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Country programme document**

Democratic People's Republic of Korea

Summary

The draft country programme document for the Democratic People's Republic of Korea is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$3,648,000 from regular resources, subject to the availability of funds, and \$30,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2009.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

<i>Basic data[†]</i> <i>(2004 unless otherwise stated)</i>	
Child population (millions, under 18 years)	6.8
U5MR (per 1,000 live births)	55
Underweight (% , moderate and severe, 2004)	23
Maternal mortality ratio (per 100,000 live births, 1996)	110
Primary school attendance (% net, male/female)	-/-
Primary school children reaching grade 5 (%)	-
Use of improved drinking water sources (% , 2002)	100
Adult HIV prevalence rate (%)	-
Child work (% , children 5-14 years old)	-
GNI per capita (US\$)	*
One-year-olds immunized against DPT3 (%)	72 ^a
One-year-olds immunized against measles (%)	95 ^a

[†] More comprehensive country data on children and women are available at www.unicef.org.

* Range (\$825 or less).

^a Government's Ministry of Public Health data are available.

The situation of children and women

1. The Democratic People's Republic of Korea has a population of approximately 23 million, 2 million of whom are children under five years of age. Some 61 per cent live in urban areas, reflecting the country's traditional industrial base.

2. The Democratic People's Republic of Korea became a State Party to the Convention on the Rights of the Child in 1990 and to the Convention on the Elimination of All Forms of Discrimination against Women in 2001. The most recent State Party reports were reviewed by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women respectively in 2004 and 2005. The country has an impressive body of laws committing the State to the realization of children's and women's rights.

3. Prior to the 1990s, the Democratic People's Republic of Korea had achieved high levels of human development in terms of life expectancy, infant mortality, access to health services and water and sanitation. Some of the Millennium Development Goals were achieved many years ago, particularly for universal primary education (in 1975) and gender equality in relation to gender disparity in education. However, the loss of the socialist markets and the natural disasters of the 1990s contributed to the reversal of some of these achievements. The country was faced with energy shortfalls, food insecurity and a need to modernize economic, transport and social infrastructures, as well as agricultural and industrial production. From 1995 to 2005, when the Government called for the end of humanitarian assistance to be replaced by development aid, the country benefited from relatively large-scale humanitarian relief.

4. According to government figures, from 1993 to 1998, the infant mortality rate increased from 14 to 23 per 1,000 live births and the under-five mortality rate from 27 to 55 per 1,000 live births. This increase in child mortality resulted from acute food shortages, combined with heightened morbidity and the reduced capacity of the

health system to manage childhood illness, caused by shortages of essential drugs and degraded quality of health services and water and sanitation systems. The main causes of child deaths remain diarrhoea and acute respiratory infections, combined with malnutrition.

5. Considerable progress has been made in the area of child malnutrition over the last decade, putting the country back on track to achieve the Millennium Development Goal target for hunger. As documented in nutrition surveys, between 1998 and 2004, the rates of acute malnutrition fell from 16 to 7 per cent, chronic malnutrition from 62 to 37 per cent and underweight from 60 to 23 per cent. The 2004 nutrition survey highlighted moderate improvements since 2002 in the nutritional status of younger children, pointing to a positive trend. However, current levels of malnutrition are still considered high by World Health Organization (WHO) standards, with relatively higher rates in the Northern Provinces. The need to sustain assistance to vulnerable groups such as young children and mothers was highlighted by the Committee on the Rights of the Child in its concluding observations of July 2004.

6. An area of continuous comparative success has been the prevention of disease through immunization. A 1998 survey found coverage for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) at 37 per cent and for measles at 34 per cent. According to the Ministry of Public Health, those same indicators had increased to 79 and 96 per cent respectively by 2004 and are expected to further increase with the introduction of a combined vaccine supported by the Global Alliance Vaccine Initiative (GAVI). Furthermore, over the past seven years, around 95 per cent of children under five years old have received twice-yearly vitamin A supplementation, reaching the highest level of coverage of vitamin A for children under age five in the East Asia and Pacific region.

