

<b>CPD Summary Results Matrix: Government of DPRK– UNICEF Country Programme 2011 – 2015</b>			
Millennium Development Goals / Millennium Declaration Commitments / CRC Article(s): Reduce under-5 mortality rate / CRC Articles 6, 24			
National Development Priorities: Improve the quality of life of people (MDG 1, 3, 4 & 6) and Sustainable development of environment (MDG 7)			
<b>UNSF Outcome: Improved access to and utilization of essential, adequate and quality social services especially health, education, water and sanitation.</b>			
Programme Component (and related Focus Area of the MTSP)	Programme Component Result(s) <sup>1</sup>	Key Progress Indicators, Baselines and Targets (for each P.C.R.)	Major Partners, Partnership Frameworks and Cooperation Programmes
Health (FA 1)	<p>PCR 1 By 2015, capacity of national and local governments strengthened to formulate and implement relevant policies and results oriented strategies to manage the health system nation-wide.</p> <p>PCR 2 By 2015, capacity of national and local government strengthened to increase access to and delivery of quality basic Health Services for children and women.</p> <p>PCR 3 By 2015, Malaria and TB morbidity and mortality reduced in affected areas.</p>	<p>1.1 A National Health policy is in place by 2010.</p> <p>1.2. % of province has an action plan on the implementation of National Health Policy Baseline: 0 Target: 100%</p> <p>2.1 % of village clinics providing Basic Emergency Maternity Obstetric Neonatal Care (BEMONC) Baseline: 30% Target: 90%</p> <p>2.2 % of country hospitals providing Comprehensive Emergency Maternity Obstetric Neonatal Care (CEMONC). Baseline: 30% Target: 90%</p> <p>2.3. % village clinics applying clinical IMCI strategy for appropriate management of diarrhoea and pneumonia Baseline: 10% Target: 95%</p> <p>2.4. % of under one children fully immunized Baseline: 88% Target: 95%</p> <p>2.5. Incidence of diarrhea among the children U5 Baseline: 13% Target: 10%</p> <p>2.6. Incidence of pneumonia cases among the children U5 children Baseline- 13% Target- 10%</p> <p>3.1. Malaria morbidity reduced by 50 % of the 2007 level by 2013 Baseline: 0.62/1,000 pop. Target: 0.31/1,000 pop. (50% reduction, target to be revisited in 2011)</p> <p>3.2. To reduce malaria morbidity in the higher transmission zone by 70 % of the 2007 level by 2013 Baseline: 2.4 %/1,000 Target: 0.72%/1,000 pop</p>	<p>UNICEF and WHO will work on revised National Cold chain policy, Essential drug policy etc.</p> <p>UNICEF, UNFPA and WHO will work together on maternal and child health programme and will apply same guidelines and training manuals.</p> <p>UNICEF and WHO will work on strengthening institutional capacities, upgrading HMIS, ensuring quality health care equipment and essential drugs with particular emphasis on maternal and child health, technical assistance on communicable and non-communicable disease control.</p> <p>UNICEF and WHO will work closely with WHO as Sub-recipient for the Global Funds approved projects on Malaria and TB.</p>

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Health (FA 1)		3.3. Number of registered and treated TB cases increased. Baseline: 79,000 Cases Target: 100,000 Cases 3.4. TB mortality reduced in 45 cases/100,000 by 2015 Baseline: 59/100,000 Target: 14/100,000	
Water, Sanitation and Hygiene (FA 1)	PCR 4 4.1 By 2015, capacity of national and local government strengthened to formulate relevant and effective WASH policies and strategies.  4.2 By 2015, capacity of national and local government strengthened to increase access to and delivery of quality water and sanitation services for children and women.	4.1.1 National WASH policy designed and launched by 2012. 4.1.2 National water supply status and coverage plan under implementation by MoCM and other partner agencies by 2013 4.1.3 Policy of constructing improved latrines in all new houses indorsed by the Government by 2011  4.2.1 Number of County towns and number of villages with functioning GFS systems. (Baseline: 15 towns 50 villages; Target 35 towns 100 villages). 4.2.2 Number of alternative technologies on water supply improvement piloted (Baseline 0; Target 2 alternatives) 4.2.3 % of rural household with access to improved sanitation in focus counties (Baseline TBD Target TBD). 4.2.4 DEWATS design adapted to the local context and the adapted model is under implementation in at least 10 communities (Baseline: 1; Target: 10) 4.2.5 % Health and education institutions with improved source of drinking water and improved sanitation in the project counties Baseline: 0; Target: >50%)	<u>UNICEF and WHO</u> will work on technical assistance and capacity building for control quality of drinking water; developing guidelines and standards; IEC development for community education through the network of household doctors <u>UNICEF</u> will support the construction of Gravity Fed Scheme and Sanitation for demonstration and explore new appropriate technologies <u>UNICEF and UNDP</u> will work in the area of renewal energy based technology for water supply augmentation and management of solid waste and waste water. <u>European Union Project Units and IFRC</u> will play critical role in scaling up water supply and sanitation services. WASH activities will be coordinated to avoid duplication and improve experience sharing and lessons learning
Basic Education and Gender Equality (FA 2)	PCR 5 By 2015, national and local government capacities strengthened to improve the quality of Education nationwide	5.1. Percentage of officials in MoE accessing and using education management information system (EMIS) for planning and monitoring Baseline: 0 Target: TBD 5.2. Early Learning and Development Standards finalized and implemented nationally 5.3. The Child Friendly school (CFS) Framework document developed and endorsed by the Government 5.4. No. of schools met the CFS standard requirements Baseline: 0 Target: 50%	<u>UNICEF</u> will support early childhood and development, school readiness and primary school education; curricular revision and textbook development; LSBE and hygiene and health promotion in kindergarten, primary and secondary schools; teacher training linked to child centred methodologies; child friendliness of school and kindergarten environment including teachers/ caregivers training; parenting, evidence based planning and management in schools

