

Democratic People's Republic of Korea

Country programme document 2011-2015

The draft country programme document for the Democratic People's Republic of Korea (E/ICEF/2010/P/L.9) was presented to the Executive Board for discussion and comments at its 2010 annual session (1-4 June 2010).

The document was subsequently revised, and this final version was approved at the 2010 second regular session of the Executive Board on 9 September 2010.

Basic data†

(2008, unless otherwise stated)

Child population (millions, under 18 years)	6.5
U5MR (per 1,000 live births)	55
Underweight (% , moderate and severe)*	19
Maternal mortality ratio (per 100,000 live births, 2005)**	77
Primary school enrolment (% net, male/female)	^a
Survival rate to last primary grade (%)	—
Use of improved drinking water sources (%)	100
Use of improved sanitation facilities (%)	—
Adult HIV prevalence rate (%)	—
Child labour (% , children 5-14 years old)	—
GNI per capita (US\$)	^b
One-year-olds immunized with DPT3 (%)	92
One-year-olds immunized against measles (%)	98

† More comprehensive country data on children and women can be found at www.childinfo.org/.

* WHO child growth standard.

** The 2005 estimate developed by WHO, UNICEF, UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 370 per 100,000 live births.

^a Net primary school attendance is 99 per cent, according to the MICS 2009; gender disparity data is not yet available.

^b Low income (\$975 or less).

Summary of the situation of children and women

1. Social development, and consequently progress towards achieving the related Millennium Development Goals, presents a mixed picture in the Democratic People's Republic of Korea, with some of the Goals reportedly achieved while others are lagging behind. With a total country population of 24 million (census 2008), it does not seem likely that the country will be able to achieve most of the Goals. In relation to Goal 2 (achieving universal education), a national 11-year free compulsory education policy ensures that all children completed secondary education. Literacy rates are near universal. Still, teaching methods have not evolved alongside international standards. While selected multimedia materials have been introduced in some urban centres, basic teaching materials do not meet the needs of the country.

2. The Democratic People's Republic of Korea has done well in promoting some aspects of Goal 3, in particular achieving gender equality and empowering women. Indicators relating to parity between boys and girls in schools and female/male literacy are all met, according to Government accounts. Women and men are paid the same wages, and women enjoy a flexible five-month period of paid maternity leave. However, while women's participation in wage employment is quite high, the gender composition of senior positions in the Government and amongst members of the Supreme People's Assembly shows wide disparities, with women holding 16 per cent of positions. Gender stereotypes remain deep-rooted, and women continue to assume a greater proportion of the household burden.

3. In the health sector, despite the gains of the 1980s, the current levels of infant and maternal mortality — the infant mortality rate (IMR) is at 19 per 1,000 live births and the maternal mortality ratio (MMR) at 77 per 100,000 live births — remain considerably higher than in the 1990s (IMR of 13 per 1,000 live births and MMR of 50 per 100,000 live births). The Government is working to improve these rates in order to achieve Goals 4 and 5 (reducing the IMR by two thirds and the MMR by three quarters by 2015). The malnutrition rates remain very high, and management of severe and acute malnutrition needs to be improved.

4. Lack of access to quality reproductive healthcare, including family planning, newborn and child health services, is a key constraint. Additional challenges include insufficient resources to expand essential service packages throughout the country; limited information on international standards and best practices; and inadequate monitoring and supervision capacities. The inadequate nutritional status of women before pregnancy has causal effect on maternal mortality and morbidity, and needs to be addressed.

5. While the Government has paid more attention to the prevention of HIV/AIDS in recent years, limited public awareness of HIV transmission, increasing cross-border travel and a health system not equipped to treat infected people all highlight the need for additional efforts in prevention and management. Malaria prevails in varying degrees in seven out of ten provinces. Since its re-emergence in the late 1990s, the country managed to dramatically reduce the annual caseload from 296,540 cases in 2001 to 7,436 cases in 2007. The present estimate for tuberculosis reflects an overall figure of 79,000, of which 44,379 are new smear positive cases. UNICEF has exceptionally accepted the request to act as the Principal Recipient, with the World Health Organization (WHO) undertaking the role of Sub Recipient, for the Global Funds to Fight Aids, Tuberculosis and Malaria from 2010 to 2014. This places UNICEF in the unique position to lead and manage the programmatic, financial, monitoring and evaluation components, as well as undertake the procurement of all health and non-health commodities. The approved funds total approximately \$88 million, available from mid-2010 for five years, and will provide critical resources to accelerate efforts towards the attainment of Goal 6.