7. Primary and secondary schooling in the Democratic People's Republic of Korea are free and compulsory, and all children up to the age of 17 years are enrolled, with the country reporting universal literacy. However, economic difficulties have resulted in shortages of textbooks, school materials and fuel for heating during the long sub-zero winters. Learning methods have also not evolved in line with international developments. All these factors have combined to effect negatively the quality of education.

8. Officially, there are still no cases of HIV/AIDS in the country. While vigilance remains quite high, some risk exists while the epidemic is growing in neighbouring countries. Recently, there has been more attention from the Government on using the current window of opportunity to scale up prevention efforts based on the 2003-2007 National Strategic Plan of HIV/AIDS Control and Prevention Activities in Democratic People's Republic of Korea.

9. Women have equal status with men under the law and the country is exemplary in complete pay equality between men and women. However, the Committee on the Elimination of Discrimination against Women expressed concern regarding women's limited access to senior management positions and participation in public and social life as a result of their traditional obligations and workload surrounding the family. Furthermore, the 2004 nutrition survey indicated that some one third of mothers surveyed (with children under two years old) were malnourished and anaemic, as was the case in 2002, which remains a serious issue affecting the well-being of both mothers and the future generation of children.

10. While notable progress has been achieved in catering to the immediate needs of the population over the last decade, it appears that major development investments in the social sector are required to achieve Millennium Development Goal targets in such areas as child mortality and maternal health. While large-scale development assistance at present remains constrained, UNICEF assistance can nevertheless contribute to building the capacities of government institutions in the social sectors and further improve the quality of selected social services, thereby setting the stage for sustainable development in the country.

Key results and lessons learned from previous cooperation, 2004-2006

Key results achieved

11. Significant resources were mobilized to support programming. The 2004-2006 country programme benefited from generous contributions, mostly through the Consolidated Appeal Process, until 2005 when the Government decided to stop participating in it. The level of resources varied from one year to the next, but they were always used for maximum results.

12. Access to and quality of basic services improved for children and women. UNICEF, in close partnership with WHO, provided vaccines, immunization supplies, cold-chain equipment and training to the national immunization programme. This contributed to improvement of routine immunization with increased coverage sustained at more than 90 per cent, except for DPT3 as noted above. The country has remained polio free, pending official certification by WHO for the South-east Asia region a whole. In partnership with GAVI, hepatitis B vaccine was introduced in 2003, and a further breakthrough was the approval by GAVI of the Government's request to shift to a combined vaccine for diphtheria/pertussis/tetanus and hepatitis B, starting in mid-2006. UNICEF provided essential medicines, targeted especially for women and children, to health institutions covering 55 per cent of the country's total population, with the objective of reducing mortality, particularly from diarrhoea and acute respiratory infections. UNICEF provided support to the local production of oral rehydration salts, which now covers 60 per cent of needs nationwide. More focus was placed on strengthening women's health, with the joint formulation of the National Reproductive Health Strategy, in collaboration with Ministry of Public Health and concerned partner agencies.

13. The nutritional status of children continued to improve as reflected by the 2004 nutrition survey conducted jointly with the Government and the World Food Programme (WFP). In cooperation with WFP, UNICEF continued to assist the local production of fortified blended foods for children and women by providing a vitamin and mineral pre-mix. At the policy level, a protocol for the treatment of severely malnourished children based on WHO standards was developed and disseminated nationwide. UNICEF also provided therapeutic milk for the rehabilitation of severely malnourished children. To address maternal malnutrition, protocols on iron-folate supplementation before pregnancy and multi-micronutrient supplementation during pregnancy were developed, and nationwide supplementation started from 2005. Early childhood care and development were promoted through training on the improvement of key caring practices in care institutions where the

growth and development of children are regularly monitored. UNICEF supported the development of “model nurseries” involving improvements in the environment and quality of care, as well as seeking greater involvement of communities and families. A local adaptation of the *Facts for Life* publication was developed to strengthen the capacities of families to care for children and women.

14. Access to safe drinking water and improved sanitation facilities increased in selected communities, child-care institutions, primary schools and hospitals covering a population of around 400,000 people. An additional 5 million people in large urban centres benefited from treated clean water and functioning pumping stations. In collaboration with other agencies, UNICEF helped to pioneer the use of gravity-fed water supply schemes. The Ministry Of City Management is now seeking to scale up this technology as a national priority as this is a more viable alternative and is well suited to the abundance of perennial water sources in mountainous areas. A comprehensive review of the water and environmental sanitation programme conducted recently will guide the strategy to be adopted in the new country programme.

