency supplies were dispatched immediately. Buckets and soap were procured rapidly from a long-term agreement holder in China. Transportation services were also provided for distribution of supplies through a long-term agreement transport service provider.

Another 2016 achievement in logistics was the opening of new entry ports in North Hamgyong Province, which enabled swift delivery of humanitarian supplies procured from neighbouring China to flood-affected areas. UNICEF DPR Korea did not manage any warehouses on its own for programme supplies. Through the guidance of the supply unit, line Ministries of the Government of the Democratic People’s Republic of Korea submitted monthly stock reports on distribution and utilization of supplies.

<table>
<thead>
<tr>
<th>UNICEF DPR Korea 2016</th>
<th>Value of all supply inputs (goods and services) in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$ 25,911,093</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$ 423,658</td>
</tr>
<tr>
<td>Services</td>
<td>US$ 343,051</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$ 26,677,804</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>UNICEF DPR Korea 2016</th>
<th>Value of all supply channelled via procurement services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channelled via regular procurement services</td>
<td>US$ 1,366,717</td>
</tr>
<tr>
<td>Channelled via GAVI</td>
<td>US$ 1,298,924</td>
</tr>
</tbody>
</table>
Security for Staff and Premises

UNICEF DPR Korea continued to ensure the safety and security of staff, premises and assets. In the country context, the security situation risk assessment conducted in 2016 identified areas that needed mitigation measures so that offices and residences would meet Minimum Operating Security Standards and Minimum Operational Residential Security Standards, respectively.

UNICEF DPR Korea ensured its participation in all security assessments conducted by the security advisory and ensured the implementation of recommended actions. The security communication strategy was that periodic updates and alerts on security awareness information sharing were given by the Country Security Focal Point to the Agency Security Focal Points, who then relayed information to their respective staffs.

Half-yearly building evacuation drills and health checks of security equipment were conducted. To ensure the safety and security of staff and assets during field visits, vehicles were thoroughly inspected prior to every staff field visit, using a standard checklist. To improve the safety and security of staff and assets, UNICEF installed a centrally managed electronic door locking system. An updated agency warden system was put in place, along with all security-related information. To strengthen the building evacuation plan, the fire warden system was active. Minimum Operating Security Standards compliance for the UNICEF premises was carefully reviewed and additional resources were requested from the Capital Investment Funds to beef up office access and exit systems.

The UNICEF Chief of Operations was appointed as Country Security Focal Point effective from 1 December 2016 for one year. Agencies’ security focal points were briefed to ensure that mitigating and Minimum Operating Security Standards/Minimum Operational Residential Security Standards compliance measures were implemented by each agency and respective staff members. Staff and family details were updated. This information was consolidated by the United Nations Department of Safety and Security through the Country Security Focal Point.

Human Resources

The position of Chief of Operations was filled in November and two temporary staff were employed to assist the Nutrition and WASH programmes. A P3 nutrition specialist and P4 WASH specialist were temporarily positioned to support the final year of the country programme and emergency response. UNICEF DPR Korea had discussions with the Government for a direct hire option for the national seconded personnel to ensure continuity in service and the required technical background.

The human resources development team prepared and implemented the 2016 staff learning and development plan based on global, regional and office priorities. Staff were encouraged to undertake mandatory e-learning courses and to identify other career development opportunities. UNICEF implemented one of three planned group trainings/workshops. Group trainings conducted included results-based management and a VISION refresher training, the latter focused on national personnel capacity development. The trainings for monitoring results for equity systems and for competency-based interviews were not completed in 2016. They were postponed due to the mobilization to respond to the flood emergency. The human resources development team met regularly and reviewed the status of group and individual trainings. During the meetings, barriers to completion of trainings were identified and solutions were suggested.

In the process of developing the new CPD and the Country Programme Management Plan, senior management conducted a human resource capacity gap analysis to identify the
human resources needed to achieve the outcomes and outputs, based on analysis of bottlenecks and barriers. The Representative, Deputy Representative and the Chief of Operations met with each Section Chief as part of that analysis.

**Effective Use of Information and Communication Technology**

Information and communications technology (ICT) faced constraints relating to limited Internet service providers, ICT infrastructure and personnel in the country. However, UNICEF DPR Korea made efforts to maintain and improve ICT services and ensure business continuity. The additional United Nations sanctions brought new challenges for the logistics of ICT services and equipment. In that regard, UNICEF struggled to safeguard its VSAT communication system, the only reliable communications technology available in the country. UNICEF contracted a consultant to replace the de-icing unit. To maintain user satisfaction and to improve its computing environment, UNICEF replaced old ICT equipment. For example, all desktops were replaced by laptops equipped with docking stations. UNICEF DPR Korea maintained the Business Continuity Operation Centre and ‘Backup communication for all United Nations agencies’. Despite the challenges, UNICEF DPR Korea coordinated and implemented the transformation to ‘VSAT Realignment and Hardware Replacement’ for backup communication.

To ensure the physical security of UNICEF assets, manual access to the building was phased out and replaced with a centrally controlled electronic access system. To improve communication support during emergencies, UNICEF introduced a 3G mobile system. Through joint-programme reviews and meetings, the ICT unit demonstrated the importance of using mobile technology for real-time data capture and information sharing. User training was conducted on office corporate applications and new technologies adopted by UNICEF. To enhance the capacity and performance of staff for effective programme delivery in relation to data capture, processing and analytical tools, the ICT unit initiated on-the-job or hands-on training.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1 2013 - 2016 Outcome 06: By 2016, the Government implements a comprehensive sustainable nutrition programme including adequate Infant and Young Child Feeding (IYCF), Micronutrients and Management of Acute Malnutrition programmes 2011 - 2013 PCR 9: By 2015, child and maternal nutrition improved at local and national levels. (By 2015, the Government implement a comprehensive sustainable nutrition programme including adequate Infant and Young Child Feeding, Micronutrients and Management of Acute Malnutrition programs)**

**Analytical Statement of Progress:**

Undernutrition in the Democratic People’s Republic of Korea (DPRK) is directly related to high levels of low birth weight, suboptimal IYCF practices and poor health outcomes resulting from lack of access to quality health and WASH services. An estimated 200,000 wasted children annually need treatment, including for severe acute malnutrition (SAM) with and without complications and moderate acute malnutrition (MAM) with complications. To address this situation, UNICEF provided support to the Government of DPRK (MoPH and the Institute of Child Nutrition, orICN) to address the immediate causes of undernutrition through scaling up and expanding the service coverage of nutrition-specific interventions. UNICEF also facilitated development of technical guidelines in early childhood development and complementary feeding for nurseries, and facilitated national workshops to adapt a
multisectoral approach to address the underlying causes of undernutrition. In 2016, the programme achieved the main outputs listed below.

Community management of acute malnutrition (CMAM) nutrition services (screening, early referral and treatment) were scaled up from 60 per cent to 90 per cent coverage, reaching 1.3 million out of 1.7 million children under the age of 5. The Child Health Days (CHDs) strategy was revised to strengthen routine health and nutrition service delivery in the country. A comprehensive communication package was developed to promote optimum IYCF practices; prevention and treatment of micronutrient deficiencies; and promotion of women’s nutrition within the context of the first 1,000 days approach. Technical assistance was provided to the Academy of Medical Sciences to lead a multisectoral effort to address the high prevalence of soil-transmitted helminths. National technical guidelines for nurseries were developed on early childhood development and complementary feeding.

Micronutrient supplementation interventions were sustained countrywide, reaching above 90 per cent coverage: these were mainly vitamin A supplementation, deworming, and multi-micronutrient powder (Sprinkles) supplementation provided to children ages 6–23 months for home fortification of complementary foods. Mid-Upper Arm Circumference (MUAC) screening and referral were also carried out twice-yearly through CHDs. Iron and folic acid supplements were provided to non-pregnant women of reproductive age and multi-micronutrient tablets were provided to pregnant and lactating women countrywide through antenatal care clinics, in addition to provision of zinc supplements and ORS for treatment of diarrhoea.

Senior officials from MoPH and ICN went on a multisectoral study tour to the Lao People’s Democratic Republic and Cambodia to facilitate adoption of the multisectoral approach in DPRK. A national plan of action was developed to achieve universal salt iodization.

OUTPUT 1 2014-16 Output 6.1: By 2016, national and provincial authorities have the capacity to develop a national nutrition strategy, action plans and updated guidelines. (Old 2011-2013 IR 9.1) .By 2015, National and Provincial Government capacity to develop and institutionalize policies and strategy framework/plan for effective implementation of child and maternal nutrition programme.

Analytical Statement of Progress:
UNICEF organized a national workshop to develop a theory of change for integration of the nutrition and WASH sectors. Government partners, and United Nations agencies and international NGOs present in DPR Korea participated in the workshop. During the workshop, stakeholders developed a Theory of Change incorporating implementation of an integrated approach to eliminate acute malnutrition in 10 ‘convergent’ counties during the 2017–2021 country programme of cooperation.

In DPR Korea, approximately 60 per cent of children ages 6–36 months attend government-supported nurseries. In order to address the nutritional and cognitive needs of those children, UNICEF provided technical assistance to develop national early childhood development (ECD) and complementary feeding technical guidelines for use in all nurseries. In 2016, UNICEF provided technical assistance to ICN, the Grand People’s Study House (GPSH) and MoPH to develop a full set of Information, Education and Communication (IEC) materials on IYCF, micronutrient deficiencies/disorders, growth monitoring, cognitive development milestones, early childhood development, Iodine Deficiency Diseases/Disorders (IDD) and CMAM. As a follow-up, UNICEF facilitated a national workshop for government partners, United Nations agencies and international NGOs to review the materials developed, provide additional inputs and identify a way forward toward development of a national Communication for Behaviour Change (C4BC) strategy.
To break the intergenerational cycle of undernutrition in DPR Korea, UNICEF presented ‘Women’s nutrition: a review of evidence and actions for UNICEF” to the national technical
committee. Subsequently, the Government agreed to revise the National Nutrition Strategy and Action Plan for 2014–2018 in order to adapt global evidence to the national context and accommodate women’s and adolescent girls’ nutrition. A national multisectoral workshop is under preparation to review the national nutrition strategy and facilitate its revision to accommodate women’s and adolescent girls’ nutrition with an extension of the action plan until 2021.