6. The situation in the water, sanitation and hygiene (WASH) sector continues to be of concern. The extensive piped water supply systems put in place during the early 1980s are now in ailing condition due to low levels of investments and rehabilitation, shortage of electricity and destruction caused by natural disasters. While almost all households have access to some form of sanitation facility, observations made particularly in rural areas suggest that latrines are predominantly rudimentary and therefore remain ineffective in preventing faecal materials from entering into the human environment. As a result, diarrhoea caused by inadequate water quality, poor sanitation and unhygienic personal behaviour is still amongst the leading causes of under-five mortality. The Government has been encouraging the replacement of pumping water systems with gravity-fed water systems, along with the introduction of decentralized waste water treatment systems. Thus, the period 2011-2015 is crucial for the Government to achieve Goal 7 (halving the population without sustainable access to safe drinking water and basic sanitation).

Key results and lessons learned from previous cooperation, 2007-2010

Key results achieved

7. In collaboration with the Global Alliance for Vaccine Initiative (GAVI) and WHO, routine full immunization coverage is now over 95 per cent amongst children under one year of age and coverage for the third dose of the combined diphtheria/pertussis/tetanus and the hepatitis B vaccines increased from 82 per cent in 2006 to 94 per cent in 2009. In 2008, a national immunization coverage survey conducted by an independent international consultancy validated the excellent performance of the Expanded Programme of Immunization (EPI). The assessment of the cold-chain infrastructure and operations throughout the country resulted in a replacement plan that improved systematic planning and optimized EPI services.

8. In 2007, prompt response by UNICEF and WHO to a major measles outbreak resulted in the vaccination of 16 million people in eight weeks, successfully containing the epidemic. Similarly, rapid and efficient response by UNICEF with other key development partners to the major flooding in 2007 strengthened the Government's response to the affected populations through the provision of safe water supply, medicines and essential health care while containing the spread of diseases. Rapid assessments on nutritional impact on children were conducted, and schools were promptly reopened. This prompted the development of a maternal and newborn care package, which was distributed to all focus counties. Labour wards and intensive care units were renovated, contributing to improved obstetric care, ensuring safer deliveries. The success of the maternal and newborn care package led to its replication and expanding use across normal programme areas.

9. The preliminary report of the 2009 Multiple Indicator Cluster Survey (MICS 2009) shows that over 68 per cent of households consumed iodized salt while 98 per cent of children (aged 6-59 months) received two doses of vitamin A supplements. In addition, 98 per cent of children (aged 2-5 years) received deworming pills regularly. To prevent anaemia and possible neurotubal defects in newborns, the micronutrient supplementation policy was revised to introduce iron-folate supplementation in adolescent girls (ages 16-17 years), weekly iron-folate supplementation during pre-conception period (ages 23-28 years) and multiple micronutrient supplementation (along with deworming) for pregnant and lactating women (3 months after giving birth). A comprehensive package providing basic essential knowledge to guide newlywed couples was designed and successfully piloted in eight focus counties in 2009.

10. The three-year revision plan of the primary mathematics curriculum is now complete. The new curriculum has been successfully piloted, with support from UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 28 schools, covering over 100 teachers and classrooms in urban, suburban and rural areas.

11. Early learning development standards for children under 5 years of age were revised to meet international norms with the involvement of the Ministries of Education and Public Health and the support of international experts.

12. A life skills-based education materials kit created and distributed at the national level provided a wide range of critical essential information benefiting multiple audiences. The kit offers appropriate reading materials for the target populations, contributing to an increase in reading materials available nationally.

13. Basic infrastructure improved in the focus counties through the construction of latrines in schools and the rehabilitation of in-service training centres and provided models for expansion by Government.

14. Technical assistance was provided to the Ministry of City Management to assess sectoral requirements, plan and implement water and sanitation systems, and train county-level technicians, resulting in improved management of water and sanitation services.

15. The construction of gravity-fed water systems contributed to the safe and reliable supply of water to 230,000 people. This provided a valuable, cost-effective alternative to pumped water systems. This successful intervention can easily be taken to scale to benefit a larger number of communities.

16. In October 2008, for the first time in 15 years, a national census was conducted in the Democratic People's Republic of Korea, with support from the United Nations Population Fund (UNFPA). The processes followed internationally accepted standards. UNICEF, with the participation of the World Food Programme (WFP), supported the Central Bureau of Statistics in undertaking the MICS in 2009. The MICS and the census have generated new data, after a gap of many years, and provided an opportunity to strengthen the capacity and knowledge of technical government staff.