15. The learning and teaching environment improved for over 4,000 children through the rehabilitation of school facilities. An additional 10,000 children in 12 primary schools were provided piped water and gender-segregated sanitation facilities. Following advocacy efforts, the Ministry of Education has requested UNICEF support in improving the quality of education. The country is now implementing a pilot project of monitoring learning achievement as part of a regional initiative. UNICEF has continued to provide paper for textbook production and basic school supplies, with particular focus on the more vulnerable Northern Provinces. UNICEF and the United Nations Education, Scientific and Cultural Organization (UNESCO) have cooperated on support to the Education for All (EFA) initiative.

16. Collection and analysis of data on the situation of children and women improved following the support to the Central Bureau of Statistics for the implementation of the 2004 Nutrition Survey and baseline household surveys conducted in six focus counties. The programme supported further development of the local adaptation of *DevInfo* to track key indicators on the situation of children and women. Closer collaboration was sought with the United Nations Development Programme (UNDP) for monitoring progress towards the Millennium Development Goals.

Lessons learned

17. A key lesson learned during the expanded annual review of 2005 and the process of formulating the new country programme during the first half of 2006, is that the strategy of the current programme of combining humanitarian action with capacity-building is particularly relevant to the situation of children and women as documented in the updated situation analysis. However, in order to respond to the immediate needs of children and women and to support the Government in building its technical and managerial capacities in programming for children, UNICEF, partner agencies and the Government need to invest much more effort in building national capacities for sustainable development. This is a long process which started in the current three-year country programme and will need to continue during the three years of the new country programme.

18. A further important lesson is related to the slow progress in implementing multisectoral programming in 10 focus counties. For reasons linked to availability of funding for different inputs, delays in procurement of supplies and the time required to develop lasting capacity-building, the focus county approach of integrated programming has progressed more slowly than expected. The current country programme envisaged coverage of 10 focus counties, but to date it has been possible to develop only seven. Furthermore, experience gained on the ground in the initial six focus counties indicates that in order for innovation and modelling of local integrated development to develop, sufficient time should be allowed for the process to come to fruition, rather than rushing to reach a target number.

19. Lastly, while some progress has been made towards the Government taking ownership of projects, in the next country programme cycle much more needs to be done in order to strengthen and systematize joint field visits and reviews as a key component of capacity-building at both central and local levels, by jointly identifying achievements and constraints in actual implementation and taking corrective action. This would be a key UNICEF contribution to building the capacities of government partners to plan, implement and manage sustainable projects to the benefit of children and women.

The country programme, 2007-2009

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health, nutrition and care	1 350	19 150	20 500
Basic education quality	1 000	3 000	4 000
Water, sanitation and hygiene	650	7 850	8 500
Planning and advocacy	300	—	300
Cross-sectoral costs	348	—	348
Total	3 648	30 000	33 648

Preparation process

20. Formulated jointly with the Democratic People's Republic of Korea's National Coordinating Committee for UNICEF (NCC), in collaboration with the concerned line ministries, the proposed country programme is consistent with the outcomes of consultations on the Strategic Framework for Collaboration between the United Nations and the Government of the Democratic People's Republic of Korea 2007-2009, as well as the Common Country Assessment of 2003 and the updated situation analysis of children and women of 2005. The findings of the expanded annual programme review of 2005 and of the UNICEF Regional Office's strategy formulation in April 2006 were also taken into account.

21. The country programme is consistent with the major comments of the Committee on the Rights of the Child through its focus on reducing malnutrition,

improving the quality of care in child institutions and households and advocating for disaggregated data collection and analysis. It addresses the concluding observations of the Committee on the Elimination of Discrimination against Women through its focus on maternal malnutrition and gender issues.