**OUTPUT 2** 2014-16 Output 6.2: By 2016, health facilities, baby homes, nurseries and communities have the capacity to promote adequate breastfeeding and appropriate complementary feeding practices. 2011-13 Old IR 9.2 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 2016, UNICEF facilitated a total of nine workshops on IYCF and CMAM: three in Pyongyang for district general hospitals; two in Kaesong for provincial and district hospitals; and one in Nampo, and three in the northern provinces for the first time since 2008. UNICEF also facilitated four provincial workshops for paediatricians on CMAM and IYCF. In total approximately 600 doctors/paediatricians were trained on CMAM services, and received clinical skills on management of wasted children with and without medical complications. The participants also learned technical skills in: supporting breastfeeding women on proper positioning; treatment of breast conditions; promoting selected IYCF practices; and counselling techniques.

UNICEF’s nutrition programme also facilitated an IYCF – Knowledge, Attitudes and Practices assessment in households and at health facilities and nurseries in four selected counties. The study, carried out by ICN and CBS, revealed a lack of knowledge and skills among service providers and caregivers in promoting optimum IYCF practices at health facilities, nurseries and households. The findings of the study informed production of specific communication messages to promote optimum IYCF practices.

UNICEF also facilitated an event celebrating World Breastfeeding Week in Pyongyang, in which more than 400 government officials, United Nations and development partner professionals, and media specialists from GPSH participated. The theme in 2016 was promotion of early-initiation of breastfeeding, along with exclusiveness. UNICEF provided technical support to GPSH to disseminate key messages to all provinces on early-initiation of breastfeeding and exclusiveness, and a translated version of ‘101 reasons to breastfeed’ and information on the benefits of breastfeeding. Public awareness sessions on the ‘1,000 days window of opportunity’ were delivered through the national tele-media network to People’s Committees countrywide.

UNICEF produced an educational DVD focused on promotion of optimum complementary feeding practices, including home fortification with Sprinkles. UNICEF also facilitated two national awareness-raising sessions on promotion of optimum IYCF – including prevention and treatment of undernutrition – through the Tele-Advocacy System in GPSH. Each session reached government officials and health practitioners in 50 counties. The above-mentioned activities supported the Government to implement the 2015 decision to extend maternity leave to eight months and full accommodation of the exclusiveness of breastfeeding for six months.

**OUTPUT 3** 2014-16 Output 6.3: ‘By 2016, 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. 2011-13 Old IR 9.3 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:**
UNICEF facilitated twice-yearly CHDs and achieved 99 per cent coverage with vitamin A supplementation, deworming, provision of Sprinkles to children ages 6–23 months, and MUAC screening and referral for treatment to CMAM services in 189 out of 210 counties. UNICEF provided technical inputs and facilitated three national workshops to develop the national universal salt iodization action plan by the technical committee of the State Planning Commission, ICN, MoPH, the Quality Control and Quality Assurance Commission, GPSH, the Salt Bureau and other government commissions. UNICEF also facilitated a regional technical assistance mission by the East Asia and the Pacific universal salt iodization consultant who visited one salt factory and facilitated a three-day workshop to review and provide additional inputs into the Universal Salt Iodization National Plan. UNICEF is in the process of providing additional technical assistance on how to boost raw salt production, as the country is currently using unsophisticated technology with about 40 to 60 per cent loss of the produced raw salt. All other micronutrient supplements were made available at different levels of the service delivery system.

In 2016, the nutrition programme achieved the following results nationwide.
Some 270,000 non-pregnant women of reproductive age received weekly iron-folate supplements (representing 10 per cent of the targeted population). Another 360,000 pregnant and lactating women received at least two months’ supply of multi-micronutrient tablets during pregnancy and at least one month’s supply during lactation (representing about 47 per cent of the targeted population). Some 490,000 children ages 6–23 months (92 per cent of the target) received two months’ supply of Sprinkles for home fortification of complementary foods in May and another two months’ supply in November during the twice-yearly CHDs (up from 32 per cent in 2015).

A total of 1,024,992 children ages 24–59 months were dewormed twice a year during the CHDs (99 per cent of the targeted population). A total of 1,537,640 children ages 6–59 months received vitamin A supplements during the May and November CHDs (99 per cent of the targeted population). Zinc supplements were made available in all health facilities for treatment of diarrhoea among children under the age of 5.

**OUTPUT 4 2014-16 output 6.4:** By 2016, relevant health facilities have the capacity to operationalize the approved acute malnutrition guidelines in selected areas and in emergency affected areas as per CCCs. 2011-13 Old IR 9.4 By 2015, relevant health facilities have the capacity to operationalize the approved acute malnutrition guidelines in selected areas and in emergency as per CCCs.

**Analytical Statement of Progress:**
UNICEF facilitated further expansion of CMAM services to reach approximately 90 per cent of children under the age of 5 (up from 60 per cent in 2015), reaching 189 out of 210 counties, including main cities’ municipalities, in addition to general hospitals in three districts of Pyongyang and four in Nampo. CMAM services were delivered in 189 counties, 14 baby homes and 15 provincial children’s referral hospitals. These services provided inpatient treatment of SAM and MAM with medical complications as well as outpatient treatment of SAM without medical complications. The baby homes provided treatment of SAM and MAM without complications.

UNICEF’s nutrition programme consolidated the results from 2015, institutionalizing screening for undernutrition, early referral and follow-up for treatment at community level in all 189 CMAM counties. In 2016, MUAC screening was done twice during the CHDs in all nurseries and in communities by household doctors. Early referral for treatment of the
identified SAM children was undertaken by trained health workers in provinces and counties covered by CMAM service delivery sites. Children with SAM without medical complications were treated with ready-to-use therapeutic food for 4–6 weeks in the outpatient treatment programme. Children admitted to hospital because of SAM with medical complications received intensive care and treatment with antibiotics and specific nutritional supplements and therapeutic food for 2–4 weeks under the inpatient treatment programme. This was then followed by 4–6 weeks of outpatient treatment until full recovery was achieved. Children affected by MAM with medical complications were also treated in the CMAM programme for 2–4 weeks until full recovery. In 2016, UNICEF’s nutrition programme treated more than 57,000 SAM children with and without medical complications and approximately 90,000 MAM children with medical complications (final figures will be shared in April 2017). An estimated 10–15 per cent of the SAM children relapsed and only about 1 per cent died during treatment.

In 2016, the UNICEF technical team visited 56 service delivery sites, including provincial children’s hospitals, county general hospitals and baby homes. During those visits the technical team provided on-the-job training and supportive supervision to 170 paediatricians. During the visits the UNICEF team also assessed the performance of the service providers against the CMAM monitoring checklist to ensure quality of services and to undertake end-user monitoring of programme supplies.

**OUTCOME 2 2013-16: Outcome 5: By 2016, revised national policy on quality standards implemented for equitable access and utilization of pre-primary, primary and secondary education including in humanitarian situation.**

**2011-13: PCR 8: By 2015, national and sub-national capacity is in place to deliver quality education services to children in kindergartens and primary and secondary schools.**

**Analytical Statement of Progress:**

After the flash floods due to the typhoon Lionrock in September 2016 in North Hamgyong Province, UNICEF worked with the Education Commission to ensure minimal disruption in the schooling of more than 28,000 children in six most affected counties. A total of 28,163 children up to the age of 16 years were provided winter clothing from the onset of severe winter. Those children were the most affected in flood affected areas and were likely to miss school days due to inadequate clothing during winter months. UNICEF supported local authorities for the provision of textbooks for 23,348 children who had lost essential school stationery, including text books. Tents were provided to 20 classrooms in schools where the school building was severely damaged, covering 600 children. A total of 530 classroom kits were provided to 11 primary schools covering 1,500 school children for continuity of education. The three most affected school buildings were supported for reconstruction. During the year, UNICEF, Education Commission, Academy of Education Science, and Teacher Training Centres (TTC) prepared Child-Centred Teaching Methodology. The methodology was piloted in 16 convergence counties under the supervision of TTCs. A DVD was developed on the teaching methodology for use in TTCs. Training for more than 20,000 teachers and caregivers was conducted on Early Learning Development Standards (ELDS) (Preschool Education Package). Approximately 13,000 copies of ELDS were distributed to 220 TTCs in the country for training. UNICEF provided solar panels to 16 teacher training centres in convergence counties to address the disruptions in teacher training due to power shortages.

During the year three representatives from the Education Commission participated in the ‘WASH in Schools’ Conference in Indonesia and committed to promoting gender-sensitive WASH programming in schools in 2017.

UNICEF DPR Korea prioritized the lifesaving interventions and continued to advocate with the Education Commission on policy issues, including learning achievement assessment.
and in planning for sustaining quality education during humanitarian emergencies such as the floods. UNICEF emphasized continued implementation of Early Childhood Development and WASH activities in schools and kindergartens in partnership with Education Commission.

**OUTPUT 1** 2013-15 Output 5.1 : By 2015, National Government capacity (knowledge and skills) to formulate quality standards in line with CFS and early learning development standards 2011-13 IR 8.1 : By 2015, Nurseries and kindergartens in focus counties (rural and urban) follow the prescribed quality standards for ECD and school readiness as a component of developmental school readiness.