Lessons learned

17. The 2008 EPI coverage survey showed that with adequate supply of vaccines and logistics support, the country can achieve high immunization coverage. However, long-term sustainability remains a challenge due to the heavy dependence on donors. The introduction of new and combined vaccines and mandatory cold-chain maintenance makes this even more difficult to sustain. Continued strategic alliance with GAVI and related government ownership is critical in strengthening the immunization programme and to maintain the high coverage.

18. UNICEF-supported interventions have largely concentrated at the town level, leaving a large size of the unreached population in the rural areas. Quality social services need to be modelled throughout the counties, including the rural areas. This is particularly a challenge in the mountainous and coastal areas of the country.

19. Various pilot projects in nutrition, water supply, health and education provide ample lessons learned and contributed to the development of guidelines to scale up these interventions.

The country programme, 2011-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	1 396	83 842	85 238
Nutrition and care	2 326	10 000	12 326
Water, sanitation and hygiene	1 396	12 500	13 896
Education	2 326	10 000	12 326

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Advocacy and knowledge management	930	2 500	3 430
Cross-sectoral costs	931	—	931
Total	9 305	118 842	128 147

Note: The budget is exclusive of emergency funding that will be mobilized in response to specific emergencies.

Preparation process

20. The country programme planning exercise was carried out by UNICEF in close consultation with the National Coordinating Committee (NCC), concerned line ministries, United Nations agencies and other key international development agencies. The proposed country programme is consistent with the outcomes of consultations on the United Nations Strategic Framework (UNSF) for collaboration between the United Nations and the Government of the Democratic People's Republic of Korea 2011-2015, as well as the updated situation analysis of children and women undertaken by UNICEF. The outcomes of the annual review and of the strategic moment of reflection meeting in December 2009 were also integral to the process. An environmental impact screening also formed an essential part of the preparation process, given the large construction component in the WASH and education programmes. During the various planning processes, the government ministries, the United Nations and other development partners all played important roles in critically assessing the lessons learned and the progress made through the 2007–2010 country programme and in validating the elements of the new country programme. A bottlenecks analyses workshop was held in February 2009 with participation of UNICEF regional colleagues. The findings made a significant contribution to the planning of future strategies in the health sector.

Programme components results and strategies

21. The overall goal of the country programme is to support the Government of the Democratic People's Republic of Korea in enhancing self-sustaining national capacities so that all children in the country enjoy their rights for survival, development, protection and participation. The programme component results are described below. Intermediate results will be developed together with the country programme action plans.

22. The country programme seeks to enhance the development of a national policy environment conducive for children through advocacy, increased technical support to key ministries, building strategic alliances with organizations, such as GAVI and Global Fund, and the adoption of innovative communication for development strategies.

23. The programme will also enhance the generation, management and utilization of knowledge on children for evidence-based national planning including for the monitoring of progress towards the Millennium Development Goals.

24. To contribute to early childhood development and improved care of children under five years, the programme will support strengthening of access to health services with particular attention to primary- and secondary-level services.

Moreover, to further contribute to the reduction of maternal and neonatal deaths from preventable and easily treatable causes, the programme will support sustenance of high coverage of full immunization of children under the age of one for all antigens and continue to build national capacities to scale up other high-impact health interventions. Through the support of the Global Fund, special focus will be given to reducing malaria and tuberculosis-related morbidity and mortality by enhancing case management for the two diseases and delivery of insecticide-treated nets for malaria prevention in children under five and pregnant and lactating women.

25. The programme will contribute to improved child nutrition through evidence-based interventions, such as promotion of exclusive breastfeeding; complementary feeding; micronutrient supplementation; improved childhood development care and protection, especially in institutions; and management of severe acute malnutrition at community and health facility levels. The nutritional status of women of reproductive age will be improved principally through multiple micronutrient supplementations.

26. Learning from the past emergency experiences, UNICEF will work jointly with other United Nations agencies and partners to strengthen the Government's emergency preparedness capacity and develop risk-reduction strategies for nutrition, health, WASH and education sectors, which are critical in meeting the UNICEF core commitments for children in emergencies. More broadly, the effects of critical food shortages and climate change will continue to require close monitoring in order to ensure appropriate and timely response plans are in place.

27. Access to and use of safe drinking water and sanitation will be increased, and hygiene practices improved, thereby contributing to the reduction of morbidity and mortality related to diarrhoea and acute respiratory infections in children. The key strategies will be to strengthen government capacity to plan, manage and monitor improved water supply and sanitation services and to scale up service provision in county towns and rural areas, including health, education and childcare institutions.