Goals, key results and strategies

22. The overall goal of the UNICEF country programme is the progressive realization of the rights of every child and the achievement of the Millennium Development Goals. In continuity with the previous country programme, the expected key results are:

(a) Availability and utilization of health services with particular attention to primary and secondary level and early childhood development and care are improved. The main targets are to increase full immunization of children (DPT3) by 14 percentage points (baseline 81 per cent) and reduce child (stunting) and maternal malnutrition by five percentage points (respective baselines 37 and 32 per cent);

(b) Access to and utilization of safe drinking water and sanitation are improved and hygiene practices in communities and schools are strengthened. The main targets are to strengthen the government's capacity to design and implement water supply and sanitation projects and, in at least five focus counties, to increase access to safe drinking water and sanitation and improve hygiene practices;

(c) Quality of and environment of education are improved. The main targets are to develop new approaches related to curriculum review, in-service teacher training and life skills, pilot them in focus counties and evaluate them in preparation for national expansion;

(d) Management and utilization of overall statistics for national planning are enhanced, including for the monitoring of progress towards the Millennium Development Goals. The main target is to strengthen the use of *KoreaInfo* as a tool for monitoring progress towards the Goals.

23. The country programme aims to achieve these key results using the following strategies:

(a) Building on progress made in the previous cycle, especially on early childhood development and care in institutions and households, gravity-fed water supply systems and education quality through learning assessments;

(b) Mixing financial support for the provision of basic services in health, education, water and sanitation to meet immediate needs of Korean children and women and support for capacity-building of government counterparts for technical and managerial improvement of these services;

(c) Two-tier system of national and focus county interventions. At the national level UNICEF will support capacity-building of government counterparts, formulation or strengthening of policies and guidelines and implementation of national programmes such as immunization, deworming and vitamin A supplementation. In a limited number of focus counties, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modelling that could later be replicated or taken to scale with the Government's own or external resources that might be available in the future;

(d) Partnerships with United Nations agencies to develop joint programming, strengthen collaboration to maximize results with limited resources and develop coordinated approaches in focus countries;

(e) Strengthening the roles of parents, communities and local authorities in the provision of basic services and care for women and children through behavioural change communication and the development of local planning processes;

(f) Advocacy and capacity-building for improved collection, analysis and use of data for planning and evaluating basic social services and initiating evidence-based policy development;

(g) Mainstreaming gender and emergency preparedness and response through integration in the annual workplans of sectoral programmes. Emergency preparedness will involve maintaining emergency stocks of various essential supplies and regular updating of preparedness plans. The focus on gender will be through advocating for the collection and analysis of disaggregated data and programming activities aimed at reducing gender stereotypes.

Relationship to national priorities

24. The Democratic People's Republic of Korea has no national medium-term development plan. However, UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) have agreed to harmonize their programme cycles for 2007-2009 and to provide coordinated support to the achievement of national social development priorities identified in the United Nations strategic framework.

Relationship to international priorities

25. The programme is designed to help achieve the appropriate Millennium Development Goals to which the Democratic People's Republic of Korea is committed, as well as the goals of the General Assembly Special Session on Children as defined in the outcome document, *A World Fit for Children*. It addresses four of the organizational priorities of the UNICEF medium-term strategic plan, with particular focus on young child survival and development and basic education and gender equality.

Programme components

26. **Health, nutrition and care.** The programme's key results are that availability and utilization of health services with particular attention to primary and secondary level and early childhood development and care are improved.

27. Health and nutrition have been combined into one programme on health, nutrition and care, in order to strengthen coordination, provide an integrated package of high-impact interventions, maximize limited resources and expertise and streamline supply logistics. Care is specifically mentioned in the programme's title to indicate the importance accorded to prevention and care for children and women, with a strong emphasis on increasing the awareness of families, newlywed couples, communities and other caretakers of key caring practices and the prevention and management of diseases at household level.

28. The programme comprises three projects: (a) child health, including immunization; (b) maternal health, focused on safe deliveries and antenatal, post-natal and neonatal health; and (c) child and maternal nutrition and care, focused on prevention of malnutrition, micronutrient supplementation and behavioural change interventions to improve the quality of caring practices at family and institutional levels.