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Basic Education and Gender Equality (FA 2)	By 2015, National and sub national capacity is in place to deliver quality education services to children in kindergartens, primary and secondary school	5.5. Learning outcomes assessed at least twice by 2015 vis a vis newly introduced curriculum in Math and English Baseline: 0 Target: TBD 5.6. Maths and English curricula revised and endorsed by the Government.	<u>UNICEF and UNESCO</u> will enhance work on the national plan of action for Education for All (EFA) and implementation strategies to focus on building knowledge on basic sciences and math. UNICEF will support the Government's educational management information system to be used as a primary tool to plan educational services for children.
Nutrition and Care (FA1)	<p>PCR 6 By 2015, child and maternal nutrition improved at local and national levels.</p> <p>PCR 7 By 2015, improved behavioral and care practices at institutional and household level in focus counties.</p>	<p>6.1 Proportion of infants 6-9 months of age receiving breast milk and solid/semi solid foods Baseline: 29.7% Target: 60%</p> <p>6.2 Reduced % of stunted children. Baseline: 32% Target: 27%</p> <p>6.3. % reduction in anemia in children (6-24 months) Baseline: to be assessed in focus counties Target: by one third from baseline</p> <p>6.4 National Nutrition and Care policy designed and launched by 2012.</p> <p>7.1 % increase in households using adequately iodized salt Baseline: 24% Target: 50% by 2015</p> <p>7.2 Vitamin A Supplementation (VAS) coverage maintained &gt;90%</p> <p>7.3 % reduction of maternal anemia. Baseline: 34% Target: 24% by 2015</p> <p>7.4 4.1 No of targeted clinic implementing CMAM Baseline: 19 clinics Target: 300 village clinics by 2015.</p>	<p><u>UNICEF and WHO</u> will collaborate on implementation of maternal nutrition during pregnancy and lactation, together with initiation of breastfeeding within the first hour after birth, exclusive breastfeeding for the first 6 months, and continued breastfeeding up to at least 24 months of age; adequate complementary feeding from 6 months onward; and micronutrient interventions in order to reduce the level of stunting in young children.</p> <p><u>UNICEF and WHO</u> will work on promotion of USI, monitoring and to increase production of iodized salt.</p> <p><u>UNICEF and WFP</u> will work for production of fortified food and therapeutic food alternatives.</p>

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Nutrition and Care (FA1)	PCR 8 Improved government capacity in emergency preparedness and response including long-term strategies for risk reduction particularly in Nutrition.	8.1 Number of nurseries implementing child care and development model. Baseline: 6 nurseries Target: 50% of nurseries in focus counties including Ri level by 2015. 8.2. Emergency Preparedness Response Plan updated annually.	
Advocacy and Knowledge Management (FA 5)	PCR 9 Government capacity strengthened to generate, collect, analyse and use data to inform policy and decision makers.	9.1. National household surveys institutionalized and periodically conducted. Baseline: to be established. Target: 2. 9.2. Increased availability of disaggregated data on child survival, development and protection (CSDP) at national level and in selected counties. Baseline: to be established Target: 2 (one at mid-term and one at the end of programme cycle). 9.3. Number of baseline studies, evaluations, researches and assessments conducted nationwide/selected areas, following internationally recognized standards. Baseline: 2 Target: 2 9.4. Number of international exchanges and lessons incorporated resulting in national replication or policy changes. Baseline: N/A Target: 5 ( one per programme)	<u>UNICEF</u> 's main government partner will be the NCC. <u>UNICEF</u> will continue to work jointly with all UN and other development partners and relevant ministries.  <u>UNICEF</u> and <u>WFP</u> will help strengthen knowledge in multi-modal transport to address logistic and communications issues in delivering supplies and materials  <u>UNICEF</u> will promote the use of the MICS report in planning the social sectors affecting women and children.

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