



ANALYSIS OF THE SITUATION OF
Children and Women
IN THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
2019



unicef 
for every child

*Analysis of the Situation of Children and Women in the
Democratic People's Republic of Korea*

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Acronyms

AMS	Academy of Medical Sciences	MAM	moderate acute malnutrition
CBS	Central Bureau of Statistics	MDGs	Millennium Development Goals
CDMU	Child Data Management Unit	MICS	Multiple Indicator Cluster Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	MoPH	Ministry of Public Health
CMAM	community-based management of acute malnutrition	MoUM	Ministry of Urban Management
CRC	Convention on the Rights of the Child	MTSP	medium-term strategic plan
CRPD	Convention on the Rights of Persons with Disabilities	MUAC	mid-upper-arm circumference
DHS	demographic and health survey	ODA	official development assistance
DPR Korea	Democratic People's Republic of Korea	SAM	severe acute malnutrition
EAPRO	East Asia and Pacific Regional Office	SDGs	Sustainable Development Goals
FAO	United Nations Food and Agriculture Organization	SDHS	socio-economic, demographic and health survey
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	TB	tuberculosis
GPSH	Grand People's Study House	UN	United Nations
HRBAP	human-rights-based approach to programming	UNCT	United Nations Country Team
ICT	information and communication technology	UNDP	United Nations Development Programme
IFRC	International Federation of Red Cross and Red Crescent Societies	UNESCO	United Nations Educational, Scientific and Cultural Organization
IUD	intrauterine device	UNFPA	United Nations Population Fund
KFPD	Korean Federation for the Protection of the Disabled	UNICEF	United Nations Children's Fund
		US\$	United States dollar(s)
		WASH	water, sanitation and hygiene
		WFP	World Food Programme
		WHO	World Health Organization

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As part of the process, consultations were also held with United Nations and humanitarian partners present in Pyongyang, as well as non-resident agencies covering DPR Korea. Key informants in-country included the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the World Food Programme (WFP), the Food and Agriculture Organization (FAO), the World Health Organization (WHO), the Swiss Development Cooperation (SDC) and the embassies of Germany, the United Kingdom and Sweden. Valuable information and support were also provided by Humanity & Inclusion, the International Federation of the Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC) and the European Union Project Support partners, including Triangle Génération Humanitaire, Première Urgence Internationale, Concern Worldwide and Welthungerhilfe. Non-resident agencies, including the United Nations Educational, Scientific and Cultural Organization (UNESCO), were contacted telephonically and provided useful inputs and insights.

The data in this report and its interpretation and recommendations are those of the authors and do not necessarily reflect the views and opinions of UNICEF or the Government of DPR Korea. However, as always, UNICEF welcomes any comments and suggestions that might contribute to strengthening the shared understanding of and action towards achievement of full and equitable rights for children and women in DPR Korea.

Executive summary

Since the preparation of the previous Situation Analysis in 2016, there have been a number of developments that have a bearing on our understanding of progress, opportunities and constraints on the way towards achieving the rights of children and women in DPR Korea. These developments are of sufficient significance to warrant an update to document and contribute to a better understanding of the changes, their drivers and their implications for action. The update will inform the Midterm Review of the programme of cooperation between the current Government of DPR Korea and UNICEF, 2017–2021. Over the longer term, this analysis is also expected to contribute to the Common Country Analysis and the Midterm Review of the United Nations Strategic Framework, including the contribution of the UNICEF Country Programme, while laying the initial foundation for UNICEF’s next Country Programme.

Over the past decade, DPR Korea, with the support of United Nations (UN) agencies and other humanitarian partners, has made significant improvements in key indicators of child welfare, despite facing severe economic and humanitarian challenges made worse by changing climatic conditions, stringently enforced economic sanctions and relatively limited overseas development assistance.

These accomplishments have been acknowledged by UN treaty bodies, including committees of the universal periodic review, the UN Committee on the Rights of the Child and the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and evidenced by the findings of the Socio-Economic, Demographic and Health Survey of 2014 and the Multiple Indicator Cluster Survey (MICS) undertaken in 2017. A census currently in the planning stage is expected to validate some of the key findings of these surveys while shedding light on existing areas of uncertainty, including the nature and extent of disabilities among children.

Moving forward, there are glimmers of hope and opportunity. Should de-escalation of tensions with the United States of America and other governments be sustained, it would make possible the gradual lifting of UN and European Union sanctions and easier movement of humanitarian supplies and inflow of financial resources, all of which would increase the possibility of addressing some of the most pressing challenges faced by the people of DPR Korea.

In addition, the Government’s focus on revitalizing the economy and warming relations with the Republic of Korea is growing. Were these efforts to unfold to their logical conclusion – despite the many obstacles – the potential peace dividend to the country would be immense. Under these circumstances, the UN would need to further strengthen its support for building the capacity of institutions, resilience of communities to natural disasters and other shocks and support development activities, while bringing to bear global best practices and quality standards.

However, in the interim, the country continues to be vulnerable to the effects of climate change and other natural hazards, contributing to a chronic and underfunded humanitarian situation by the United Nations Security Council's resolution 1718. Despite the exemptions from economic sanctions granted for humanitarian assistance, there is a serious shortage of inputs in the form of financial resources and essential supplies needed to address even the most pressing of life-threatening circumstances. The spillover effects of sanctions, particularly on logistics and banking networks, make it difficult for global resources to enter the country.

This Situation Analysis is based on an analysis of the outcomes of a comprehensive literature review complemented by a series of key informant interviews and group consultations carried out in collaboration with Government, other UN agencies and humanitarian partners, to better ground the process in the realities of the country. The draft document was reviewed, quality assured and validated by key stakeholders at regional and country levels.

Two broad scenarios have been considered, one is the status quo in which the current situation of sanctions and challenges to the inflows of humanitarian funding and supplies continue, and another in which positive outcomes of negotiations with the United States of America lead to UN and European Union sanctions being reduced, facilitating humanitarian action and initial support for development.

The objectives of the Situation Analysis are as follows:

1. Document achievements, success factors and opportunities, including the contribution of humanitarian partners, and identify key challenges hindering the realization of the rights of children and women in DPR Korea and their causes, to facilitate improved understanding of decision-makers and humanitarian partners.
2. Provide concrete assessment and analysis that will contribute to strengthening the capacity of Government for planning and monitoring at national and subnational levels, to address geographic, gender, age, disability, and other disparities in a way that adheres to human rights principles and accelerates progress towards the Sustainable Development Goals (SDGs) and fulfilment of human rights conventions, including the Convention on the Rights of the Child (CRC); the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on Rights of People with Disabilities (CRPD), while reducing vulnerability to natural hazards.
3. Document and analyse the effect of climate- and disaster-related shocks on children and women, national capacities to address them and the role of humanitarian partners, including UNICEF and the UN, as a contribution towards joint efforts aimed at strengthening the resilience of affected communities in the face of recurrent natural hazards.

4. Serve as a comprehensive reference on the situation of children and women in DPR Korea to provide a source of advocacy and a tool for resource mobilization, foster and support knowledge generation with relevant stakeholders, strengthen the knowledge base, facilitate action and contribute to national decision-making processes, while laying the basis for contributing to national research on the situation of disadvantaged children through identification of gaps in knowledge and understanding.

Key findings

As reflected in the further analysis of data from the most recent MICS,¹ there have been significant improvements in most indicators compared to previous data, with a high degree of equity in most basic service indicators. In particular, there has been strong improvement in indicators of infant and under-five mortality and malnutrition. Challenges remain in the areas of neonatal and maternal mortality, multi-drug resistant tuberculosis (TB) and services for children with disabilities, including disability-inclusive education. Significant inequities exist between rural and urban areas, socio-economic statuses, provinces and genders in access to services and social outcomes.

Continued declines in indicator values for young child mortality and malnutrition, along with relatively high enrolment in early childhood education (73 per cent for children between 3 and 5 years, and 97 per cent for one year prior to primary school entry age), provide children with a good start to life. Childhood illnesses are generally well managed in the health system. In particular, advances in primary health care, including low-cost, high-impact interventions such as vaccination coverage in excess of 97 per cent, the widespread use of oral rehydration salts and health-seeking behaviour by parents and caregivers, have acted to reduce morbidity and mortality among children. Child marriage and adolescent fertility and childbearing are virtually non-existent. All mothers receive antenatal care, are attended by a skilled birth attendant and receive postnatal care. Exclusive breastfeeding is also widely facilitated and practised.²

There is universal enrolment in primary and secondary school. Parental support for learning is exceptionally high at 96 per cent. Learning outcomes measured in the MICS were very favourable for reading at 95 per cent (with room for improvement in numeracy skills at 82 per cent). The Early Child Development Index score increased from 75 (2009) to 88 (2017). Higher education attainment is at low levels, especially for women (20 per cent, versus 37 per cent for men), although women do better in learning outcome tests.³

Overall, these achievements were possible due to the high level of social organization, willingness to adopt lessons learned from in-country experience, the implementation of low-cost, high-impact interventions based on global experiences and the sustained support of partners.

THERE IS STILL
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ROOM FOR
IMPROVEMENT IN
THE QUALITY OF
SERVICES.

1. UNICEF's further analysis of the 2017 DPR Korea MICS data.

2. Ibid.

3. Ibid.

However, despite these promising achievements, much remains to be done. There is still substantial room for improvement in the quality of services. As reflected in the Government's submission to the CRPD Committee, the rights of children with disabilities is a work in progress. Limited availability of data also means that not much is known about other issues, such as the situation of children living in institutions. The most recent data also reinforces the need to consider disparities in social outcomes between people in different wealth categories, males and females, rural and urban areas and between provinces more explicitly.