29. At the national level, the programme will strengthen the capacities of the health system to address the most common causes of mortality and morbidity in children through provision of basic supplies, equipment and essential medicines and the development and/or updating of guidelines and training. Efforts will be made to strengthen the health management and information system and to use data for programme planning. Support to the routine immunization of infants and pregnant women will continue, with a focus on increasing coverage further, strengthening the cold-chain system and improving sustainability in collaboration with GAVI and other partners.

30. Prevention of malnutrition at the earliest stage of child growth and development will be addressed through the promotion of adequate nutrition for children and pregnant and lactating women, including support to the Government to reach universal salt iodization and collaboration with WFP on food fortification. Support to micronutrient supplementation will continue, including vitamin A for children and lactating women, multi-micronutrients for pregnant women and iron-folate for young women. National Child Health Days will be supported twice a year to provide deworming and vitamin A supplementation for children and to disseminate key prevention and care messages to families. Curative actions will focus on the treatment of severe malnutrition in rehabilitation centres. Finally, the impact on malnutrition and other indicators will be measured through a national nutritional survey which will contribute to the monitoring of the Millennium Development Goals.

31. In selected focus counties, additional interventions will include the expansion of the Integrated Management of Childhood Illnesses strategy and essential obstetric care for women, focusing on antenatal, natal, postnatal and neonatal components. Interventions will be carried out in close partnership with UNFPA and WHO and will target mostly section doctors and *ri* (rural community) clinics to complement intervention by other stakeholders.

32. The care component will support the promotion of a range of feeding and care practices both in nurseries and at the household level. Advocacy and support will continue to strengthen the involvement of parents and communities in nurseries. Efforts will be made to strengthen messages on key family caring practices for women and children through the local adaptation of *Facts for Life*. Behavioural change communication interventions will be channelled in written and multi-media formats through existing networks.

33. The main implementing partners will be the Ministry of Public Health, the Institute of Child Nutrition and The Central Bureau of Statistics for survey work, the Korean Democratic Women's Union and Grand People Study House for behavioural change communication and the State Planning Commission and Ministry of Commerce for universal salt iodization and food fortification. The programme will also closely collaborate with Counties' People's Committees.

34. **The water, sanitation and hygiene (WASH)** programme's key results are that access to and utilization of safe drinking water and sanitation are improved and hygiene practices in communities and schools are strengthened.

35. The programme comprises two projects: (a) national capacity-building; and (b) WASH in focus counties. The projects are interconnected and contribute to increased access to sustainable safe water and sanitation facilities, reduce faecal contamination of the child's environment, improve the focus on water quality, demonstrate appropriate technologies and replicable approaches, improve safe hygiene practices and enhance the planning, technical and management capacity of national, provincial and county-level partners.

36. At the national and provincial levels, the programme will redouble efforts to enhance the capacity of the Ministry of City Management to assess sectoral requirements, plan and design water and sanitation systems, supervise implementation, train county-level technicians and ensure high-quality outputs. The key role of the provincial authorities in the replication of the focus county model will be reinforced through an emphasis on provincial participation in all supported activities. Support for institutional capacity-building will focus on improving the effectiveness and quality of the UNICEF-supported programme in focus counties. Support will also be provided to national-level hygiene promotion and water quality-related activities. Support for spare parts for city water systems and chlorination products will be scaled down and will focus only on areas with a proven water supply and/or quality problem.

37. In selected focus counties, the WASH programme will support the construction of gravity-fed water supply systems, a sustainable cost-efficient technology successfully introduced in the last programme cycle with wide scope for replication throughout the country. Water quality will be assured through an emphasis on source selection and protection, water treatment, routine water quality monitoring and the demonstration of on-site waste water treatment technologies. As appropriate, the programme will support the construction of alternative water systems such as hand pump-equipped borewells. The programme will support the improvement of water and sanitation facilities in selected schools and other institutions to demonstrate ecological sanitation technologies, and promote hand-washing with soap and safe excreta handling techniques in households through existing networks such as the section doctors.

38. The main implementing partners will be the Ministry of City Management in collaboration with the Ministry of Public Health for water quality and hygiene promotion and the Ministry of Education for WASH in schools. The programme will also closely collaborate with the Counties' People's Committees.