**Analytical Statement of Progress:**
UNICEF DPR Korea continued to advocate for formulating quality standards in line with CFS and early learning development standards as per the global standards. However, there was limited scope for implementation of the quality education programme. UNICEF DPR Korea did not have a dedicated international staff to lead the education programme; the limited cash available in the country and the humanitarian-focused scope of the new CPD resulted in constrained implementation for the education programme. However, training sessions on Early Learning Development Standards were conducted in 220 TTCs during the two vacation periods in January and August 2016, covering more than 20,000 teachers and caregivers. TTCs in 16 convergence counties were provided solar panels to meet the power requirements for training sessions. A DVD on child-centred teaching methods was developed for training at TTCs.

**OUTCOME 3** 2015-16 Outcome 04: By 2016, National and local governments implement relevant and effective WASH policies and strategies that equitably increase access to, and use of quality WASH services. 2014-15 Outcome 04: By 2015, National and local governments implement relevant and effective WASH policies and strategies that equitably increase access to quality WASH services 2011-13 PCR 6: By 2015, capacity of national and local Government strengthened to increase access and delivery and utilization of quality water and sanitation services for children and women.

**Analytical Statement of Progress:**
A formative evaluation of the WASH programme was conducted in 2016, the first such evaluation in 10 years of WASH in the Democratic People’s Republic of Korea. The evaluation process followed Organization for Economic Co-operation and Development/Development Assistance Committee criteria and reviewed the GFS interventions supported by UNICEF since 2006 in DPR Korea. It focused on collecting and analysing information to create recommendations to aid in planning and implementing future UNICEF cooperation with the Government. The evaluation was participatory, involving MoCM (the Ministry responsible for water supply), CBS and other key stakeholders, including subnational government officials, GFS managers, partner agencies and beneficiaries. The evaluation recommendations will be incorporated through management response and implemented in partnership with government counterparts. UNICEF also continued to provide support in knowledge management and sustainability. With UNICEF support, MoCM successfully updated and endorsed ‘Design of GFS’ and ‘Rural Sanitation’ guidelines. UNICEF also facilitated celebration of global WASH events such as World Water Day, Global Handwashing Day and World Toilet Day, with the involvement of international organizations and government partners.

A nationwide workshop on operation and maintenance (O&M) and construction of GFS systems strengthened national and local capacity to sustain investments made over the past 10 years. The provision of spare parts and maintenance supplies reinforced the capacity of
MoCM to engage with local authorities and advocate for sustainability of water supply systems.

UNICEF led the WASH sector's flood emergency response in North Hamgyong with joint assessment, coordination, monitoring, rapid response and facilitation of transitional support for rehabilitation of services. With UNICEF support, more than 90,000 vulnerable people accessed temporary safe water for drinking, cooking and personal hygiene in six counties hit by the floods.

Local procurement of construction materials such as cement and reinforcement bars was delayed because of lack of funding and limitations on the availability of cash in the country (due to the banking channel collapse). This also compromised some planned capacity-building activities to some extent, as well as postponed the recruitment of a WASH chief for about eight months.

Despite these challenges, the WASH sector demonstrated promising results towards the end of the year. The sector started gaining momentum with both the recruitment of an international WASH Specialist in August and dedicated WASH funding received in response to the flood emergency in North Hamgyong Province.

**OUTPUT 1** Extension: 2015-16: Output 04.3: By 2016, 500,000 women, children and other population in underserved areas in 50 ris and 20 Ups (county Towns) equitably and sustainably use safe drinking water sources, improved sanitation facilities and practice hand washing with soap. Output 04.2 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 (FA1, OT -12) 2011-13 IR 06.1: Strengthen National and local Government capacity to "scale up access to, delivery and utilization of water and sanitation and hygiene education services" for children and women promoting equity and sustainability. (FA1, OT-12)

**Analytical Statement of Progress:**
This output reflects data for 2011–2016. Over this period, improved WASH services benefited approximately 480,000 people in 17 county towns and 12 villages. In 2016, UNICEF, partnering with MoCM, reached 31,803 people (in one county town and two villages) – including women and children in underserved areas – with a safe and sustainable water supply and improved sanitation and hygiene practices. The WASH sector strategy, ‘WASH for all schemes’, was piloted in three villages and was achieved by integrating water, sanitation and hygiene for all in targeted areas. Solar-driven water pumping systems combined with GFS were introduced for universal and equitable services. In the same three villages, an improved sanitation technology called ‘harmless sanitary toilets’ (i.e. harmless to both human health and the environment compared with existing latrines, as verified by both Government and beneficiaries) was piloted and handwashing facilities were installed in all educational institutions.

This improved sanitation approach was expanded to other locations in eight counties as a demonstration model to have a ripple effect for future replication. Altogether 230 latrines were installed and are being used in households, schools and public buildings. With UNICEF support, 91,200 people in 22,800 households accessed safe water for drinking, cooking and personal hygiene in six flood-affected counties in North Hamgyong Province. UNICEF provided 3.2 million water purification tablets, 40,000 bars of soap and 10,000 buckets for household use, plus 220 water filters for educational institutions.

More support was extended to the most vulnerable children (children with severe acute malnutrition/moderate acute malnutrition complications) and their families. All the above-
mentioned interventions contributed to lowering diarrhoea cases, which spiked up to fourfold – especially among children – during the emergency.

WASH also had an advocacy component in 2016 through webinars, media and workshops. In February, MoCM facilitated a webinar for county and provincial technicians on GFS and solar-powered water pumping technology. Responses to the many queries raised during and after the webinar were published and distributed through government channels. Similarly, MoPH facilitated webinars on ‘Harmless Sanitary Toilets’ and ‘Handwashing with Soap’. The health personnel who participated in those webinars will lead the replication and dissemination of the ideas and knowledge in future interventions nationwide.

As part of a programme ongoing since 2012, a cartoon on handwashing with soap was broadcast through national television seven times throughout the year to raise awareness of hygiene. UNICEF facilitated national government partners’ participation in international workshops. A team from MoCM and the National Coordination Committee participated in the ‘Workshop on International Environmental Technology’ in China. The team expressed willingness to take the learnings to a new level by further discussing and applying appropriate technology suitable to the country context in the future. Partners from the Education Commission (EC) and CBS shared some of the learnings from the ‘WASH in Schools’ workshop in Indonesia with the UNICEF WASH team. The EC recognized that existing handwashing activities and knowledge in educational institutions need improvement and strengthening.

OUTPUT 2 Extension: 2015-2016: Output 04.4: By 2016, childcare homes, schools and health institutions in focus county towns and ris have access to and are utilizing the safe water and improved sanitation facilities. 2014-15 Output 04.4: 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 2011-15 IR 06.2 Childcare homes, schools and health institutions in focus county towns and ris have access to and are utilizing the safe water and improved sanitation facilities. (FA1,OT-12)

Analytical Statement of Progress:
This WASH intervention benefited approximately 800 children through piped water provided with UNICEF support in 2016. Improved handwashing facilities were installed in 24 schools, kindergartens and nurseries (in eight counties) where 12,300 children now practice handwashing at critical times. To ensure uninterrupted water availability, the institutions were equipped with extra water reservoir tanks with enough taps. Teachers and caretakers were happy to see children enjoying washing their hands with soap any time they needed. They were confident that this intervention will bring down the incidence of waterborne diseases among the children.

To increase the convergence effect in health and educational institutions through WASH interventions, UNICEF supported the MoCM plan to make clean water available to those institutions not covered by water system networks. MoCM fixed two drilling rigs with spare parts provided by UNICEF. The drillings rigs will be deployed to install water systems in institutions by tapping water from greater depths, which will ensure better water quality and avoid water shortages in case of drought. UNICEF extended continued support to different WASH interventions through two experts seconded by MoCM. A senior engineer and a hygiene promotion officer, who were the backbone of the WASH programme, were under consultant contracts as they supported the programme with their involvement in preparing plans, field monitoring, feasibility studies and design as well as overseeing implementation of the programme.
OUTPUT 3 Extension 2015-2016 Output 04.1: By 2016, National and Provincial Government capacity to review and update WASH sector policies, plans and strategies to support, evidence based and high-impact interventions increased. New Element 2014-2015 Output 04.1: 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:
Over the last decade (2006–16) UNICEF and MoCM prioritized GFS interventions, which are recognized as cost-effective and sustainable in the DPR Korea context. MoCM and UNICEF built on this mission to develop a shared learning agenda with a focus on GFS sustainability. The first ever formative evaluation of this project was conducted with MoCM and CBS in 2016, with ownership from the Government. The evaluation reviewed the UNICEF DPR Korea WASH Programme over the last 10 years, focusing on GFS systems and ongoing programmes in the ten 'convergence counties' under the new Country Programme 2017–2021. Ten counties – one from each province – will receive defined programmatic interventions to strengthen convergence of different programmes and demonstrate measurable results. Counties were selected jointly by the Government and UNICEF based on certain selection criteria. In those counties, UNICEF will converge the health, nutrition and WASH programmes and resources in an integrated approach to improving maternal, neonatal and child health outcomes. The evaluation identified good practices and lessons learned as well as barriers and bottlenecks. The findings and conclusions led to recommendations, specifically in improving O&M, and the need for repair and rehabilitation of existing systems, capacity-building of partners and continuation of GFS programme support.

With UNICEF support, MoCM updated and endorsed ‘Design of GFS’ and ‘Sanitation in Rural Areas' guidelines, which will be distributed countrywide. With the Government’s renewed commitment to addressing undernutrition in the first 1,000 days of children’s lives, UNICEF DPR Korea organized workshops and developed a joint theory of change for WASH and nutrition with government partners. DPR Korea was the first country in which the East Asia and the Pacific Regional Office launched the joint WASH–Nutrition workshop involving partner Ministries. The workshop was facilitated by two Regional Advisers and concluded with the vision that: “All children under five and pregnant and lactating women in DPR Korea live in a clean and healthy environment, benefit from comprehensive nutrition and WASH services and adopt health practices”. The key stakeholder groups most influential in realizing this vision were identified: families; People’s Committees at local, county, province and national level; health facilities; child and educational institutions; MoCM; the Ministry of Land and Environmental Protection; and national-level multisectoral governance mechanisms. The workshop produced a Theory of Change framework for improved WASH and Nutrition programming in DPR Korea, which will ultimately improve the lives of women and children.