28. Quality of education will be improved through strengthened national capacity in education planning and management, introduction of new approaches in teaching and learning methodologies, curriculum improvement and strategic interventions in early childhood care and development. Life skills-based education will be strengthened at national and grass-roots levels. Education and sanitation facilities will be rehabilitated and constructed in focus counties. Innovative interventions will be piloted in focus counties to serve as possible models for expansion in other areas by the Government and other partners.

29. The country programme aims to achieve key results using the following strategies in close cooperation with the Government of the Democratic People's Republic of Korea:

(a) UNICEF will consolidate and maximize the synergy between service delivery, capacity building and advocacy interventions. It will continue to adopt an evidence-based approach and expand its geographic and substantive focus in the new country programme.

(b) Advocacy for increased government budget allocation to social sectors for children will become an important strategic policy approach and key overarching component of the new country programme. Data generation will facilitate evidence-based social policy discussions on priority problems. UNICEF support to

programming in a limited number of focus counties will provide essential input to advocacy and policy efforts while paving the way for further rollout and potential scaling-up for national replication. UNICEF will advocate on a platform of inclusivity and strengthen the capacity of ministries to deliver quality social services to all children, taking into consideration special needs and contexts.

(c) The formulation and implementation of innovative communication for development strategies will form an integral part of the next country programme and contribute towards systematic capacity building in the country, greater demand for services and increased and efficient results for children.

30. Given the strategic importance of gender in the development process, this country programme will ensure that the gender perspective is mainstreamed.

31. UNICEF will continue working with other United Nations agencies in joint programming by geographical areas or in sectoral programmes to have synergistic impact on the women and children.

Relationship to national priorities and the UNDAF

32. There is no United Nations Development Assistance Framework (UNDAF) for the Democratic People's Republic of Korea. Instead, the country programme was developed within the context of the new UNSF 2011-2015, and is consistent with the national priorities of the Government of the Democratic People's Republic of Korea.

Relationship to international priorities

33. The new country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other humanitarian principles, and follows a human rights-based approach to programming, focusing on children and their families. Priority interventions will contribute to achieving the Millennium Development Goals, the related Millennium Declaration and *A World Fit for Children*. The new programme will contribute to the five focus areas of the UNICEF medium-term strategic plan.

Programme components

34. UNICEF seeks to consolidate and build on the results of the previous country programme and the processes for achieving the Millennium Development Goals. The strategic focus will be on policy advocacy, systems building and process improvements, including qualitative improvements to services and knowledge management.

35. **Advocacy and knowledge management.** This programme component will advocate for integrated policies to reduce vulnerability gaps, address gender mainstreaming, and support childcare in institutions and children with special needs. Moreover, it will emphasize high-quality child-related analytic research, including follow-up to MICS 2009, and strengthen sharing of lessons learned with appropriate capacity development for long-term planning through focused and integrated county plans between programmes and local planning.

36. The key expected result is strengthened government capacity to generate, collect, analyse and use data to inform policy and decision makers.

37. The programme, in line with the UNSF, will increase its support to all government partners and seek to improve sector planning through various capacity-building activities, including strengthening of data analysis, technical assistance for strategic sector planning, results-based monitoring and the reinforcement of a culture of accountability. Development of a stronger internal results-based monitoring system will require improvements in the roles, capacities and skills for more informed programme planning and social policy development, including integrated interventions and piloting policies/guidelines at the focus-county level. Knowledge sharing through greater international exposure will be a cornerstone of this strategy and will enable the adoption of good practices of other countries in the region and forging of a regional institutional network.

38. The main government partner will be the NCC. UNICEF will continue to work jointly with all United Nations and other development partners and relevant line ministries.

39. **Health.** The component will focus on increasing the availability and utilization of quality health services, with particular attention given to primary- and secondary-level health facilities. The programme will also incorporate the Global Fund's support on enhancing the prevention and case management of malaria and tuberculosis, including increased case detection and procurement and distribution of insecticide-treated nets for malaria prevention and improved treatment and other supplies. Through the continuum of care approach, UNICEF will support the introduction and expansion in all focus counties of health-related key caring practices, such as the Community Integrated Management of Childhood Illness strategy, to address major diseases (diarrhoea and pneumonia, among others) in line with the UNSF social development outcome and directly supporting the achievement of Millennium Development Goals 4, 5 and 6.

40. The following key results are expected to be achieved by 2015: (a) capacity of national and local governments strengthened to formulate and implement relevant policies and results-oriented strategies to manage the health system nationwide; (b) capacity of national and local government strengthened, increasing access to and delivery of quality basic health services for children as well as utilization of quality maternal and newborn care by women; (c) morbidity and mortality related to malaria and tuberculosis are reduced in affected areas.