Significant challenges remaining include stunting fuelled by, among other factors, inadequate intake of a minimum acceptable diet. Despite considerable improvement over the years, stunting is still at relatively elevated levels, driven in part by high levels of diarrhoea due to contaminated drinking water and poor sanitation and excreta management. Only 61 per cent of households in DPR Korea and 45 per cent of rural households have access to safely managed water. A compounding factor is the unsafe disposal of excreta from 93 per cent of on-site sanitation facilities. This practice often leads to contamination of drinking water sources. Low consumption of iodized salt is also recognized as a public health challenge while access to higher education overall – but especially for young women – remains a barrier to advancement.

In the area of child protection, the acceptance of violence against children and the number of children living in situations of inadequate care are still high. Concluding observations from the treaty bodies for the CRC (September 2017) and CEDAW (November 2017) highlight a wide range of additional areas in urgent need of attention to ensure the equitable achievement of children's and women's rights.⁴

Living conditions for some residents are of a low standard and ownership of certain common household amenities is also low. At the same time, access to information and communication technology (ICT) remains constrained, and the use of clean fuels for cooking and heating is low at 10 per cent. Over and above the information gleaned from the MICS, there is a growing threat posed by tuberculosis and non-communicable diseases.

Owing also to engagement with the treaty bodies and advocacy and support of UN agencies and partners, the Government acknowledges and has taken steps to address some of these challenges. In particular, it has begun the process of aligning legislation, policies and practices with the normative frameworks provided by the signed, ratified human rights treaties. The Government has also facilitated the provision of resilience-building support and humanitarian aid. Reform processes are under way in agriculture, health and education and are expected to bear fruit.

4. These areas, too numerous to mention here, are highlighted in various sections of the text. For these two reports, refer to Annex 1 (Committee on the Rights of the Child, 2017b; Committee on the Elimination of Discrimination against Women, 2017).

Looking ahead: What does this mean for children's programming?

1. Under the current scenario of limitations on development programming and sanctions, the primary focus of the UN and humanitarian partners should remain on assisting the Government and other national duty bearers to address the needs and rights of people affected by or at risk of humanitarian emergency. For UNICEF and its partners this implies contributing to addressing the situation of severe and moderate acute malnutrition, including through preventative measures such as improving infant and young-child feeding practices, as well as health, and water, sanitation and hygiene (WASH) in emergencies, while working jointly with other UN agencies, notably FAO and WFP, to build resilience among populations at risk while enhancing support to strengthen national disaster risk reduction and disaster risk management at national and subnational levels.
2. There is a clear need for increased allocation of public budgets for child-relevant services to improve the enabling environment for child rights. Furthermore, in accordance with CRC General Comment No. 19 of 2016 on public budgeting for the realization of child rights, greater transparency in budgeting is also essential. This would facilitate and encourage potential supporters to channel their support in the most effective and efficient way to achieve child rights. In aid of this process, the UN and other humanitarian partners should continue advocating easing the availability and flow of humanitarian funding and supplies.
3. National and international duty bearers, including UNICEF and other UN agencies, should prepare for the emerging scenario of a gradual lifting of sanctions with greater opportunities for investment in the country, including plans for how best to support capacity development for reduction of inequalities and transition to development within the framework of the SDGs. Mobilizing support for South-South and triangular cooperation to facilitate sharing of experiences and best practices for reducing disparities and improving quality, particularly in health, and engaging in education and social protection, which would be essential for strengthening capacities for achieving child rights for all.
4. To facilitate evidence-based policy development, planning and programming for child rights, there should be increased collaboration on strengthening data collection and analysis, including data disaggregation by gender, age, disability and geography. UNICEF as the primary agency mandated for child well-being and all UN system agencies present in or working with DPR Korea should play a key role – gradually expanding to include other national and international partners, including academia, think tanks and international financial institutions, as circumstances permit. In this regard, there will be a need to further strengthen relations with UNESCO for support to the education management information system, WHO and UNFPA for support to the health management information system, and UNICEF and UNFPA for survey design, while continuing support to the Child Data Management Unit (CDMU).

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5. In the area of young child survival, there should be continued and increased focus on maternal and neonatal mortality reduction and the '1,000-day window' to prevent stunting. Support should concentrate on strengthening the capacity of the health system at subnational level, to improve quality and provide for safe delivery using best practices.
6. Regarding challenges in the areas of water and sanitation, increased technical support should be provided to assist the Government in developing and testing solutions while, to the maximum extent possible, employing Communication for Development approaches to increase awareness of best practices at the household level. In addition, UNICEF should continue to provide technical assistance for the provision of safely managed water, notably gravity-fed systems and/or boreholes with solar pumping, in the nine convergence counties and other especially vulnerable locations.
7. Work with partners to use Communication for Development approaches with the aim of promoting good practices in health, nutrition and WASH, including the 1,000-day window and hygiene education to targeted audiences.
8. As a follow-up to work already being done by national partners and as a follow-up to submission of the initial report to the CRPD, continue to advocate for the rights of children with disabilities and work with key actors to support early identification and early intervention activities. Advocate for and, where possible, provide technical support for implementation of the Disability-Inclusive Education Policy, based on global experience and best practice.
9. Continue to work with the UN Country Team (UNCT) to advocate for the elimination of gender disparities through follow up to the CEDAW concluding observations, particularly for national policies, strategies and plans for gender equality.
10. Provide advocacy, follow-up and support for implementation of the recommendations of the CRC, CEDAW and CRPD. In addition, advocate for the Government to sign up to optional protocols and other pieces of related human rights conventions and treaties.
11. As part of the SDG process and in collaboration with relevant counterparts, UNICEF may wish to promote and support the development of a National Plan of Action for Children incorporating clear results, measurable indicators and means of verification.
12. To facilitate greater awareness and understanding of the enabling environment, request and translate and use key planning and policy documents currently only available in Korean. These include the Long-Term Education Strategy (2015–2032), the Disability-Inclusive Education Policy and the five-year Economic Development Strategy, among others.



1 Introduction

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The United Nations Children’s Fund (UNICEF) has a global mandate to advocate for the protection of children’s rights; help meet their basic needs; and expand opportunities for children to reach their full potential. The organization is guided by the United Nations Convention on the Rights of the Child (CRC) and works to strengthen capacities of governmental partners to fulfil their obligations towards children, as defined in the Convention. As part of its country programming process, UNICEF normally undertakes a child rights-based assessment and analysis of the situation of children and women. A child rights-based situation analysis is an in-depth examination of the extent to which children’s rights are being enjoyed and an analysis of the obstacles to, and enablers of, their realization.

This exercise helps identify key shortcomings and disparities in the achievement of the rights of children and women alongside any barriers and bottlenecks that prevent the full realization of these rights. This information and analysis can then be used to design or advocate for policies and programmes to address identified challenges. For UNICEF, the Situation Analysis is a key part of the strategic planning process, enabling UNICEF and its partners to understand how well a country is progressing towards achieving its national development goals and obligations under the CRC, Convention on the Elimination of All Forms of Discrimination (CEDAW) and Convention on the Rights of Persons with Disabilities (CRPD).

Since the 2016 publication of the previous Situation Analysis, the people of DPR Korea have continued to face severe, chronic and under-funded humanitarian emergencies. The country remains at high risk of recurrent natural disasters, notably droughts and floods. These affect food production, damage housing and social infrastructure, and cause injuries and death on an annual basis. Food security and nutrition continue to be significant concerns, with close to 11 million people estimated to be undernourished.⁵ This is clearly reflected in the poor nutrition status of pregnant

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5. United Nations Country Team, 2019.

women and lactating mothers and the continuing challenges with stunting and other forms of young-child malnutrition.

Data from the 2017 MICS shows continuing improvement in child survival and development, especially in infant mortality, yet challenges remain in the areas of neonatal and maternal mortality, multi-drug resistant TB, services for children with disabilities, inclusive education and equitable access to services and social outcomes. Concluding observations from the treaty bodies for the CRC and CEDAW have highlighted additional areas in urgent need of attention to ensure the equitable achievement of children's and women's rights.

DPR Korea accepted 113 recommendations from the universal periodic review. Of these, 50 are directly linked to UNICEF's mandate and they reaffirm the commitment of the Government to the rights of children and women to equitable access to health, education, water, sanitation and hygiene facilities while addressing issues of gender and disability through increased allocation of resources and improved training. The advent of the 2030 Development Agenda, including the SDGs, provides a strategic opportunity to translate these commitments into concrete targets, strategies and tangible actions that advance the rights of girls, boys, women and men throughout the country.

There have been a number of developments since the previous Situation Analysis that have a bearing on our understanding of progress, opportunities and constraints on the way towards achieving the rights of children and women in DPR Korea. These developments warrant an update in order to document the changes and better comprehend the drivers of change and their implications for action, including course corrections during the current programme of cooperation cycle between the Government of DPR Korea and UNICEF. This is particularly true given the potential game changers of peace on the Korean Peninsula, gradual lifting of sanctions and ending of the disruption to banking channels. These changes require UNICEF to position itself, with evidence and analysis, to be able to effectively advocate for and mobilize resources to support full and equitable achievement of the rights of children and women.