World Water Day, Global Hand Washing Day and World Toilet Day were celebrated with wide participation, including Government and international organizations. These events were a good opportunity for nationwide advocacy as they were broadcast on the national Internet portal, television and radio, as well as reported in national newspapers.

There were challenges in getting nationwide official data on time because data sharing was considered sensitive in DPR Korea. Also, the data management system of MoCM depends on paper-based compilation methods, slowing finalization of data. MoCM and UNICEF are looking forward to building the capacity of MoCM on data management systems that can speed up the process.
OUTCOME 4 Outcome-1: By 2016, access, delivery and utilization of quality basic Health Services improved for children and women at national and sub-national levels with emphasis on low coverage areas.2011-2013: PCR 2: government strengthened to increase access to, delivery and utilization of quality basic health services for children and women.

Analytical Statement of Progress:
Significant contributions were made in maternal, neonatal and child survival and development. The comprehensive multi-year plan (CMYP) 2016–2020 and Midterm Strategic Plan Health 2016–2020 were updated in close collaboration with WHO and MoPH. The Every Newborn Action Plan (ENAP) 2016–2020 was developed with UNICEF support. More than 95 per cent of live births were attended by skilled birth attendants at a health facility or at home. More than 90 per cent of children with diarrhoea received ORS therapy; 97.9 per cent of children were vaccinated against diphtheria, tetanus and pertussis; and 98.8 per cent of pregnant women received two doses of the tetanus and diphtheria (Td) booster vaccine.

Following are highlights of progress during the year.

The CMYP and MTSP were updated in close collaboration with the Government and WHO. The MTSP defines national priorities and is the main reference document that details strategies for achieving national and global targets. The MTSP 2016–2020 was updated jointly by WHO, UNICEF and MoPH. The CMYP 2016-2020 was developed to guide the immunization programme.

ENAP 2016–2020 was developed through UNICEF support. In maternal health, the scope of support remained limited to 16 counties, ensuring availability of essential maternal and newborn care (quality antenatal, intra-natal and postnatal care). UNICEF provided technical support for the development of ENAP 2016–2020, leading to a focused approach to reducing neonatal mortality, which is currently responsible for about 50 per cent of under-5 (U5) mortality. Scaling up of evidence-based interventions was initiated nationwide. The ‘convergence county approach’ will be the model initiative in nine counties during the next country programme. To build the capacity of policymakers, managers and programme implementers through exposure to good practices, a study visit related to maternal and neonatal health in China was supported. The support for maternal and neonatal services reached approximately 30,000 pregnant women and newborns – a significant contribution in averting maternal and neonatal morbidity and mortality.

The country sustained 98 per cent coverage of essential vaccines. The immunization programme successfully sustained 98 per cent coverage of all antigens for children aged under 12 months, and two doses of the Td vaccine for pregnant women. The highlight of the year for the expanded immunization programme was the successful completion of the GAVI Joint Appraisal. The implementation of the GAVI Health System Strengthening 2 (HSS2) grant was highly appreciated by the mission and US$13 million (US$2.6 million per year over five years) was recommended as performance-based funding for the country.

The country introduced pentavalent vaccine in 2012 and inactivated poliovirus vaccine in 2015. Both require post-introduction evaluation, which was successfully carried out in 2016. The planned activities in immunization supported through GAVI HSS2 2014–2018, including the local activities, remained on track despite difficulties in securing in-country cash. Excellent coordination with partners and stakeholders was maintained through joint monthly review meetings. There was significant expansion in cold chain capacity at different levels to complement efforts for achieving equity in immunization. UNICEF provided extensive and innovative capacity-building initiatives including simplification of training at different levels. Quality assurance remained the priority area through capacity-building, use of electronic vaccine temperature monitoring, development and printing of the recording and reporting instruments, and improving monitoring and supportive supervision. All of these efforts
contributed to achieving 98 per cent coverage of pentavalent 3 across the country (according to the Q3 2016 Expanded Program on Immunization coverage report). The health programme provided essential medicines and ORS during the year, focusing on diarrhoea treatment with ORS for 1.7 million U5 children nationwide. A total of 700,000 children received treatment with essential medicines for pneumonia in 94 counties. Pneumonia (with a prevalence of 12 per cent) and diarrhoea (with a prevalence of 6 per cent) remained two major childhood killers of U5 children in the country. UNICEF successfully advocated for the implementation of community Integrated Management of Newborn and Childhood Illnesses (cIMNCI) to reduce childhood morbidity and mortality, which is mostly due to the aforementioned causes. Provision of essential medicines and ORS continued during the year. However, due to a decline in funding, especially from the Republic of Korea, the planned quantities of essential medicines could not be provided. Through GAVI support, expansion of effective cIMNCI was initiated in 25 counties, including capacity-building (development of training materials, essential service package); and 25 per cent of the 210 counties will be implementing the cIMNCI strategy by the end of 2018. In September 2016, the northern part of the country faced its worst flooding in 50 years, affecting 600,000 people. Pregnant and lactating women, children and the elderly were the main groups affected. Due to the severity of the damage, all efforts were diverted to ensure responsive maternal, neonatal and child health services in the affected region. UNICEF provided essential medicines, clean childbirth delivery kits, essential service packages for household doctors and midwives, and ORS. Basic equipment was provided to the 26 damaged health facilities in the six affected counties to meet the health needs people affected. UNICEF also contributed to fundraising to facilitate these emergency response activities.

OUTPUT 1 1.1 By 2015, national and provincial authorities have the capacity to develop policies, strategies and provincial plans of action to implement Health Sector Medium Term Strategic plan of 2011-2015 (FA-1 & OT-11).2.1 By 2013, enhanced capacity of health service providers to deliver quality basic health services for children and women. (FA-1 & OT-06).

Analytical Statement of Progress:
UNICEF, in close collaboration with the MoPH and WHO, updated the MTSP 2016-2020, which defines national priorities and is the main reference document that details strategies for achieving national and global targets.

The CMYP 2016–2020 was developed to guide the comprehensive immunization programme for the next five years. In 2015, the CMYP could not be updated due to unavoidable circumstances. This was identified as a priority for further strengthening the quality and sustainability of the programme. UNICEF worked closely with the consultant hired by WHO, as well as with MoPH, to provide inputs for development of CMYP 2016–2020. The focus remained on empowerment of MoPH to take responsibility for the introduction of new vaccines (measles and rubella, rotavirus and pneumococcal vaccines), sustaining high immunization coverage and raising in-country resources to ensure continuity of the immunization programme through financing the vaccines, devices and cold chain infrastructure after the end of GAVI support. Introduction of the measles and rubella, rotavirus and pneumococcal vaccines are the main actions for the next five years.

To bridge knowledge and skill gaps, UNICEF provided extensive support through capacity-building of policymakers, programme managers and programme implementers at different levels. Simplified training materials focused on building competency were developed on different aspects of immunization and scaling up evidence-based interventions on maternal, newborn and child health care. During the year, approximately 3,000 different cadres were trained to ensure quality of care. This included training of cold chain technicians on the installation and maintenance of the cold chain, especially the solar systems.
GAVI HSS2 enabled UNICEF to expand the cold chain infrastructure, extending vaccine storage facilities to village level. The expansion extended the vaccine storage capacity for projected target-age children until 2020, including the expected new vaccines (measles and rubella, rotavirus and pneumococcal vaccines). It also significantly contributed to ‘immunization equity’ by enhancing access. Responding to issues concerning availability of grid electricity, county medical warehouses were equipped with solar direct-drive (SDD) refrigerators, thereby ensuring the availability of quality vaccines. Spare parts and toolkits were provided for regular preventive and curative maintenance of cold chain equipment. All cold chain equipment in the country was equipped with Fridge-Tag 2 devices for continued temperature monitoring and MultiLog 2 devices were installed in all cold rooms to ensure quality storage of vaccines. The programme used Freeze-Tag devices during vaccine transportation to ensure safe transportation of freeze-sensitive vaccines.

**OUTPUT 2**

1.2 By 2016, coverage and quality of maternal and newborn care interventions increased in programme areas (16 selected counties) with emphasis on population groups with low coverage (FA-1 & OT-07).2011 - 2013: By 2015, increased coverage and quality of maternal and newborn intervention packages, including antenatal care, skilled birth attendance and emergency obstetric care, with emphasis on population groups with low coverage level (compared to national average) (FA-1 & OT-07).

**Analytical Statement of Progress:**

Activities for enhanced coverage and quality of maternal and newborn care interventions remained on track despite difficulties while working in cash conservation mode. In maternal health, the scope of support remained limited to ensuring availability of essential maternal and newborn care (quality antenatal, intra-natal and postnatal care) in 16 counties. UNICEF provided technical support for the development of ENAP 2016–2020 that will lead to a focused approach in reducing neonatal mortality, which currently comprises more than 50 per cent of U5 mortality. Initially, activities linked with capacity-building and local procurement were affected due to cash conservation mode, but UNICEF’s Health programme amended the priorities to achieve the programme targets.

UNICEF continued advocacy and capacity-building to ensure at least four quality antenatal care visits for pregnant women and provided logistical support (essential devices like stethoscopes, blood pressure apparatus, and blood and urine testing equipment). Evidence-based interventions were scaled up nationwide. UNICEF provided extensive capacity-building support so that lifesaving interventions, early-initiation of breastfeeding, timely cord clamping, cord care with chlorhexidine, skin-to-skin contact, use of antenatal corticosteroids for preterm deliveries and use of misoprostol were practiced across the country. It is expected that the scaling up of these interventions will contribute significantly to reductions in maternal and neonatal mortality. More than 95 per cent of deliveries were attended by skilled birth attendants. However, capacity to manage complications was a major challenge due to non-availability of the essential equipment and required competencies.