41. The key partner will be the Ministry of Public Health and will implement joint programmes with other health development partners including WHO, UNFPA and International Federation of the Red Cross (IFRC).

42. **Nutrition and care.** The component will support the Government's efforts to reduce child and maternal undernutrition, in line with the global targets of Goals 1, 4 and 5. It also supports the UNSF nutrition outcome, aimed at improving the nutritional status of women and children. The programme will focus on nurseries, baby homes and household levels in focus counties, through evidence-based and high-impact interventions with early initiation of breastfeeding, exclusive breastfeeding, adequate and safe complementary feeding, and improved child care practices. It will also continue supporting micronutrients supplementation and anaemia control in infants, young children and women of childbearing age, including pregnant and lactating women.

43. The key expected results by 2015 are the following: (a) child and maternal nutrition will be improved at local and national levels; (b) behavioural and care practices at institutional and household level will be improved in focus counties

(c) Government capacity in emergency preparedness and response, including long-term strategies for risk reduction, particularly in nutrition, will be developed.

44. The key partners will be the Institute of Child Nutrition, Ministry of Public Health, as well as Swiss Agency for Development Cooperation, WHO, UNFPA, WFP and IFRC.

45. **Education.** The component aims to improve quality of education nationally. The main strategy at the national level will involve capacity development in education planning and management; supporting the development of national standards and frameworks for early learning and child-friendly primary schools; and expanding new approaches in teacher training and instructional methodologies, life skills-based education and curriculum and textbook revision. In addition, the education strategy will introduce innovative interventions and models in the focus counties related to WASH, improved classroom facilities, learning materials and multimedia approaches, as well as to school-based management, which can be expanded to broader areas by the Government and other partners.

46. The following are key expected results by 2015: (a) national and local government capacities strengthened to improve the quality of education nationwide, (b) national capacity in sector planning and data management enhanced; and (c) capacity of national and local government strengthened to increase access to and delivery of quality basic education for children.

47. The programme supports the UNSF social development outcome and global targets of Goals 2, 4 and 6 through efforts aimed at improving the quality of education and friendliness of school environment. The government partner will be the Ministry of Education. UNICEF will continue to work with UNESCO and other development partners on joint initiatives.

48. **Water, sanitation and hygiene (WASH).** The component will be scaled up to reach county, town and rural areas with emphasis on gravity-flow schemes and other lower cost solutions together with water-safety planning approaches; increased access to improved sanitation in household and child institutions by promoting environmentally sustainable and appropriate solutions; improved hygiene practices through the use of effective and critical hygiene messages linked with health, nutrition and education programmes.

49. The following are the expected key results of the WASH programme by 2015: (a) capacity of national and local government strengthened to formulate relevant and effective WASH policies and strategies; and (b) capacity of national and local government strengthened to increase access to and delivery of quality water and sanitation services for children.

50. The main implementing partners will continue to 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 work closely with the County People's Committees and implement joint interventions with WHO, the United Nations Development Programme (UNDP), the United Nations Environment Programme, IFRC and other non-governmental partners.

51. **Cross-sectoral costs** will include the expenses of programme and support staff, as well as technical assistance and office costs.

Major partnerships

52. Major implementation partners are the Ministry of Public Health, the Ministry of City Management, the Ministry of Education and the Census Bureau. The country programme will be implemented in close collaboration with the United Nations and other development agencies working in the Democratic People's Republic of Korea. Joint programming is currently undertaken in immunization, food fortification, WASH, safe motherhood and education with UNDP, UNFPA, WFP, WHO and UNESCO; additional opportunities for even greater coherence will be identified through the UNSF. Strategic partnerships will be forged with other key funding partners, involving them in programme monitoring, reviews and assessments. Discussions will be held with the Government of the Republic of Korea for long-term support. The working relationship with the Global Fund and the United Nations Office for Project Services will be strengthened. The NCC for UNICEF will be an integral partner in the new country programme.

Monitoring, evaluation and programme management

53. The NCC will be the main coordinating body for programme implementation. A five-year country programme action plan and related work plans will be developed; these may be revised as a consequence of annual reviews, evaluations and changes in priority needs or the funding situation. The third annual review, scheduled for late 2013, will serve as a midterm review and will feed into the preparation of the next programme cycle to begin in 2016.

54. UNICEF will use a results-based approach and undertake joint field monitoring visits with other United Nations partners, programme reviews and assessments following established UNSF guidelines. Investments will also be made to train concerned personnel and to provide technical assistance to establish and implement national monitoring and surveillance systems.