1.1 Background

The Situation Analysis is an essential part of programming. It is only by having a clear understanding of the key challenges affecting the rights and welfare of children and women, and the potential causes of these challenges, that one can develop contextually grounded programmes that effectively contribute to sustainable and equitable solutions. Sufficient data is necessary to enable appropriate and useful analysis and action. Limited sources, and availability and verification of data pertaining to DPR Korea have made it challenging to assess and analyse progress to date. Over the past few years, however, there have been several significant national and programme-specific data collection exercises that have enabled a trend analysis and the identification of data gaps.

In recent years, a growing acceptance of the need to facilitate the development of a culture of evidence-based planning and tracking of results has created a more

conducive environment for data collection. The most significant among recent data collection exercises are the census (2008), Multiple Indicator Cluster Survey (2009), Nutrition Survey (2012), Socio-Economic, Demographic and Health Survey (2014) and Disability Sample Survey (2014). Since 2016, further evidence has been generated and new national policies, legislation and trends have emerged. Accordingly, UNICEF supported Central Bureau of Statistics of DPR Korea (CBS) in conducting a sixth-generation Multiple Indicator Cluster Survey, while a census is planned for later in 2019. The 2016 establishment of a Child Data Management Unit (CDMU) within the CBS is an important milestone in this regard.

The 2017 DPR Korea Multiple Indicator Cluster Survey (MICS) findings report⁶ and related thematic Statistical Snapshots⁷ were launched in June 2018, eight years after the last MICS, and facilitate assessment of progress since then. This new data set fills important knowledge gaps on the situation of children and women and, for the first time in DPR Korea, publishes data disaggregated by wealth status, enabling a deeper analysis of disparities. The Survey Findings Report contains all global standard MICS indicators relevant to the country, including data for 24 SDG indicators.⁸ It provides insight into specific situations of households, women and children regarding their place of living (area and province), health and nutrition status, and level of education or well-being. In addition, the Survey Findings Report contains results of new survey modules on water quality and sanitation; protection of children from violence and exploitation; information and communication technology (ICT) skills; and foundational learning skills for children.

UNICEF has also completed evaluations for water, sanitation and hygiene (WASH) and nutrition programmes, a coverage evaluation survey for immunization, and other programmatic assessments and studies. National policies, strategies and laws, such as a new Medium-term Strategic Plan for the health sector,⁹ have emerged, along with other new research and analysis on a wide range of relevant issues.¹⁰ These are complemented by planning documents, most notably the annual UN documents on Needs and Priorities (UNCT, 2017, 2018, 2019), which provide an overview of the humanitarian situation and outline the priorities for the use of all humanitarian actors in the country.

Furthermore, concluding observations by the relevant treaty bodies on submissions by the Government of DPR Korea on the fifth periodic report on the CRC and the combined second to fourth CEDAW periodic reports were received in the last quarter of 2017. Together, these documents provide a rich source of data and analysis to support a human rights-based assessment and analysis of the situation of children and women.

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OF CHILDREN AND
WOMEN.

6. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

7. Available at <http://mics.unicef.org/surveys>.

8. These indicators are reflected in a table in Annex 2 on child-relevant Sustainable Development Goals in the Democratic People's Republic of Korea and also in relevant places throughout this analysis.

9. Ministry of Public Health et al., 2017.

10. See Annex 1 for Bibliography.

1.2 Objectives

The overall objective of the Situation Analysis is to present a comprehensive assessment and analysis of the situation of children in DPR Korea, and to provide an evidence base to inform decision-making by governmental and non-governmental duty bearers. The Situation Analysis is intended to contribute to the development of programmes and strategies to implement, protect, respect and fulfil the rights of children in the country, and foster data collection and research in areas where evidence and analysis is limited.

The specific objectives are to:

1. Document achievements, success factors and opportunities including the contribution of humanitarian partners and identify key challenges hindering the realization of the rights of children and women and their causes, to facilitate improved understanding of decision-makers and humanitarian partners on the current status of children's and women's rights in DPR Korea.
2. Provide concrete assessment and analysis that will contribute to strengthening the capacity of Government for planning and monitoring at national and subnational levels to address geographic, gender, age, disability, and other disparities in a way that adheres to human rights principles and accelerates progress towards the SDGs and fulfilment of human rights conventions including the CRC, CEDAW and CRPD, while reducing vulnerability to natural hazards.
3. Document and analyse the effect of climate- and disaster-related shocks on children and women, national capacities to address them and the role of humanitarian partners, including UNICEF and the United Nations (UN), as a contribution towards joint efforts aimed at strengthening the resilience of affected communities in the face of recurrent crises.
4. Serve as a comprehensive reference on the situation of children and women in DPR Korea to provide a source of advocacy and a tool for resource mobilization; and support national decision-making processes while contributing to national research on the situation of disadvantaged children through identification of gaps in knowledge and understanding, to foster and support knowledge generation with relevant stakeholders.

1.3 Process

This exercise was carried out under the overall guidance of the senior management of the Country Office with day-to-day support provided primarily by the Deputy Representative and the Monitoring and Evaluation Officer. At the outset, an inception report was prepared to gain clarity and agreement on the purpose, scope, methodology and work plan for the exercise. This included identification, collection and preliminary review of the relevant documents and data that informed the Situation Analysis. Issues arising were later triangulated against data and information received through key informant interviews and other relevant documents.

The Situation Analysis is based on a detailed desk review of all available sources of data and information, complemented by a series of key informant interviews carried

out during field work in DPR Korea to better ground the analysis and fill key data gaps. Consultations with Government and UN staff members in DPR Korea were essential to validate and add value to the findings of the desk review, based on their expert knowledge and on-the-ground experience. Key stakeholders at the country and regional levels reviewed the draft document for quality assurance and validation. On a return visit to the country, additional suggestions, comments and documents were provided to facilitate finalization of the analysis.

As a Member State of the UN, DPR Korea committed itself to all 17 SDGs and 169 targets that were adopted by the General Assembly in September 2015. At the country level, however, the SDGs and targets need to be carefully prioritized and sequenced. The Government of DPR Korea is in the process of localizing the SDGs, including the selection of its own targets and corresponding indicators.

1.4 Methodology and conceptual approach

The methodological approach for preparing this Situation Analysis is based on UNICEF's global Guidance on Conducting Situation Analysis of Children's and Women's Rights (2011), UNICEF's Guidance on Conducting Risk-Informed Situation Analyses (2012, updated in 2015), the human rights-based approach to programming (HRBAP), and the equity-focused Key Determinants Analysis.

The HRBAP is substantively grounded in the CRC, CEDAW, and the CRPD. It has three broad overall components: assessment, analysis and implications for action. These are collectively referred to as the 'Triple A Approach' and are reflected in all substantive chapters of this Situation Analysis.

Assessment

The coincidence of the Situation Analysis with the process of localization of the SDGs allows the assessment phase to focus on the current status of the child-relevant SDGs. This is an opportunity for UN agencies to operationalize these SDGs in planning their support to the Government of DPR Korea.

The identification of challenges and analysis of causes was primarily based on an in-depth review of the sources contained in the bibliography (Annex 1) of this document including surveys, studies, evaluations and analytical reports from government entities, UN agencies, research institutions, and bilateral and multilateral donors. In line with the UN Secretary General's Policy Committee Decision 2014/5 on support to the implementation of the universal periodic review and other human rights mechanism recommendations, the analysis has, to the extent possible, integrated relevant recommendations of the UN human rights mechanisms.

It involved using all available data and information to identify trends, patterns, incidence and causes of key deprivations and challenges, disaggregated by relevant segments of the population and areas of the country. In this respect, special attention has been paid to geographic, gender, wealth, disability and age dimensions of the issues being studied.

IDENTIFY TRENDS, PATTERNS, INCIDENCE AND CAUSES OF KEY DEPRIVATIONS AND CHALLENGES, DISAGGREGATED BY RELEVANT SEGMENTS OF THE POPULATION AND AREAS OF THE COUNTRY.

In turn, this allowed for discerning those programmatic areas experiencing negative trends or low levels of achievement relative to national and regional developments or signed and ratified international human rights treaties. It also facilitated identification of regions or population groups lagging behind national averages.

Analytical tools of the human rights-based approach to programming

An analysis using the tools of the HRBAP was undertaken, based on an in-depth literature review and mapping of trends, and development of a clear picture of the gaps in enjoyment of rights. The tools employed were:

- Causality analysis, required to understand the causes at different levels of challenges or non-fulfilment of rights we are trying to address;
- Role-pattern analysis, understanding who the rights holders and duty bearers are and their relationships, from household through community to national and international levels;
- Capacity gap analysis, an analysis of the gaps in capacity that make it difficult for rights holders to claim their rights or duty bearers to fulfil their duties.

On the basis of these analyses we are able to understand what the problems are that hinder achievement of child rights, their causes, who is responsible for taking action and what is preventing them from doing so. This can help child rights actors to correctly target interventions based on the available evidence and analysis. It should be noted, however, that lack of contact with rights holders is likely to have reduced the overall quality of the analysis.