To overcome this challenge, a package of services for midwives and household doctors was developed and was piloted in 10 selected counties, focusing on 2,000 household doctors and midwives. A rapid assessment is planned in early 2017 to evaluate the usage and effectiveness of the package for wider replication and scaling up.

Flooding in the northern part of the country in September 2016 affected health-care services for pregnant and lactating women, children and the elderly, necessitating an urgent United Nations response. UNICEF refocused its attention to support the continuation of responsive maternal, neonatal and child health services in the affected region. Basic equipment was provided to the 26 damaged health facilities in the six affected counties, enabling them to
attend to the affected population’s health needs, especially in maternal and newborn care. Essential medicines, clean childbirth delivery kits, essential service packages for household doctors and ORS were provided to meet immediate needs.

**OUTPUT 3** 1.3 By 2016, coverage and quality of high impact interventions, including provision of Essential Medicines, to address diarrhoea and pneumonia sustained in 94 counties, with emphasis on low coverage areas among U5 children (boys and girls). (FA 1&OT-06). 2011 - 2013: By 2015, increased coverage and quality of clinic based services for diarrhoea and pneumonia prevention & treatment with emphasis on population groups with low coverage levels (compared to national average) (FA -1 & OT-06).

**Analytical Statement of Progress:**
UNICEF successfully advocated for the promotion and implementation of cIMNCI in the country. This included capacity-building of household doctors and community midwives and equipping them with basic and essential instruments and medicine. The emphasis remained on reducing childhood mortality through preventive and curative services. A pool of master trainers was developed in the first quarter of the year. The subsequent cascade trainings started in the last quarter of 2016, having been delayed due to non-availability of cash in-country to print the training materials. U5 mortality was at 23 per 1,000 live births in the country, and among them more than 50 per cent of deaths occurred during the neonatal period. Because implementation of ENAP and cIMNCI can contribute significantly to reducing these preventable deaths, UNICEF continued to advocate for the implementation of cIMNCI in the country.

UNICEF continued to provide essential medicines and 5.4 million sachets of ORS during the year. The provision of ORS ensured availability of treatment for diarrhoea for 1.7 million U5 children nationwide. Similarly, the support for essential medicines ensured availability of treatment for approximately 700,000 children for pneumonia, diarrhoea and other childhood ailments in 94 counties.

To provide comprehensive cIMNCI support, UNICEF, in consultation with key stakeholders, developed a package of basic equipment and essential medicines for multisectoral service provision. The package was well received and was officially launched in August 2016. In its first phase, this strategy trained and equipped approximately 2,000 household doctors and midwives for timely provision of preventive, promotive and curative services at the community level.

Through GAVI support, expansion of effective cIMNCI was initiated in 25 counties, including capacity-building (development of training materials, essential service package). One quarter of the 210 counties in the country will be implementing the cIMNCI strategy by the end of 2018. Vitamin A coverage during the second phase of the Child Health Days remained at more than 99 per cent. More than 95 per cent of children in 94 counties had antibiotics for the treatment of pneumonia, and more than 90 per cent of children were treated with ORS for diarrhoea.

**OUTPUT 4** 1.4 By 2016, high and sustained National immunization coverage for infants (girls and boys) and pregnant women with focus on reaching hard to reach areas. (FA-1 & OT-04). 2011-2013: By 2015, increased coverage of high-impact preventive and outreach interventions for women, girls and boys, with focus on reaching population groups with low coverage levels (compared to national average) (FA-1 & OT-04).

**Analytical Statement of Progress:**
The country sustained the following rates of immunization coverage: more than 98 per cent pentavalent 3 across the country; 98 per cent for measles; and 98.8 per cent for Td
vaccination with two doses (according to Q3 2016 EPI coverage report). There were no deaths due to measles or tetanus reported during the year. The contributing factors are highlighted below.

The highlight of the year for the immunization programme was the successful GAVI Joint Appraisal. The performance in the implementation of the GAVI HSS2 agreement was appreciated and funds of US$13 million were recommended as performance-based funding for the country. The post-introduction evaluation of pentavalent 3 and inactivated poliovirus vaccines was successfully conducted in 2016. Planned activities in immunization supported through GAVI HSS-2 remained on track despite the challenge of securing in-country cash early in the year. Excellent coordination with partners was maintained through joint monthly review meetings. UNICEF facilitated the uninterrupted supply of routine EPI antigens for the programme. In 2016, no vaccine stock outages were noted, except for inactivated poliovirus vaccine due to global supply issues.

UNICEF facilitated the development of the first cold chain equipment inventory for the EPI programme, using Microsoft Excel. The inventory guided the programme on the cold chain situation and needs. Cold chain infrastructure was expanded through GAVI HSS2 support with the addition of 500 SDD refrigerators at RI hospitals to improve access, thereby supporting equity in immunization. To address issues of access to grid electricity, county medical warehouses were equipped with SDD refrigerators. UNICEF provided spare parts and toolkits for regular maintenance of the cold chain equipment.

Quality assurance remained a priority area addressed through capacity-building, use of devices, improving monitoring and supportive supervision, and developing and using recording and reporting instruments. All the EPI refrigerators in the country were equipped with Fridge-Tag 2 devices and all the cold rooms with MultiLog 2 devices for continued temperature monitoring to ensure quality storage of vaccines. Temperature monitoring charts were revised for Fridge-Tag 2 device data, and a data compilation instrument was developed. UNICEF introduced ‘vaccination coverage monitoring charts’ to monitor EPI coverage trends at all levels. Field monitoring and supportive supervision was enhanced by supporting the mobility (vehicles and fuel cost) of supervisory staff.

UNICEF provided extensive and innovative capacity-building initiatives including simplified training at different levels, especially for cold chain technicians on installation and troubleshooting of SDD refrigerators, and for vaccination staff on essential knowledge for immunization. Simplified training materials and guidelines were developed for the training activities for both these groups. A training session was organized for MoPH staff on vaccine wastage and forecasting.

UNICEF vaccinated 355,000 children aged under 12 months as well as 362,000 pregnant women. Disparities in provincial DPT3 coverage were narrowed from 8.5 per cent to 0.6 per cent, contributing to maternal and under-1 morbidity and mortality.


**Analytical Statement of Progress:**
In September 2016, the northern part of the country faced the worst flooding in 50 years, affecting 600,000 people, of whom 44,706 were U5 children, 8,520 were children aged under 12 months, and approximately 18,969 were pregnant and lactating women. The flooding washed away homes, rendering more than 45,000 people homeless. It also damaged water supply schemes, schools, kindergartens, nurseries and baby homes in the
affected areas. Health infrastructure and services were disrupted because 46 health facilities were either partially damaged or completely swept away by flood waters.

The affected population, especially children, pregnant women and the elderly, was exposed to significant risks of outbreaks of communicable and waterborne diseases, especially diarrhoea and acute respiratory illnesses. There also was a critical shortage of basic equipment and essential medicines for treating injuries as well as waterborne and communicable diseases, especially diarrhoea and pneumonia, which are leading causes of death among young children. The situation, if not responded to urgently, could have resulted in deaths in vulnerable groups.

UNICEF, in coordination with other United Nations agencies, international NGOs and the Government, responded immediately and co-led a multi-sector team of experts on an assessment mission to the affected province during the first week of September. UNICEF supplied 20 tents to establish temporary hospitals and an additional 30 winterized tents were procured. To cover the needs of 600,000 people for three months, including more than 100,000 U5 children and 66,000 pregnant and lactating women, 500 Essential Medicines Kits and 34 Emergency Health Kits plus 26 basic equipment kits, 300,000 ORS sachets and 500 clean childbirth delivery kits were provided to ensure uninterrupted essential health care services pending the reconstruction of damaged infrastructure. Taking in account the difficult terrain of the affected areas, 500 special kits (household doctors’ kits) comprising basic medical equipment, essential drugs and supplies in a backpack were provided for community-based household doctors to respond to common ailments and diseases at the household/community level. UNICEF mobilized six SDD refrigerators for the storage of vaccines in the affected health facilities to ensure uninterrupted vaccination activities.

Additional resources and support, including supplies for obstetric care, newborn resuscitation and treatment of sick children, were supplied. Based on the expected number of deliveries in the coming months, clean delivery and obstetric kits were also supplied to ensure safe deliveries. UNICEF, in collaboration with MoPH and health partners, organized a Child Health Day campaign in November that provided an integrated health package comprising immunization, vitamin A, deworming, nutrition screening and distribution of sets of winter clothing to 7,977 children up to 3 years of age and 3,232 blankets for protection against extreme weather in the northern areas.

OUTCOME 5 2013-16 Outcome 07: By 2016, Government policies and actions include and are informed by data on children and women. 2011-13 - PCR 12: By 2010, Government capacity strengthened to generate, collect, analyse and use data to inform policy and decision makers.

Analytical Statement of Progress:
A situation analysis (SitAn) of children and women in the Democratic People’s Republic of Korea (DPR Korea) was conducted in 2016 in close collaboration with CBS and other government line ministries. All in-country stakeholders were consulted during the preparation of the SitAn. The process highlighted the lack of up-to-date equity-focused, age- and gender-disaggregated data with a specific lens on the country’s children and women.

UNICEF and CBS agreed to conduct a MICS compliant with international standards. UNICEF and CBS, after several rounds of discussions, agreed to conduct MICS 6 in compliance with international standards in 2017. The regional monitoring specialist visited the country and facilitated the discussions, and the Global MICS team extended technical guidance and support during these discussions. CBS has agreed on the 25 essential steps for compliance with the international standards for conducting MICS 6. DPR Korea government partners participated in the global Survey Design Workshop held in Kenya in
October 2016. A detailed survey plan with a nationally representative sample size of 8,500 households was developed for data collection in 2017. MICS 6 will provide critical baseline data for the next CPD. UNICEF and CBS plan to sign a memorandum of understanding for MICS 6 in January 2017.