39. **The basic education quality** programme's key results are that the quality of and environment of education are improved

40. The programme comprises two projects: (a) national capacity-building; and (b) quality basic education in focus counties. The projects are interconnected as the central level will design, develop guidelines, conduct training and evaluate pilots on educational improvements which will be tested in selected schools in focus counties.

41. At the national level, building on progress made on the learning assessment initiative, the programme will support the development of an overarching plan for improving education, covering expansion and scope of learning assessments,

curriculum review, revision of in-service teacher training, strengthening school planning and introduction of school self-assessments and life skills. Curricula in kindergarten and for one or two subjects in primary school will be reviewed and learning outcomes prepared. Curriculum review will be accompanied by a revision of in-service training methods with training guidelines, new methods and teacher training materials developed. Standards for early learning and development linked to curriculum and training will also be developed for kindergarten.

42. In collaboration with UNESCO, support will be provided for strengthening reporting by the education management information system for provincial and county levels. Reports will be used to prepare the national EFA mid-decade assessment in 2007, to plan remedial and cognitive measures and to assess the impact of pilot projects.

43. Life skills-based learning approach will be introduced through the secondary-school curriculum and school clubs. Support will be provided to design a suitable life-skills concept, develop key messages using modern communication methods and organize trials in selected subjects and grades. Life skills-education topics could include hygiene and sanitation, HIV/AIDS awareness, smoking and alcohol prevention and prevention of accidents and injuries.

44. In selected focus counties, the programme will support improvements in the quality of education and school environment to increase schools' "child-friendliness". Various initiatives to improve education related to curriculum revision, in-service teacher training, school self-assessments and learning standards and outcomes will be piloted and evaluated in selected schools.

45. For life skills, new school clubs will be established and/or existing clubs strengthened. Teaching guides and materials will be prepared and field tested. In order to properly assess the impact of the introduction of life-skills education, baseline information will need to be collected.

46. The main implementing partners will be the Ministry of Education, in collaboration with the Academy of Educational Science for learning achievements and the Ministry of City Management for WASH in schools. The programme will also closely collaborate with the Counties' People's Committees.

47. **The planning and advocacy** programme's key result is that management and utilization of overall statistics for national planning are enhanced, including for the monitoring of progress towards the Millennium Development Goals.

48. At the national level, in collaboration with UNDP, support will be provided to the Central Bureau of Statistics to develop skills to conduct national surveys to monitor social indicators contributing to the Millennium Development Goals. It will also contribute to strengthen the development and use of *KoreaInfo*, the localized version of *DevInfo*, especially at the national and provincial levels, as a tool to measure progress towards the Millennium Development Goals and other national plans and frameworks.

49. The programme will also contribute to and strengthen the horizontal collaboration of sectoral programmes at the national and focus-county levels, and advocate for increased use of data by both UNICEF and government counterparts in planning and evidence-based policy development.

50. The main partners will be NCC, the Central Bureau of Statistics and occasionally the Grand People Study House for the organization of events in focus counties to promote the realization of the rights of Korean children and women. It will also collaborate with UNFPA in relation to the national census planned in 2008.

51. **Cross-sectoral costs** will cover salaries and travel costs of staff supporting the operations of the country office, training, communication and essential equipment and supplies.

Major partnerships

52. Major programme partnerships are described above. The country programme will be implemented in close collaboration with other United Nations agencies. Joint programming is currently undertaken or being planned in the fields of monitoring the Millennium Development Goals, food fortification and safe motherhood with UNDP, UNFPA, WFP and WHO.

53. Close contact will be maintained with funding partners both to maximize resources and involve them in programme reviews and assessments, including facilitation of project visits for donors and National Committees for UNICEF.

Monitoring, evaluation and programme management

54. The country programme will be managed in collaboration with NCC, a multisectoral group comprising all government stakeholders. Sectoral quarterly reviews and the annual review with all partners will constitute the forum to assess the progress of annual workplans and identify priorities to be addressed. At the end of 2008, an expanded annual review will contribute to the formulation of the following country programme.

55. The integrated monitoring and evaluation plan will include sectoral reviews and surveys including a nutrition survey which will all contribute to evaluate the impact of the country programme. Relevant indicators will be included and tracked in *KoreaInfo*.