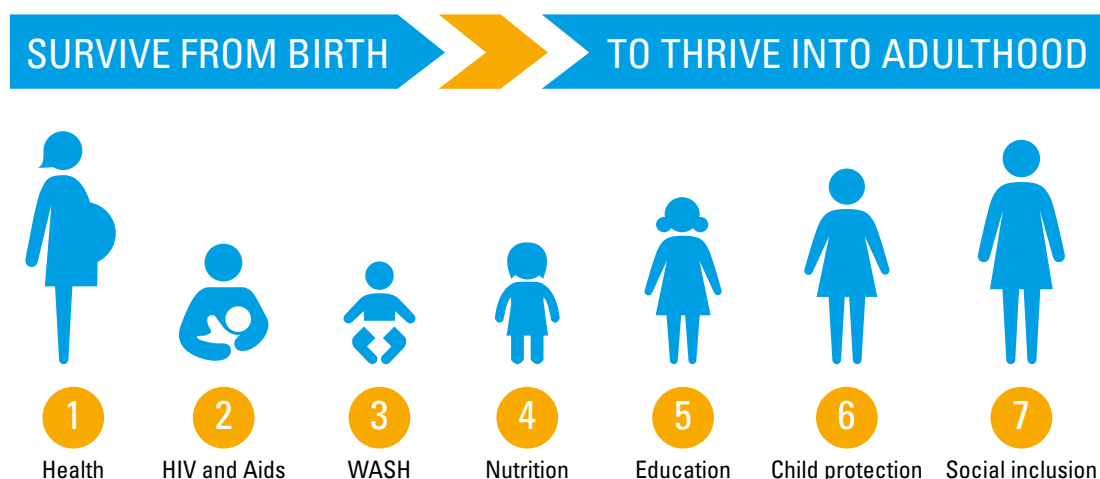
Key determinant analysis complements causality, role-pattern and capacity gap analysis. The determinants of achieving child rights are generally clustered into the following four groups:

1. The enabling environment includes social norms; legislation or policy; budget and expenditure; and management and coordination.
2. The determinants of supply include availability of essential commodities or inputs; and access to adequately staffed services, facilities and information.
3. The determinants of demand include financial access; social and cultural practices; and beliefs and continuity of use.
4. The quality of services provided includes criteria such as adherence to required national or international quality standards or norms.

Conceptual framework

The conceptual framework is the analytical framework for the entire exercise, embodying causality and key determinant analysis. A well-designed situation analysis requires a clear conceptual framework to facilitate the process of identifying causality and capacity gaps. It helps us to understand which causes and key determinants lead to negative situations that need to be addressed. One can also reverse the analysis so that, much like the Theory of Change, it can provide us with a pathway of change to achieve our desired results. By analysing each step along the way, we can uncover

Figure 1: The life cycle perspective



what is preventing the achievement of desired results. This second variant is most useful when we pair it with an analysis of risks and assumptions for programming purposes. We employed the causal and key determinants approach for this analysis.

In DPR Korea, the proposed conceptual framework shows us that at the root of all problems we are trying to address are a few structural issues, deeply rooted in society, which would take concerted action over a long period of time to address. The enabling environment or structural causes in DPR Korea generally consist of insufficient allocation of resources to the social sectors; climate change combined with a relatively small land base relative to population; gaps in the legislative and policy framework; and social norms and traditional beliefs.

These root causes give rise to a set of underlying causes such as breakdowns in the quality of services (despite widespread availability); limited access to information by rights holders giving rise to poor practices such as in infant and young-child feeding and in management of household excreta; insufficient availability of food leading to household food insecurity; inadequate protection of the rights of vulnerable groups such as people with disabilities; and gender inequality that feeds discriminatory practices limiting availability of and access to essential services. Addressing these underlying causes is generally considered feasible in the medium term.

Between the underlying causes and the manifestation of the problem we wish to address are some immediate causes such as inadequate food intake, illness and disease, poor maternal health, and so on. There are some short-term solutions one could apply – but without addressing the underlying and structural causes, these solutions may only be temporary.

Integrating the key determinants into the framework we can see that issues of supply, demand and quality correspond quite closely to the underlying causes, whereas the enabling environment corresponds to the structural causes. Therefore, rather than doing separate analyses we integrated the two sets of analysis into the conceptual framework.

In its application there are two broad areas of analysis: understanding and explaining the success factors that contributed to the improvements in child welfare; and identifying the causal factors that need to be addressed for sustaining progress towards national SDG targets.

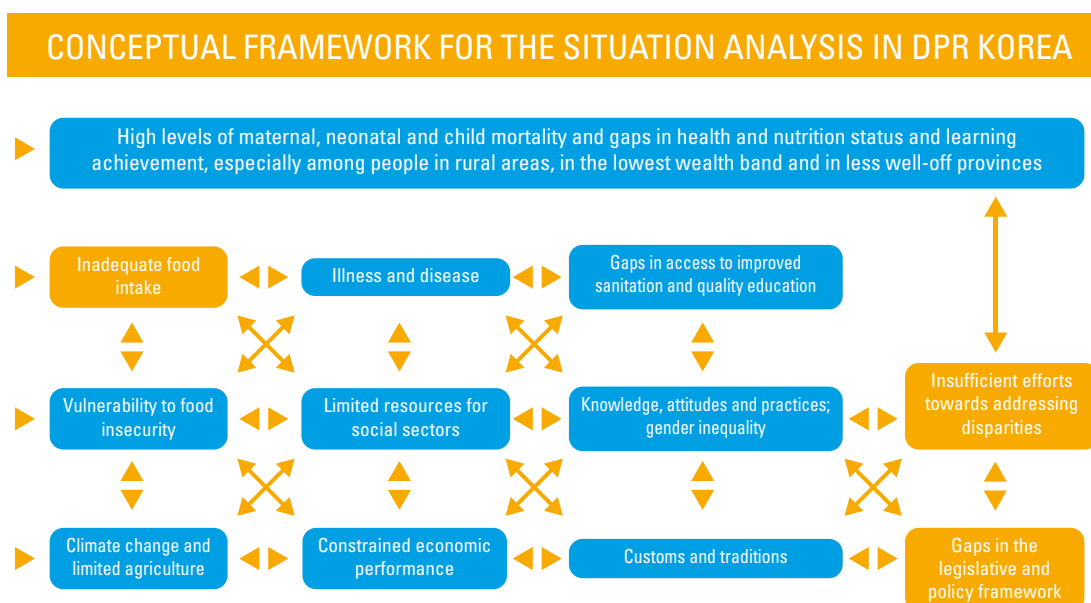
These analyses are undertaken within a life cycle framework focusing on the changing needs and priorities of boys and girls as they grow and develop. The life cycle perspective has been used to ensure a holistic analysis of intergenerational and multi-sectoral linkages underlying the well-being of women and children. Though services for children and women in DPR Korea, as elsewhere, are necessarily organized along sectoral lines, an examination of the totality of their needs at different stages in their lives, as well as the linkages and causalities between these stages, is required for a thorough understanding.

1.5 Limitations

This analysis is constrained by several factors:

1. There is a lack of reliable and comparable data sources over time. In some critical areas, relative absence of data on disability and institutionalization of children made it difficult to assess and analyse the situation. Reference documents often relied on data of varying quality, making it difficult to undertake a comprehensive trend analysis or have a clear picture of the distribution and depth of disparities, risks, and humanitarian needs.
2. The absence of gender-disaggregated data in areas of critical importance made for an incomplete gender analysis.
3. There were also insufficient opportunities to meet with relevant duty bearers and no opportunities to meet with rights holders, making it challenging to sustain a rights-based approach in parts of the analysis.

Figure 2: Causality analysis





2 The national context for children's and women's rights in DPR Korea

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2.1 Introduction

To design programmes that maximize the potential of children and women in DPR Korea – and sustainably and equitably achieve their rights – it is necessary to have an appreciation of the many dimensions and nuances of the context in which they live. Due to historical circumstances, geopolitical tensions, the limited and declining availability of humanitarian funds, and the annual cycle of droughts and floods (which has wreaked havoc on the country's already limited agricultural potential), that context has been challenging. However, despite the complex environment, and as noted above, there have been some significant achievements to celebrate alongside the remaining or persistent challenges.

DPR Korea is situated in the northern half of the Korean Peninsula. It shares land borders with China (along the Amnok River) and Russia (along the Tumen River) and the Republic of Korea (along the Korean Demilitarized Zone to the south); across the sea to the east lies Japan. Mountains separated by deep and narrow valleys constitute 80 per cent of its territory, with the other 20 per cent covered by plains. Most of the soils in the mountainous regions lack organic materials and are relatively infertile, while the majority of agricultural soils have a shallow humus layer with poor content, resulting in reduced soil capacity to conserve moisture and nutrients. As one might expect, most people, industries and agriculture are concentrated on the plains.

DPR Korea comprises nine provinces (Ryanggang, North Hamgyong, South Hamgyong, Kangwon, Jagang, North Pyongan, South Pyongan, North Hwanghae and South Hwanghae) and three municipalities directly under central control: Pyongyang, Rason and Nampho. These are divided into 210 counties and further subdivided into more than 4,300 smaller administrative units.¹¹

DPR KOREA
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UNITS.

11. These are referred to as *ri* or cooperative farms, *ups* and *dongs* which are the equivalent of small villages.

DPR Korea is a socialist country headed by a Supreme Leader. Its main governing bodies consist of elected representatives within the Supreme People’s Assembly, the Presidium of the Supreme People’s Assembly, Local People’s Assemblies and Local People’s Committees. The State is the owner of all land and productive assets and virtually the sole provider of food, shelter, health, education and other social and economic services. The great famine of the early 1990s was provoked by a combination of the collapse of the Soviet Union, its primary supplier of food, and a series of floods and storms that devastated locally produced crops and caused major loss of life. This, along with experiences in the post-Korean War period, has propelled the country towards policies built on self-reliance and self-defence.