The Child Data Management Unit (CDMU) of CBS advanced child-centred data availability and analysis as the country reported for CRC and CEDAW. UNICEF and CBS continued to support CDMU to provide routine and periodic data for programme planning and development. An indicator framework was being discussed to support that work. CDMU provided child-focused data for regular situation updates on the flood emergency and development of a response plan and programming for flood-affected North Hamgyong Province.

During the year, CBS and MoCM participated a formative evaluation of UNICEF-supported WASH projects, with a focus on gravity-fed water supply (GFWS) projects completed over the past 10 years. This evaluation is the first for WASH in 10 years in DPR Korea and the first evaluation conducted during the current programme cycle. Town water supply projects in 10 counties were assessed. Although the systems were operational, design and maintenance issues were identified that need to be addressed to ensure the sustainability of programme interventions in 2017. The evaluation concluded that the UNICEF-supported GFWS interventions in DPR Korea are relevant to national priorities and to people's lives, are cost-efficient and have had a substantial positive effect on beneficiary communities, especially on women and children. The findings showed that while there is significant room for improvement, it is possible to successfully construct economical and sustainable piped water systems, even in a highly challenging programming environment. It also emphasized that GFWS are at high risk from the impact of floods and droughts, and this risk will likely increase in DPR Korea and elsewhere due to climate change. The evaluation also stated that capacity-building must be a continuous process and not just limited to the short-term periods of emergency and development projects.

Some of the key recommendations included: repair and rehabilitate the existing GFWS systems and improve routine maintenance; reinvigorate capacity-building for GFWS systems; and improve supervision and support from the national level. The evaluation also recommended that new high-quality GFWS systems be constructed at both village and county levels; that GFWS designs be updated to reduce risks from flooding, drought, climate change and deforestation; and that water quality in existing and new GFWS systems be addressed. In addition to these recommendations, the evaluation provided a set of recommendations for the broader UNICEF DPR Korea WASH programme.

The Government of DPR Korea submitted the CRC and CEDAW reports in April 2016. The reports were prepared in coordination with UNICEF. The process informed the development of a new CPD (2017–2021). The reports were also used in the development of the SitAn 2016.

**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:**
After several rounds of discussions during the year, UNICEF and CBS agreed to conduct a MICS in compliance with international standards in 2017. The Regional Monitoring Specialist and the Headquarters MICS team supported these discussions. Based on the discussions, CBS agreed on the 25 essential steps necessary to abide by the international standards for conducting MICS 6. DPR Korea government partners participated in the global Survey
Design Workshop held in Kenya in October 2016. A detailed survey plan with a nationally representative sample size of 8,500 households was developed for data collection in 2017. The MICS 6 will provide critical baseline data for the next CPD. UNICEF and CBS plan to sign a memorandum of understanding for MICS 6 in January 2017. The 2017 DPR Korea Country Survey Plan for MICS includes details of survey plans and budgeting, and outlines key decisions, partners and timelines. It is also a technical document with all relevant information related to implementation of MICS 6 in all phases and will be used for fundraising. The Country Survey Plan is a live document and it will be updated after each MICS phase and/or in the case of unpredictable changes. A new addition to the Country Survey Plan in the MICS 6 round is a document that summarizes potential risks in the survey as well as means to mitigate these (Protection Protocol). This addition should significantly decrease the chance of unpredictable situations.

UNICEF and CBS continued their partnership to develop the capacity of CDMU to regularly provide routine and periodic data for programme planning and development. An indicator framework was under discussion towards that goal. This framework will later be aligned to Sustainable Development Goals outcome indicators to track progress in 2017. The partners agreed to develop capacity to undertake routine monitoring and evaluation. They also agreed, during the mission of the Regional Evaluation Adviser, to undertake learning-oriented programme evaluations to develop the capacity of CDMU/CBS. The country-specific evaluation standard operating procedures were being adapted for the country context and a road map to undertake evaluations was agreed upon.

**OUTPUT 2**

By 2015 improved capacities for the implementation of innovative interventions in the CPD

**Analytical Statement of Progress:**

The health and nutrition sections collaborated with the Grand People's Study House to initiate a tele-advocacy system. This initiative was implemented in 380 locations covering provincial capitals and counties. The implementing partners believe that the initiative could be scaled up. The Grand People's Study House may undertake a review of scalability as agreed by the partners.

UNICEF DPR Korea partnered with the Grand People's Study House, MoPH and MoCM in celebrating global events such as World Water Day, Global Handwashing Day, World Toilet Day, World TB Day, World Malaria Day and World Breastfeeding Week. Public gatherings and mass media – including national television and newspapers and the tele-advocacy system – were used to promote key messages including early-initiation of breast feeding, complementary feeding practices, skin-to-skin attachment and kangaroo mother care. As a result, awareness was raised with 10,000 people who took part in these events as well as with a nationwide audience through the television broadcasts.

**OUTPUT 3**

2.5 Continuous support timely national reporting on the CRC and CEDAW

**Analytical Statement of Progress:**

UNICEF prioritized partnerships for children and women through Health, Nutrition, WASH, TB and Malaria programmes. As the sector lead for nutrition and WASH, UNICEF, in collaboration with Government partners, held a three-day national workshop which brought together stakeholders resident in the country for the first time. The participants included: National Coordination Committee under the Ministry of Foreign Affairs, Ministry of Public Health (MoPH), Education Commission, Ministry of Agriculture, Ministry of City Management (MoCM), Ministry of Land and Environmental Protection, Academy of Medical Sciences, Institute of Child Nutrition, World Food Programme, WHO, United Nations Population Fund, and International NGOs. The partners understood the dynamics between
WASH and nutrition interventions through evidence pointing towards the synergies between the two programmes. Imperatives to scale up preventive and curative nutrition-specific interventions as well as nutrition-sensitive actions to combat undernutrition were recognized by the WASH sector.

UNICEF partnered with GAVI in close collaboration with WHO and MoPH under the GAVI Health System Strengthening Agreement. The expanded programme on immunization reached 370,000 children aged under 1 year and 372,000 pregnant women annually. A joint appraisal mission led by GAVI assessed the country's performance at national, provincial, country and village levels on an expanded programme of immunization. The mission resulted in the securing of performance-based funding of US$13 million for the next five years.

UNICEF DPR Korea (as the principal recipient), with WHO (sub-recipient) and MoPH (implementing partner) facilitated implementation of the Global Fund programme to help prevent and control TB and eliminate malaria. Enhanced partnerships for TB management were explored, including potential collaboration with Christian Friends of Korea, the Eugene Bell Foundation and local stakeholders. In 2016, Global Fund recognized the country performance and awarded an ‘A’ rating, with an indicative allocation of US$ 44 million for 2018–2021.

OUTPUT 4 2.5 Continuous support timely national reporting on the CRC and CEDAW

Analytical Statement of Progress:
The Government of DPR Korea submitted the CRC and CEDAW reports in April 2016. The reports were prepared in coordination with UNICEF, with the process informing the development of the new CPD (2017–2021). The reports also were used in development of SitAn.

UNICEF advocacy in promoting a human rights-based approach in different forums yielded success in 2016. In April, the Government submitted the fifth and sixth combined report on the implementation of the Convention on the Rights of the Child, which had been overdue since 2012, to the Committee on the Rights of the Child. The Government also submitted the combined second, third and fourth periodic reports, which had been overdue since 2014, to the Committee on the Elimination of Discrimination against Women.

The Convention on the Rights of Persons with Disabilities was ratified in November 2016. UNICEF facilitated the participation of the DPR Korea Government in a High Level Meeting3, the focus of which was advancing child rights, in Kuala Lumpur. In the various consultations for the development of the country programme 2017–2021, UNICEF advocated on the significance of the central role of the Government in the realization of child rights. Subsequently, a human rights-based CPD was developed and was endorsed by the UNICEF Executive Board in 2016.

OUTCOME 6 By 2021, Public Health Systems prevent and control Malaria

Analytical Statement of Progress:
The Global Fund-assisted Malaria programme launched in the Democratic People’s Republic of Korea in 2010 and the second phase of the Round-8 malaria grant were completed in February 2015. The implementation of the New Funding Model Grant for Malaria started in March 2015. UNICEF is working as the Principal Recipient while WHO is the Sub-Recipient and MoPH is the Implementing Partner for grant activities. Final results of Outcome Indicators for 2016 will be available by the middle of 2017.

Data available from routine recording and reporting showed improvement in prevention and control of malaria in the country. In 2016, from January to September, the incidence of
malaria cases declined by 31.1 per cent compared with the corresponding period in 2015. There were 4,832 confirmed and clinical cases of malaria reported in the country between January and September 2016, of which 4,755 were lab-confirmed cases. In 2016, confirmed and clinical cases were reduced by 28.5 per cent and 78.7 per cent nationwide, respectively. The number of suspected cases of malaria in the country was reduced by 34.8 per cent between January and September 2016 compared with the corresponding period in 2015.

Entomological surveillance and a Therapeutic Efficacy Study were conducted. Facility-based case management services were strengthened at the level of primary health care and key interventions were conducted. In 2016, 1,116,981 people were treated with Mass Primaquine Preventive Treatment (MPPT); 1,557,101 people were covered by 864,750 Long-Lasting Insecticidal Nets (LLINs); 296,722 households received Indoor Residual Spray (IRS); and 151,359 night workers received insecticide-treated clothes (ITC). Reactive case detection using rapid diagnostic test kits was implemented to detect and eliminate potential infection sources around index cases in elimination areas in a timely manner. Mosaic IRS, introduced in 2015 to reduce or delay the emergence of resistance by removing insecticide selection pressure, continued in 2016. The Malaria programme contributed to the strengthening of health systems in areas such as monitoring and evaluation (M&E), supply chain management, strengthening of the National Drug Regulatory Authority and disease and entomological surveillance. This helped UNICEF better understand the malaria situation and make informed decisions. Analysis of social determinants in line with Monitoring Results for Equity System (MoRES) revealed that most of the reported cases of malaria in 2016 mostly affected farmers by occupation (43.7 per cent), males by gender (58.7 per cent), and adults in the 31–50 age group. Tools for local-level data analysis were also developed to facilitate taking corrective actions in low-performing areas and address gaps. Despite challenges in offshore procurements due to the country context, all essential supplies such as Deltamethrin and Bendiocarb for IRS, Permethrin for ITC and drugs for malaria were delivered on schedule.