The geopolitical environment has contributed to DPR Korea’s unique brand of socialism driven by the *Juche* ideology. *Juche* emphasises the principles of economic and political independence, self-reliance and self-defence, most notably in the form of a strong national defence force. The country has tried to the maximum extent possible to rely on its own strengths and resources for development. Despite being a member of the UN, DPR Korea is not a member of the Bretton Woods Institutions, which include the World Bank, the Asian Development Bank and the International Monetary Fund.

Life in DPR Korea is highly structured and governed by an extensive network of institutions, committees and coordinating bodies at all levels of society that are responsible for every aspect of life. For the people of the country, this has meant a very structured and regulated approach to life. This high level of social organization has succeeded in generating significant achievements. However, limited external contact has reduced the country’s exposure to global best practices and innovations.

Despite a number of documented successes based on learning from experience, building resilience and addressing humanitarian imperatives, the UN faces a challenging operating environment in DPR Korea. Current geopolitical tensions increasingly crowd out humanitarian imperatives among donors, leading to delays in procurement and delivery of humanitarian supplies, disruptions to banking channels and limited humanitarian funding. For example, only 31 per cent of the Humanitarian Action for Children appeal was funded in 2018.

Possible scenarios going forward for DPR Korea

DPR Korea has been undergoing a series of reforms in different sectors. These include a trend towards greater economic revitalization as well as changes in agriculture, health and education – all aimed at strengthening the social and productive base of the economy. Looking ahead, there are two broad scenarios that could possibly unfold in the country:

1. The first is the status quo with limited progress on lifting of sanctions, with the flow of humanitarian and development aid and access to banking channels remaining constrained. Under this scenario, the UN and humanitarian partners would continue to focus their efforts on resilience building and lifesaving humanitarian support while advocating for increased resources through direct

contact with the donor community and channels such as the annual Needs and Priorities reports.

2. The second scenario is that peace takes hold on the Korean Peninsula and tensions with the United States and other governments ease, leading to a gradual relaxation in UN and European Union sanctions, a slow but steady inflow of humanitarian and development aid, the opening up of banking channels and facilitation of the work of international agencies in the country. Under this scenario, the UN and humanitarian partners would continue their humanitarian work but would, in addition, engage in more direct development efforts including building capacity of the Government at national, subnational levels and community levels.

How these scenarios would unfold with respect to the rights of women and children remains to be seen. However, the second scenario could increase the scope for advocacy and resource mobilization so that more can be done to secure access to health care and the rights of people with disabilities and start to address the challenges of gender and other forms of inequality.

2.2 The people of DPR Korea

Table 1: Population distribution by province

AREA	% RURAL	% TOTAL
Total area: Rural = 39%; Urban = 61%		
PROVINCES		
Ryganggang	35	3.1
North Hamgyong	27	9.9
South Hamgyong	40	13.1
Kangwon	52	6.3
Jagang	36	5.6
North Pyongan	47	11.7
South Pyongan	34	17.2
North Hwanghae	54	9.0
South Hwanghae	64	10.0
Pyongyang	13	14.1

Source: Projections from previous population data by UNICEF expert.

The people of DPR Korea are ethnically and linguistically homogenous. They are blessed with a rich cultural heritage manifested in graphic and performance arts, food, clothing, circuses, and music and dance ensembles among others. The vast majority of the population live in the plains and lowlands in the south and west of the country. The least populated regions are the mountainous provinces adjacent to the Chinese border; the largest concentrations of population are in the west, particularly the municipal district of Pyongyang, and around the cities of Hamhung and Wonsan in the east.

The provinces with the highest populations are South Pyongan, Pyongyang and South Hamgyong (see Table 1) while those with the highest concentration of rural populations are South Hwanghae, North Hwanghae and Kangwon, respectively. The least well-performing provinces (based on a composite of 26 indicators) are South Hwanghae, North Pyongan, North Hwanghae, Ryanggang and Jagang, respectively.¹² With the exception of Ryanggang and Jagang, these provinces have a high proportion of population living in rural areas.

The population and housing census planned for 2019 and supported by UNFPA will play a central role in identifying development and humanitarian needs, providing more comprehensive and accurate information on population size, location and a number of other critical characteristics essential for evidence-informed planning. It will also supply denominators for several SDG indicators and validate some data from previous surveys. Initial results are expected in late 2019.

Population dynamics

The Socio-Economic, Demographic and Health Survey (SDHS) 2014 estimated the population of DPR Korea at 24.9 million (51.1 per cent females and 48.9 per cent males). More specifically, 21 per cent of the population is less than 15 years of age, 65 per cent of the population is between 15 and 59 years, and the remaining 14 per cent is 60 years or older.¹³

CBS data shows that by 2017 the population had grown to an estimated 25.29 million, with approximately 61 per cent living in urban areas.¹⁴ The total fertility rate (estimated at 1.9) and crude birth rate (15 live births per 1,000 people) changed little from 2009 to 2014.¹⁵ However, the median maternal age of first birth has fallen, as seen in Figure 3. Globally, this is considered to reflect a more optimistic view of the future.

After a decrease in total fertility rate from 2.2 in the 1990s to 1.9 in 2009, the rate appears to have stabilized, with current rates just below replacement level.¹⁶ However, the population of DPR Korea is still growing at 0.5 per cent per annum due to sizable cohorts among the most fertile age groups.

Over the years, the median age has been steadily increasing, reaching 34.3 years in 2018. Continuous improvements in young child survival (Chapter 3) have helped to boost life expectancy from 69.3 years in 2008 to 72 years in 2014 (68 years for males and 76 years for females).¹⁷ In the MICS households sampled, 27.2 per cent of residents were children. The mean household size is 3.8 while approximately 10.6 per cent of households are headed by females.¹⁸

12. UNICEF's further analysis of the 2017 DPR Korea MICS data.

13. Central Bureau of Statistics and United Nations Population Fund, 2015.

14. United Nations Department of Economic and Social Affairs Population Division, 2017.

15. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

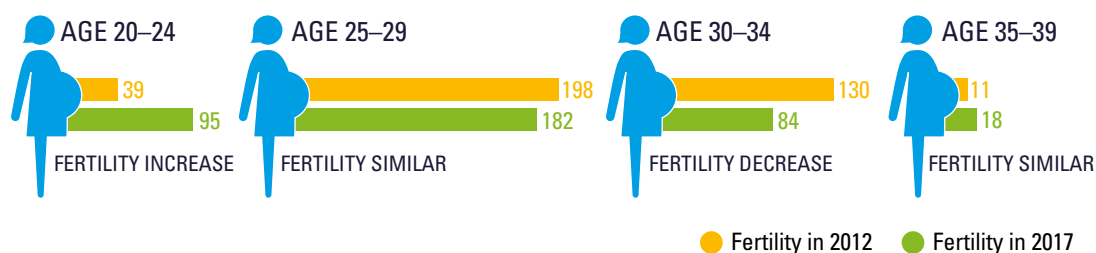
16. UNICEF's further analysis of the 2017 DPR Korea MICS data.

17. Central Bureau of Statistics and United Nations Population Fund, 2015.

18. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

21% OF THE
POPULATION IS
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66% OF THE
POPULATION IS
BETWEEN 15 AND
59 YEARS, AND
THE REMAINING
13% IS 60 YEARS
OR OLDER.

Figure 3: Age-specific fertility in 2012 and 2017 (births per 1,000 women)



Source: UNICEF’s further analysis of the 2017 DPR Korea MICS data.

On a positive note, child marriage, child mothers and early childbearing are rare in DPR Korea, and 90 per cent of those demanding family planning are satisfied with modern methods (92 per cent are satisfied with all methods) with no disparities or discrepancies between groups with different wealth statuses, living in urban or rural areas, or those in different provinces.¹⁹ The SDHS 2014 found similar results, placing DPR Korea among the world leaders for this indicator.²⁰

2.3 Socio-economic context

DPR Korea’s economy is centrally planned. The Government manages and allocates food, employment, housing, health care and education. State-owned industries and agriculture account for most of the national revenue in the absence of a significant private sector. Agriculture is the foundation of the economy though it remains dependent on rainfall and traditional farming methods, leaving the sector and the economy extremely vulnerable to the impacts of climate change and environmental shocks.

Industry in DPR Korea is geared towards its domestic resource base and includes iron and steel production, mining, machinery and other heavy industries. The country is endowed with substantial mineral wealth, which could form the basis for strong growth and employment. At the moment there are significant challenges to gaining access to the energy resources it needs for economic and social development.

Despite DPR Korea’s significant economic potential and well-educated labour force, the combined effect of poor performance in the agricultural sector, limited infrastructure and sanctions have put a damper on economic performance. These factors are exacerbated by a very limited infrastructure, including roads, railways and provision of electricity. In recent years, however, the country has introduced measures to strengthen the focus on the economy to encourage investment, particularly in import-substituting industries, and has allowed greater space for private sector activities in a limited number of areas.²¹

19. UNICEF’s further analysis of the 2017 DPR Korea MICS data.

20. Central Bureau of Statistics and United Nations Children’s Fund, 2015.

21. This topic has been widely written about and analysed. See for example, The Guardian, 5 March 2015.

Markets are starting to play a complementary role in the lives of ordinary DPR Koreans. The Government increasingly allows individuals to trade basic consumer goods like food and clothing with one another in markets. It has also modified the rules governing the management of state-owned enterprises through a 2014 amendment to the Enterprise Act, with state-owned enterprise managers now granted broad rights to engage in foreign trade and joint ventures and accept investment from domestic private investors.²² Institutionalizing market forces seems to be helping to create a better investment climate, thus spurring growth.

Economic development in DPR Korea is governed by the national five-year Economic Development Strategy (2016–2020) adopted at the Seventh Congress of the Worker’s Party of Korea held in 2016. The main objective is to lay a firm foundation for sustainable economic development through revitalizing the overall national economy and ensuring balance between sectors. Key priorities identified for effective implementation include ensuring the availability of a continuous, renewable and reliable energy supply; providing clean and safe water; improving the livelihoods of people by doubling agricultural production; boosting light industries and strengthening the functioning of the industrial sector, including metallurgical, chemical and building material industries.

The strategy also aims to support other sectors contributing to sustainable development of the economy, including reforestation to not only prevent flooding but, by planting orchards, improve livelihoods; investments in human capital in the form of improving the quality of public health, education and availability of food; energy required to power development and environmental issues such as forestry and protection of natural resources; city management; and science and technology.

Estimates released by DPR Korea’s central bank reveal that the country’s economy shrank by 3.5 per cent the same year (Table 2). The contraction is a sharp turnaround from 2016, when the economy expanded by an estimated 3.9 per cent. The data for 2017 shows that DPR Korean exports – products such as coal, iron ore and textiles – plunged 40 per cent to just US\$1.8 billion, largely due to the effect of economic sanctions.

In fairness, it should be noted that there are other estimates of gross domestic product from various sources. A professor from DPR Korea in an interview estimated growth at 3.7 per cent in 2017²³ while Australia estimated growth at 1.3 per cent in the same year. In the absence of published data, one should take these estimates as indicative only, and in the absence of additional information they should not be compared to the gross domestic product of other countries.

Although imprecise, we can observe from the above estimates that between the years 2010 and 2017, growth was relatively low, averaging around 0.5 per cent per

22. See for example, Kelly, 2018.

23. Kyodo News, 2018.

Table 2: Annual gross domestic product growth rate of DPR Korea

2010	2011	2012	2013	2014	2015	2016	2017
-0.5	0.8	1.3	1.1	1.0	-1.1	3.9	-3.5

Source: Central Bank of Korea.

annum. Challenges in agriculture, largely resulting from climate change, absence of key inputs and sanctions have hit the mining and manufacturing sectors hard. The impact of these has translated into smaller rations from the public distribution system and punishing rates of inflation in the free market, making life more difficult for DPR Koreans.

If sanctions were to be reduced (as under the second future scenario) and DPR Korea further opens up to trade and investment, the country’s economic potential could be realized. Bordering economic powerhouses China and the Republic of Korea, with Japan just across the sea, DPR Korea is well placed to take advantage of trade relations with its richer neighbours. Freer trade would lead to a huge expansion of the manufacturing and mining industries and, as a result, potentially major improvements in living standards.²⁴ The country is also attempting to take advantage of changes under way to attract new investment into its four special economic zones and 19 economic development zones.

BETWEEN THE YEARS 2010 AND 2017, GROWTH WAS RELATIVELY LOW, AVERAGING AROUND 0.5% PER ANNUM.

Economic participation and living standards

Forty-two per cent of DPR Koreans are engaged in the primary sector (agriculture and allied activities), with the remaining population equally split between engagement in manufacturing activities (27 per cent) and the service sector (31 per cent).²⁵ At 47.8 per cent, women comprise almost half of the workforce.²⁶ However, while four-fifths of males are engaged in work, just three-fifths of females are, despite their work participation beginning early and at a higher rate than males until age 29.²⁷ The retirement age – 60 for men and 55 for women – accounts for some of the gender disparity in work participation.²⁸ As women constitute more than half of the population and almost half the workforce, improving their educational opportunities at the tertiary level and higher would benefit the country’s development.

The SDHS 2014 further found that more females work in the service sector and more males in the manufacturing sector. When disaggregated by urban and rural locations, more than half of urban females work in the service sector. Given the lack of sex-disaggregated data, income-related gender disparities could not be analysed, but overall the gross domestic product per capita (average income) in 2013 was estimated at US\$1,013 by the Government.²⁹

24. Kopf, 2018.

25. Central Bureau of Statistics and United Nations Population Fund, 2015.

26. Committee on the Elimination of Discrimination against Women, 2016.

27. Central Bureau of Statistics and United Nations Population Fund, 2015.

28. Ibid.

29. CBS, cited in United Nations Economic and Social Council UNICEF (2016).

As noted above, DPR Korea has initiated various economic reforms over the past decade, allowing for a limited amount of market-based activity outside of state-run places of work. Recent studies indicate that female participation in market-based activities has increased more than that of males. While this transition has and will continue to impact the well-being of women and their families, adequate data is not yet available to analyse outcomes; anecdotal evidence seems to suggest a positive impact on household welfare.

Poverty and inequality in DPR Korea

At present, there is no nationally defined poverty line and vital data on poverty, household income or expenditure is not collected. The SDHS 2014 analysis found inequities in access to various household amenities along rural–urban differentials, with urban areas having better access overall. These findings were confirmed by MICS 2017, which also showed some improvement in extent of ownership or access.

MICS 2017 provided data by wealth group, contributing to a better understanding of inequality.³⁰ With the data available, it should be possible to undertake a multiple deprivations analysis of child poverty and ultimately construct a Multidimensional Child Poverty Index, which can be updated over time and used to report against SDG 1.2.

Housing

Housing quality is a strong indicator of poverty. According to the MICS 2017, virtually all residences have finished floors, walls and roofs, while the SDHS 2014 found that the majority of households reside in row homes (42 per cent), followed by single (detached) houses (33 per cent). The percentage of households currently living in apartments (25 per cent) is expected to increase in the future given the rapid growth in new apartment complexes.

While water is widely available, only 61 per cent of households have access to safely managed drinking water, i.e., water on the premises, free of contaminants and available when needed. This translates to 71 per cent in urban areas and 45 per cent in rural areas. An estimated 24 per cent of the population have contaminated water sources (10 per cent in urban areas, 45 per cent in rural areas). At the same time, 16 per cent of the population remain with unimproved sanitation.³¹

Use of clean fuels and technologies for cooking, heating and lighting

There is a global consensus and an ever-growing body of evidence that expanding access to clean household energy for cooking, heating and lighting is key to achieving a range of global priorities such as improving health, gender equality, equitable economic development and environmental protection. SDG 7 seeks to ensure access to affordable, reliable, sustainable and modern energy for all by 2030 and would be measured as the percentage of the population relying on clean fuels and technology.

30. More detail on inequalities is provided in subsequent chapters.

31. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

Table 3: Fuel sources for cooking, heating and lighting (percentage of households)

COOKING	URBAN	RURAL	TOTAL
Clean sources	15.8	1.4	10.1
Coal/lignite	70.7	48.6	62.0
Wood	11.3	34.8	20.5
Crop/plant residues	1.4	14.3	6.5
SPACE HEATING			
Clean sources	2.4	1.0	1.8
Coal/lignite	83.2	49.0	69.9
Wood	11.4	34.8	20.5
Crop/plant residues	1.4	14.3	6.5
Kerosene	0.4	0.2	0.3
LIGHTING			
Electricity and other clean fuels	100.0	99.9	99.9

Source: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

Table 4: Comparison of personal asset ownership between SDHS 2014 and MICS 2017 (percentage)

ASSET	SDHS	MICS	TYPE OF CHANGE
Television	99	98	Same
Bicycle	83	83	Same
Rice cooker	60	63	Limited progress
Rice cooker urban	69	70	Same
Rice cooker rural	45	51	Strong progress
Landline telephone	42	45	Progress
Landline urban	61	62	Limited
Landline rural	12	18	Strong progress

Source: UNICEF’s further analysis of the 2017 DPR Korea MICS data.

10% OF HOUSEHOLDS USED A CLEAN ENERGY SOURCE FOR COOKING AND 1.8% FOR HEATING.

Most households surveyed for the MICS 2017 were found to utilize environmentally unfriendly coal and wood systems for cooking and space heating, while virtually all households used clean energy sources for lighting (Table 3). Around 10 per cent of households used a clean energy source for cooking and 1.8 per cent for heating. Big differentials exist between urban and rural areas, with the former having better access to clean fuels and technologies. The availability of coal, wood and crop/plant residues may be challenging during winter. This has implications for the well-being of both boys and girls in households with poor heating systems, as hypothermia and pneumonia have been identified as important causes of neonatal and under-five deaths.³²

While there is no definitive data on the extent of morbidity and mortality due to air pollution, it is clear that this potentially serious hazard is a risk to health. In addition to

32. United Nations Economic and Social Council UNICEF, 2016.

household sources of polluted air, most factories emit unfiltered smoke and roughly 50 per cent of electricity is produced using coal, mainly in the south of the country.³³

Ownership of assets at household level

Compared to the last available data in the SDHS 2014, the MICS 2017 showed some improvement in access to basic amenities at the household level (Table 4). Interestingly, there is universal access to electricity connections, radios and televisions but lower access to telephones and computers. As one might expect, there are also significant differences between urban and rural areas, particularly with respect to fixed line telephones and computers. It should be noted that having an amenity doesn't guarantee access to service. For example, provision of electricity is known to be erratic and programming on radio and television is limited.