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

Analytical Statement of Progress:
During 2016, 110 new laboratory technicians were trained on microscopy at peripheral levels, 984 laboratory technicians received refresher training on microscopy, and 152 laboratory technicians were trained on quality assurance for malaria microscopy at provincial level to improve the quality of diagnosis of malaria. The percentage of suspected malaria cases undergoing confirmatory laboratory diagnosis was 97.8 per cent (against a target of 96 per cent). Some 1,259 microscopy centres conducted malaria light microscopy at various levels in eight malaria transmission provinces. For the period of January to September, there was a 31.1 per cent reduction in disease burden from 7,018 confirmed and clinical cases in 2015 to 4,832 in 2016. These improvements can be attributed to the strengthening of facility-based case management services and sustained improvements in diagnostic capacities through the supply of microscopes and reagents, capacity-building and periodic monitoring. The training of health workers on clinical management of malaria cases contributed to improved implementation of the National Malaria Treatment Guidelines.

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

Analytical Statement of Progress:
In 2016, 151,359 night workers in occupational risk groups in high-transmission communities had their clothes treated with insecticide (permethrin). A total of 296,722 households in
medium malaria transmission communities received Mosaic IRS. Cumulatively during 2010–2014, a total of 711,960 LLINs were distributed to 605,215 households in malaria high-transmission areas in five provinces. In 2015, 864,750 LLINs were distributed, covering 1,557,101 people in 464 high-transmission communities, 69 counties and eight provinces. Various efforts were undertaken to ensure better targeting and quality of these three interventions. A total of 165 health staff in the country were trained on entomology; 2,880 field sprayers were trained on IRS; 2,325 household doctors and volunteers were trained on ITC; and 165 staff were trained in reactive case detection and foci investigation. Monitoring visits were regularly conducted in 2016 to ensure the quality of vector control interventions. A big challenge in this area was that the resources available only cover 50 per cent of the total population. More advocacy will be needed to increase resource allocation for sustaining and scaling up these interventions in the future.

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

Analytical Statement of Progress:
A total of 1,116,981 people out of a targeted population of 1,142,147 from 404 high-risk communities in 66 counties of eight provinces were covered with MPPT, resulting in coverage of 97.8 per cent against a target of 95 per cent. Approximately 2.2 per cent of the targeted population withdrew from the treatment due to long-term travel or severe side effects, including haematuria. The campaign was conducted in targeted communities for two weeks in March 2016.

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

Analytical Statement of Progress:
Quality-assured drugs and WHO Pesticide Evaluation Scheme-certified insecticides were provided as per Global Fund requirements. A sample of drugs was submitted to TUV (a WHO-accredited Supranational Reference Laboratory) for quality control tests. All samples passed those tests. Another round of testing is likely to have begun by the end of 2016 or in early 2017. The programme also provided reagents to the National Drug Regulatory Authority for local quality control tests. The process of strengthening national capacities to improve proficiencies and for a quality-assured pharmaceutical supply chain was ongoing.

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

Analytical Statement of Progress:
The results of the 2015 KAP survey were disseminated. Procurement and Supply Management and Recording and Reporting forms were revised after due consultation and were printed, with the expectation that they will improve programmatic reporting. The national malaria M&E plan was revised and updated. A KAP survey is scheduled to take place during the 2017 malaria season.

OUTPUT 6 2.6 Malaria programme is efficiently and effectively managed

Analytical Statement of Progress:
The malaria grant received consistently high A ratings from the donor for its performance. Strengthening of the National Malaria Programme continued through effective and efficient management of the programme, including trainings; coordination and review meetings and development and implementation of an M&E plan and a procurement and supply
management plan. During 2016, there were 4 impact indicators, 8 outcome indicators and 12 coverage indicators in the performance framework. With the exception of seven outcome indicators, all had targets to be reported. Routine M&E activities continued, with regular reporting including the quarterly and midyear review meetings held by partners. Between January and September 2016, three on-site data verifications were conducted after review at the central and provincial levels. UNICEF (Principal Recipient) and WHO (Sub-Recipient), together with the National Malaria Control Programme, conducted on-site data verifications at the county/city and village/subdistrict levels. The relevant Performance Framework indicators were reviewed. Appropriate feedback was provided at various levels to improve service delivery, recording, reporting and data analysis.

During 2016, 29 monitoring visits (including 12 stock monitoring visits and 7 yellow county visits) were conducted by UNICEF to various field sites to monitor Malaria programme activities. WHO also conducted 16 visits to field sites, including four yellow county visits, as per the schedule. The main purpose of those visits was to monitor activities such as MPPT, LLIN distribution, IRS, ITC, sentinel sites, and distribution of supplies and equipment; and for Global Fund asset verifications. Three joint monitoring visits were conducted together with WHO and MoPH to conduct on-site data verifications at central and provincial levels. The Global Fund Country Team also conducted an in-country programme review mission in 2016.

M&E Task Force meetings were held in March and August 2016. Quarterly, midyear and annual review meetings were also conducted. These meetings reviewed progress and challenges in the ongoing programme implementation, identified lessons learned and informed the future course of the programme. The national programme also made supervisory visits to provincial and county Hygiene and Anti Epidemic Stations. The objectives were on-site assessment of provincial and county-level Malaria Microscopy Centres for external quality assurance; data recording and reporting; a cross-check of quarterly reports, malaria registers, lab registers, external quality assurance reports and feedback registers; and quality assurance of supervision from provincial to county levels.

OUTCOME 7 By 2021, Public Health Systems prevent and control Tuberculosis

Analytical Statement of Progress:
DPR Korea was included on the global list of high TB and MDR-TB burden countries. The Global Fund-assisted TB programme launched in DPR Korea in 2010 and the second phase of the Round-8 grant ended in September 2015. The New Funding Model TB grant (2015–2018) was in progress. UNICEF worked as the Principal Recipient, while WHO was the Sub-Recipient and MoPH was the Implementing Partner for grant activities. Final results of Outcome Indicators for 2016 will be available by the middle of 2017. Available data suggests there has been improvement in prevention and control of TB in the country. The annual number of all forms of TB cases in 2016 (Q1–Q3) was 82,945, including 34,090 bacteriologically-confirmed TB cases, 33,307 clinically diagnosed cases, and 15,548 cases of extrapulmonary TB. The case notification of new TB cases (new + relapse) increased to 120,722 in 2015, compared with 103,045 in 2014. Likewise, the TB incidence rate increased to 561 for every 100,000 population in 2015 as compared to 552 for every 100,000 population in 2014. Analysis of paediatric TB data indicated that the paediatric case notification rate of all new TB cases increased from 6 per cent in 2014 to 7 per cent in 2015. The treatment success rate remained at more than 90 per cent from 2011 to 2014 and was up to 91 per cent in 2015.

Approximately 4,600 cases of MDR-TB occur annually in DPR Korea. A total of 325 MDR-TB patients were enrolled for treatment during 2016. The TB mortality rate increased from the 2008 baseline of 39/100,000 to 61/100,000. During the year, the TB programme made
efforts to achieve targets in the National TB Strategic Plan for improving TB case
notifications and treatment success. The key efforts included strengthening supply chain
management; monitoring and evaluation (M&E) systems for more disaggregated data;
development and implementation of national TB guidelines and childhood TB guidelines;
and revision of Programmatic Management of Drug-Resistant Tuberculosis (PMDT)
guidelines. The analysis of social determinants in line with Monitoring Results for Equity
System (MoRES) highlighted the resource and capacity gaps for scaling up MDR-TB
services. Coordination among partner agencies working for MDR-TB and capacity for local
analysis of TB programme data were also identified as areas for improvement.
Mainstreaming maternal and childhood TB into other programmes – such as Integrated
Management of Childhood Illness and CMAM – is on the agenda and could potentially
ensure that mothers and children in need get comprehensive care.

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

Analytical Statement of Progress:
The Global TB Report 2016 showed that the programme achieved a 91 per cent treatment
success rate for all forms of TB. Between January and September 2016, 82,945 TB cases
(all forms) and 34,090 new smear-positive cases were notified. The treatment success rate
for all forms of TB was 90.2 per cent against the target of 90 per cent. The number of TB
cases notified among key affected population/high risk groups was 4,200 between January
and September 2016. Those results were made possible through coordinated efforts and
implementation of several technical activities, which included capacity-building activities
aimed at diagnosis and management of TB cases. The national M&E plan and procurement
and supply management plan were implemented, and progress was monitored on a regular
basis through M&E Task Force meetings, weekly progress review meetings, on-site data
verifications, and procurement and supply management Task Force meetings.

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

Analytical Statement of Progress:
To improve MDR-TB management capacities, PMDT guidelines were updated and the
programme staff were trained on the guidelines. The Hamhung Regional TB Reference
Laboratory became functional to provide diagnosis and follow-up testing for MDR-TB cases
in northern areas. Staff in the Hamhung Laboratory received on-the-job trainings on culture
and drug susceptibility testing so as to improve lab proficiency. In 2016, a total of 325 MDR-
TB patients were placed on second-line anti-TB treatment. Despite challenges in offshore
procurements due to the country context, all drugs for MDR-TB were procured and supplied
to TB sanatoria/hospitals in a timely manner.