2.3 Equity

DPR Korea has registered impressive performances for most indicators, with high degrees of equity in all basic services. However, there are still a number of areas in need of improvement including nutrition, higher education, WASH and ICT. In some areas, significant inequities exist regarding wealth status, geographic location (rural/urban and between provinces) and gender. The same is true for access to household commodities. As shown in Figure 4, aside from radios, televisions and bicycles, there are huge gaps in ownership between urban and rural areas.

ICT

Due to its investments in science and technology, DPR Korea has a relatively well-developed information technology sector and is able to produce computers, servers and software for local use and for export. The country also has an internal network (intranet) which can be used by researchers and students to access documents needed for their work. DPR Korea uses locally developed computers for tele-medicine, tele-advocacy and, increasingly, distance learning.

However, mass distribution and use of computers and the intranet is in the early stages, with low levels of access and large disparities between groups. The MICS 2017 found that during the past month, just 32.8 per cent of women and 44.2 per cent of men used a computer (Figure 5). Intranet access at home was measured at only 1.42 per cent, ranging from 1.8 per cent in urban settings to 0.8 per cent in rural ones. For the age group 15–49, the gender gap in ICT skills is considerable (30 per cent of females and 41 per cent of males have ICT skills), but among those aged 15–17 years, skill levels are much higher for both males (65 per cent) and females (66 per cent).

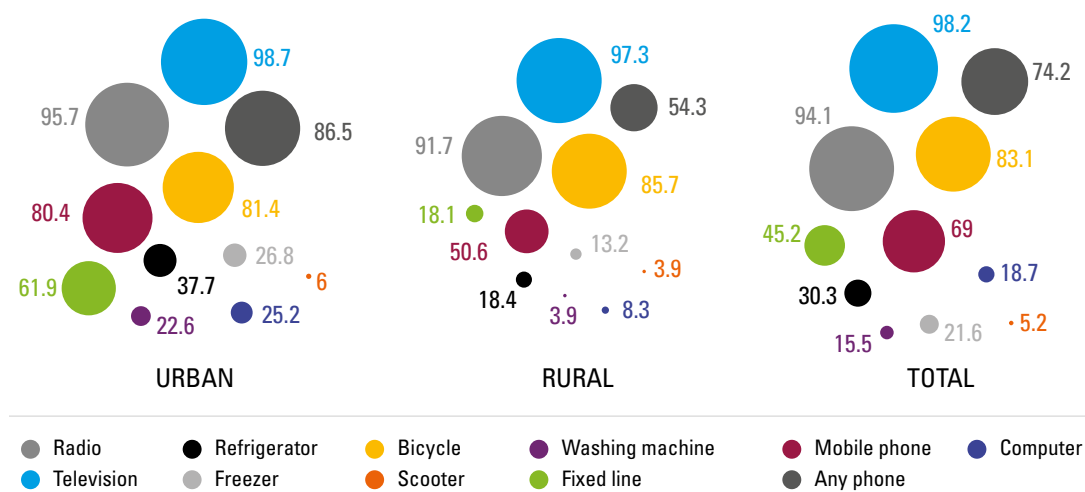
Exposure to media

Exposure to mass media is very high in DPR Korea. For the age group 15–49, female exposure to all three available forms, i.e. radio, television and newspapers, is 80 per

FEMALE
PARTICIPATION
IN MARKET-
BASED
ACTIVITIES HAS
INCREASED
MORE THAN
THAT OF MALES.

33. Data provided by United Nations Development Programme (UNDP).

Figure 4: Access to household amenities (percentage of households)



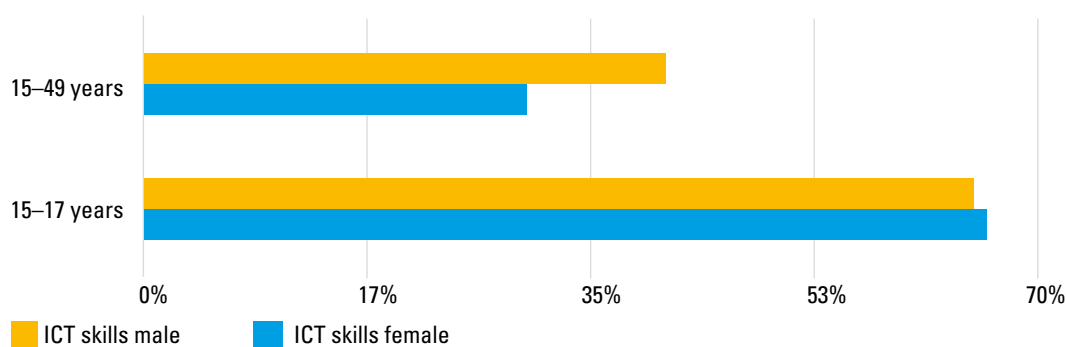
Source: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

cent and male exposure is 89 per cent. Newspaper is the medium with the lowest coverage (84 per cent of females and 92 per cent of males), especially among young people; for females aged 15–17 it is 70 per cent and for males 71 per cent. Therefore, the results for youth are lower but without a significant gender gap.

The Wealth Index

The Wealth Index provides information on the distribution of wealth in urban and rural areas and between provinces for the first time ever. Wealth is defined in terms of housing characteristics, including availability of water and sanitation, and ownership of consumer goods and assets. The distribution of wealth is largely consistent with previous understanding. It is an important starting point for a discussion on facilitating optimal outcomes with limited resources. The index clusters the population into three wealth-related bands: the lowest 20 per cent (W1), the middle 40 per cent (W2) and the highest 40 per cent (W3). It also offers insights into rural–urban and provincial differences.

Figure 5: Comparison of ICT skills by gender and age group



Source: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

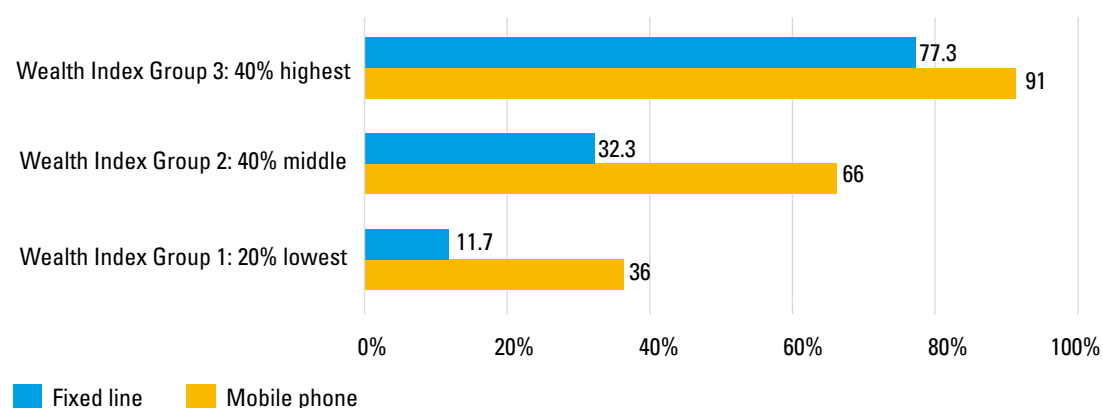
Table 5: Percentage distribution of household population by wealth index³⁴

	LOWEST 20% (W1)	MIDDLE 40% (W2)	HIGHEST 40% (W3)	TOTAL
Total	20	40	40	100
AREA				
Urban	6.4	33.6	60.0	100
Rural	41.2	50.0	8.8	100
PROVINCES				
Rygang	63.2	18.9	17.8	100
North Hamgyong	17.3	41.3	41.4	100
South Hamgyong	28.9	39.4	31.7	100
Kangwon	21.8	39.1	39.1	100
Jagang	32.0	37.9	30.1	100
North Pyongan	15.6	44.0	40.4	100
South Pyongan	9.7	55.7	34.6	100
North Hwanghae	9.3	58.9	31.8	100
South Hwanghae	47.7	31.1	21.2	100
Pyongyang	0.4	13.4	86.2	100

Source: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

The three provinces with the highest proportion of population in the lowest 20 per cent wealth category (W1) are Rygang (63.2 per cent), South Hwanghae (47.7 per cent) and Jagang (32.0 per cent), while Pyongyang (86.2 per cent), North Hamgyong (41.4 per cent) and North Pyongan (40.4) are those in the highest wealth band (Table 5). On aggregate, 6.4 per cent of urban residents and 41.2 per cent of rural residents are in the lowest wealth band, while 60 per cent of urban and 6.8 per cent of rural residents fall into the highest wealth band, graphically illustrating the extent of

Figure 6: Ownership of telephones by wealth category



34. To construct the Wealth Index, a principal components analysis was performed using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics related to household wealth, to generate weights (factor scores) for each. For more information, consult page 34 of MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

urban–rural disparities. As we can see in Figure 6, ownership of communications equipment is far higher in the middle and upper wealth bands than in the lower.

Equity between provinces

Significant equity differences exist between provinces.³⁵ They are reflected in the provincial rankings in Table 6, which are based on an analysis of performance against a set of 26 indicators covering a wide range of areas. Rankings were based on organizing the provincial values for the indicators into three groups: lowest performance, highest performance and average performance. By totalling the number of times a province is among the lowest performers and among the highest performers, the results shown in Table 6 were achieved.

Table 6: Final ranking of each province, least advanced (top) to most advanced (bottom), using all indicators

PROVINCE	PERFORMANCE COUNT (OUT OF 26 INDICATORS)		FINAL RESULT BASED ON 26 INDICATORS
	HIGHEST	LOWEST	
South Hwanghae	0	16	●
North Pyongan	0	14	●
North Hwanghae	1	11	●
Ryanggang	6	12	●
Jagang	5	10	●
South Hamgyong	4	6	●
Kangwon	7	8	●
South Pyongan	5	6	●
North Hamgyong	11	5	●
Pyongyang	24	0	●

PERFORMANCE









- Low
- Average
- High

Source: UNICEF’s further analysis of the 2017 DPR Korea MICS data.