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

Analytical Statement of Progress:
In 2016, no health facilities reported no stock outages of essential drugs. Quality-assured
anti-TB drugs were provided as per Global Fund requirements. Samples of drugs were
submitted to TUV (a WHO-accredited Supranational Reference Laboratory) for quality
control tests. All samples passed these tests. Another round of testing was likely to begin by
the end of 2016 or in early 2017. NTP was also provided with equipment for medical
warehouses to improve storage conditions. UNICEF also supported the National Drug
Regulatory Agency by providing high-performance liquid chromatography components,
spare parts/accessories, lab supplies and reagents.
OUTPUT 3.4 NTP is able to strengthen health information and M&E system

Analytical Statement of Progress:
Between Q1 and Q3 of 2016, 100 per cent of health facilities submitted timely reports according to national guidelines. The TB Recording and Reporting forms were under review for PMDT implementation and drafts were expected to be available by Q1 of 2017.

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

Analytical Statement of Progress:
During 2016, the programme continued to focus on strengthening the capacity of implementing staff. Lab technicians in the Hamhung Regional TB Reference Laboratory were trained on culture and drug susceptibility testing through hands-on support from National Reference Lab. MoPH also conducted trainings on programme management and MDR-TB for staff at the central level. UNICEF also provided lab reagents, lab consumables, microscopes, X-ray consumables and quality-assured anti-TB drugs, all of which facilitated TB diagnosis and treatment in the country. Ten digital X-rays were delivered and installed at provincial level, significantly improving diagnostic capacities.

OUTPUT 3.6 TB programme is efficiently and effectively managed

Analytical Statement of Progress:
The TB grant received consistently high ‘A’ ratings from the donor for its performance. Strengthening of the national TB programme continued through effective and efficient management of the programme, including trainings, coordination and review meetings and development and implementation of both an M&E plan and a procurement and supply management plan. During 2016, there were 4 Impact Indicators, 6 Outcome Indicators and 14 Coverage Indicators in the Performance Framework; all had targets to be reported. Routine M&E activities continued with regular reporting, including the quarterly and midyear review meetings held by partners. Between January and September 2016, three on-site data verifications were conducted after review at the central and provincial levels.

UNICEF (Principal Recipient) and WHO (Sub-Recipient), together with the National TB Control Programme, conducted on-site data verifications at both county/city and village/subdistrict levels. The relevant Performance Framework indicators were reviewed. Appropriate feedback was provided at various levels to improve service delivery, recording, reporting and data analysis. A reallocation/reprogramming exercise was also successfully completed during the year. During 2016, 31 monitoring visits (including 12 stock monitoring visits and 7 yellow county visits) were conducted by UNICEF to various field sites for monitoring of TB programme activities. WHO also conducted 22 visits to field sites, including four yellow county visits, as per the schedule. The main purpose of these visits was to monitor activities such as implementation of the Directly Observed Treatment Short course (DOTs) Programme at different levels, PMDT implementation, lab performance, and distribution of supplies and equipment.

Three joint monitoring visits were conducted together with WHO and MoPH to conduct on-site data verifications at central and provincial levels. The Global Fund Country Team also conducted an in-country programme review mission during the year. M&E Task Force meetings were held in March and August 2016. Quarterly, midyear and annual review meetings were also conducted. These meetings reviewed progress and challenges in the ongoing programme implementation, identified lessons learned and informed the future course of the programme. The national programme also made supervisory visits to provincial
and county TB preventive institutes. The objectives were on-site assessment of provincial and county level TB Microscopy Centres for External Quality Assurance; data recording and reporting; a cross-check of quarterly reports, TB registers, lab registers, EQA reports and feedback registers; and quality assurance of supervision from provincial to county levels.

OUTCOME 8 2013-16 Outcome 08 By 2016, UNICEF Management ensures continuous efficient and effective delivery of programme results 2011- 13 PCR 14 (Old): Effective and efficent Programme management and operations support

Analytical Statement of Progress: With support from Operations, programme results were reached in an effective manner. Corrective actions taken during the course of the year as required.

OUTPUT 1 Effective and efficient Governance and Systems

Analytical Statement of Progress:
Implemented as planned.

OUTPUT 2 Effective and Efficient management of Human Capacity

Analytical Statement of Progress:
Vacant positions were under consideration for recruitment.

OUTPUT 3 Management and Stewardship of financial resources

Analytical Statement of Progress:
Implemented as planned

OUTPUT 4 HR

Analytical Statement of Progress:
The UNICEF DPR Korea HR Plan was implemented per the plan. The HRDT committee prepared and implemented the HR plan. The annual implementation report was under preparation.

OUTCOME 9 Programme Effectiveness: Country programme is efficiently designed, coordinated, managed and supported to meet quality programming results for children

Analytical Statement of Progress:
Programmes were efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children. Programme implementation continued in close collaboration with the line ministries, including the Ministry of Public Health, Ministry of City Management, and Central Bureau of Statistics. Regular programme meetings and consultations held with partners. The joint quarterly, mid-year, and end of the year reviews were conducted along with review meetings held separately by each programme. The monthly programme meetings played a critical role in convergent planning and implementation, and improved coordination with government and development partners. The budget monitoring was undertaken on a regular basis during the programme meetings and CMTs. The international staff and national seconded personnel provided supportive
supervision and on-the-job training to service delivery functionaries through more than 200 programme monitoring visits to more than 50 counties.

UNICEF responded to the protracted humanitarian situation, characterized by drought in North and South Hwanghae, South Hamgyong and South Pyongan, and the sudden onset of floods in North Hamgyong, resulting in acute malnutrition and poor health outcomes for children and women. UNICEF successfully managed the implementation of emergency responses without losing the focus on routine programme implementation. UNICEF communicated the humanitarian needs of children and women through HAC; the humanitarian focus of its new country programme for 2017–2021; and partner updates in response to the flood emergency in North Hamgyong Province, HAC highlighted the situation of children, outlined the support required to help them survive and thrive, and showed the results achieved. HAC was developed and updated closely with support from UNICEF Regional Office and Headquarters, putting the humanitarian needs of the children of the Democratic People's Republic of Korea on the global agenda.

In 2016, supply requisitions totalling US$30.13 million (as of 12 December) were raised, illustrating the significance of the supply component in UNICEF DPR Korea's life-saving interventions. Programme teams conducted regular field trips to supervise the proper distribution and utilization of life-saving supplies. An analysis of the situation of children and women (SitAn) in the Democratic People's Republic of Korea was conducted in 2016 in close collaboration with line Ministries. Specific attention was given to ensure that the SitAn was human rights-based, equity-focused, gender-sensitive, risk-informed and child-focused, as stated in the global UNICEF policies and principles. In the specific context of the 2016 United Nations sanctions, the CPD for 2017–2021 was developed in close consultation with Government and its contents were proactively communicated among the humanitarian and diplomatic community resident in the country as well as beyond its borders. All donor reports were submitted in a timely manner during the year.

**OUTPUT 1** Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

**Analytical Statement of Progress:**
Programme planning and implementation including the emergency responses continued in close collaboration with the line Ministries. Each programme conducted regular programmatic reviews with relevant line Ministries, along with two quarterly reviews, mid-year, and end of the year reviews conducted jointly with all the partners. UNICEF DPR Korea ensured convergent planning and implementation and improved coordination with government and development partners through monthly programme meetings. Budget monitoring was undertaken by each programme on a regular basis along with office-wide review during the programme meetings and CMTs. The international staff and national seconded personnel conducted regular monitoring visits focusing on supportive supervision and on-the-job training to service delivery functionaries through more than 200 visits to more than 50 Counties. For example, the Nutrition programme provided hands-on guidance on anthropometric measurement and follow-up on the treatment of wasted children.

The annual management plan was completed in April 2016 through a consultative process including the staff association, the country management team (CMT), inputs from senior management and 2015 annual review recommendations. Annual management plan priorities were developed based on audit and peer review recommendations, and weaknesses were identified in midyear and annual reviews. Using the dashboard on InSight as a guide, key monthly indicators were reviewed for both Operations and Programme activities, and corrective actions were taken based on CMT-agreed decisions and timelines, which were documented in the minutes of CMT meetings. Those minutes were also shared with staff members since some of the action points were relevant to their day-to-day work. Sustained
compliance was monitored through the programme and operations group meetings by the Deputy Representative and Chief of Operations, who in turn reported to the seven CMT meetings in 2016.

**OUTPUT 2** Country programme is efficiently advocated and communicated to meet quality programming standards in achieving results for children

**Analytical Statement of Progress:**
UNICEF DPR Korea communicated the humanitarian needs of children and women through HAC; the humanitarian focus of its new country programme for 2017–2021; and partner updates in response to the flood emergency in North Hamgyong Province. HAC highlighted the situation of children, outlined the support required to help them survive and thrive, and showed the results achieved. HAC was developed and updated closely with support from UNICEF Regional Office and UNICEF Headquarters, putting the humanitarian needs of the children of the Democratic People's Republic of Korea on the global agenda. UNICEF DPR Korea continued advocacy efforts with CBS and relevant ministries to undertake programme evaluations, and successfully sought concurrence on the initiation of programme evaluations as per the 2016 integrated monitoring and evaluation plan.

Consequently, a formative evaluation of the WASH programme with a focus on GFS systems was conducted. This evaluation was particularly notable because it was the first evaluation undertaken in close collaboration and coordination with the Government and partners in the current country programme of cooperation. The evaluation was structured under the OECD/DAC criteria of relevance, effectiveness, efficiency, sustainability and impact, as well as the criteria of equity and gender. A set of 22 specific questions were used to assess findings within these criteria and conclusions and lessons drawn from them. The UNICEF-supported GFS interventions in DPR Korea were relevant to national priorities and to people’s lives, were cost-efficient and had a substantial positive effect on beneficiary communities, especially on women and children. There was also evidence to suggest that the GFS had some impact on child diarrhoea prevalence and thus on child health.

However, this impact was largely limited to the beneficiary communities themselves: government was willing but largely unable to replicate the GFS model on a larger scale and international actors, including UNICEF, had limited funds to expand programmes. Other programmes such as nutrition and health are expected to carry out evaluations using the OECD/DAC criteria in 2017.

**Evaluation and research**

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### Programme documents

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