As expected, Pyongyang has the best overall performance and, with North Hamgyong, is one of only two areas in the green zone on aggregate. On the other end of the spectrum we find South Hwanghae and North Pyongan, followed by North Hwanghae and Ryanggang. While there may be debate related to the selection of indicators and whether or not they should be weighted (see Figure 7), the analysis provides some insights into the state of disparities between provinces. There is scope for further analysis, for example by looking at which provinces in the red zone – like Ryanggang and Jagang – performed well on some indicators.

35. These were extensively examined in UNICEF’s further analysis of the 2017 DPR Korea MICS data.

Figure 7: Indicators used for provincial ranking

	GENERAL	<ul style="list-style-type: none"> Total fertility rate
	POSSESSIONS AND COMMUNICATIONS TECHNOLOGY	<ul style="list-style-type: none"> Population in Wealth Index Group 1 Households with a mobile phone Exposure to mass media ICT skills, female
	HEALTH	<ul style="list-style-type: none"> Four or more visits for antenatal care Full content of antenatal care Neonatal tetanus protection Delivery by assistant doctor Skin-to-skin care
	NUTRITION	<ul style="list-style-type: none"> Iodized salt consumption Stunting prevalence Minimum acceptable diet Early initiation of breastfeeding
	WASH	<ul style="list-style-type: none"> Faecal contamination of source water Safely managed drinking water Piped sewer system Basic drinking water and sanitation service
	PROTECTION	<ul style="list-style-type: none"> Inadequate supervision Violent discipline Child labour
	EARLY DEVELOPMENT	<ul style="list-style-type: none"> Availability of children's books Early Childhood Development Index
	EDUCATION	<ul style="list-style-type: none"> Female higher education attainment Children with foundational reading skills Children with foundational numeracy skills

SIGNIFICANT STEPS HAVE BEEN OR ARE BEING TAKEN TOWARDS ADDRESSING THE RIGHTS OF PEOPLE WITH DISABILITIES.

Children with disabilities

In many countries, children with disabilities are one of the most marginalized, excluded and often invisible societal groups. Facing daily discrimination in the form of negative attitudes and lack of adequate policies and legislation, they are effectively barred from realizing their rights to health care, education and even survival. In DPR Korea, significant steps have been or are being taken towards addressing the rights of people with disabilities, but challenges remain in the form of limited access to appropriate education, health care and rehabilitation services, and barrier-free access to public facilities and services.

Key achievements

In recent years, the issues faced by people with disabilities have gained substantial attention, resulting in concrete achievements in improved living conditions and greater social inclusion. By December 2016, DPR Korea had signed and ratified the CRPD and it submitted its initial report to the CRPD Committee in December 2018 for consideration in May 2019.

As required by Article 33 (1), the Government established the Central Committee for the Protection of Persons with Disabilities within the Cabinet, which serves as the

national coordination mechanism for implementation of the CPRD. A broader Non-Permanent Committee for Protection of People with Disabilities was also founded – from central level to county level – and disability focal persons were appointed in 12 relevant ministries.

These structures ensure coordination of the implementation of state laws and policy relating to persons with disabilities. The Non-Permanent Committee for Protection of People with Disabilities is chaired by the Vice Premier of the Cabinet, with the Chairman of the Education Commission and ministers of Public Health and Labour as deputy chairpersons. Members include deputy ministers of the same ministries, as well as chairpersons of associations of blind persons, deaf persons and women with disabilities. The Korean Federation for the Protection of the Disabled (KFPD) and semi-civil society organizations representing persons with disabilities play the role of Secretariat.

The Government established the KFPD in the late 1990s to represent the rights and interests of people with disabilities in DPR Korea. Among its major tasks were contributions to the mental and physical rehabilitation of people with disabilities, the establishment of a barrier-free environment, prevention of disabilities and ensuring a social status of respect for people with disabilities. At present, the KFPD is in the process of preparing a National Disability Action Plan for approval by the Government.

Based on interviews with key informants in DPR Korea, public and official attitudes towards people living with disabilities seem to be changing for the better. One observer who has more than 20 years of experience of working with people with disabilities in DPR Korea, Katharina Zellweger, has witnessed a shift in the visibility of those living with disabilities. In the past, very few people with disabilities could be seen on the street, while many more people using mobility aids and parents with special needs children can be observed today.³⁶ Based on anecdotal evidence it appears that the Government, through the Ministry of Urban Management, is considering making all new buildings wheelchair accessible.

The Government has been working with international agencies to bring its policies more in line with international standards. The Korean Rehabilitation Centre for Children with Disability has been operating in Pyongyang since 2012 as the focal national institution for early detection and rehabilitation of children with disabilities. The Government has created space for the development of civil society organizations focused on the rights of people with disabilities, and the KFPD has encouraged the creation of groups run by people with disabilities to self-advocate. The Government has also allowed more contact between citizens with disabilities and the outside world, including sending an athlete to the Paralympic Games in 2012 and a full team to the games in 2016. As mentioned above, a National Disability Action Plan is under development.

GOVERNMENT HAS BEEN WORKING WITH INTERNATIONAL AGENCIES TO BRING ITS POLICIES MORE IN LINE WITH INTERNATIONAL STANDARDS.

36. Zellweger, 2014.

According to the Education Commission there is a plan in place for disability-inclusive education aimed at gradually mainstreaming children with disabilities into the regular school system. This is to be implemented in a limited number of schools around Pyongyang in 2019, starting with a pilot project. Specialized teacher training for this purpose is under way in the universities of education located in each province. Children with physical disabilities or mild intellectual impairment already have the right to attend regular school under the compulsory education scenario, though it is unclear at this stage how many do actually attend and what challenges they may face. There is a research centre at the Academy of Educational Sciences which, in collaboration with KFPD, is undertaking research and providing useful information and guidance on the subject.

Foreign organizations working on challenges faced by people with disabilities inside DPR Korea cooperate with the KFPD. Handicap International, for example, has been working in the country since 2001, collaborating in the field of prosthetics and physical rehabilitation. The World Federation of the Deaf maintains an office in Pyongyang and has helped popularize sign language services and greater educational opportunities for the deaf. Non-governmental organizations have arranged occasional study tours to expose participants to the wide variety of services available for children with learning disabilities and provide training in assessment. A memorandum of understanding has also been signed with the China Disabled Persons Federation.

In April 2013, Sunyanghana, an international non-governmental organization, signed a contract with DPR Korea and began building a spinal rehabilitation centre capable of treating 40 inpatients and up to 450 outpatients. Under construction and in need of funding, the completed hospital will be a much-needed treatment facility for children with disabilities, in addition to training doctors who will, in turn, be able to diagnose and treat children in smaller regional hospitals and ultimately bring about a new system.

Key challenges

Significant gaps in the availability of data hamper a full analysis of the situation of children with disabilities. No comprehensive data – of disability by age group or services they can access – is available. The 2014 Disability Sample Survey estimated the overall prevalence of disability in DPR Korea at 6.2 per cent,³⁷ well below the global average of 10–15 per cent. The census planned for 2019 should help shed more light on this issue and close some (but not all) of the data gaps identified in this section, including identification of potential disparities in access to services.³⁸

In May 2017, the UN Special Rapporteur on the rights of persons with disabilities met with government officials, visited schools and rehabilitation centres, appeared on local television and spoke to people with disabilities. In her report she outlined key challenges facing people with disabilities in DPR Korea.³⁹ These included the lack of an

37. Korea Federation for the Protection of the Disabled, 2015.

38. The census will be using questions from the Washington Group which deal with the nature and extent of disability.

39. United Nations Human Rights Council, 2017.

overall strategy for addressing the rights of people with disabilities, limited availability of data and challenges in equal access to education and health services.

Many health facilities in DPR Korea do not have specialist equipment and staff trained to meet the specific needs of people with disabilities; only 37.4 per cent of people who require assistive devices have access to them. According to a 2016–2017 Rehabilitation Needs Assessment conducted in four provinces, diseases (communicable and non-communicable) are one of the main causes of disability in DPR Korea (43.3 per cent). Most secondary and tertiary health-care facilities do not have the resources or capacity to diagnose and provide acute and post-acute medical rehabilitation services, often resulting in people developing secondary complications leading to permanent disability. Furthermore, many people with disabilities are not aware of available services.⁴⁰

To address educational access, 11 special schools have been established. Of these, three are for students with visual impairment and eight for those with hearing difficulties. Not much is known about the educational content of these schools. Previously, students in these schools were taught a nine-year curriculum under an 11-year compulsory education system. This has been standardized since the introduction of the 12-year system. These schools now adhere to the same time span and curriculum as other schools and include a technical/vocational component. Extrapolating from the disability survey numbers, however, it is clear that there is an insufficient number of facilities, leaving many children with disabilities unable to realize their right to education. The plan is to gradually bring these children into regular schools starting with the pilot project mentioned above.

CRC recommendations on disability

The concluding observations of the Committee on the Rights of the Child and corresponding recommendations⁴¹ state that the Government should: 1) ensure that all children with disabilities are included in the collection of data; 2) develop a comprehensive strategy followed by appropriate policies and programmes for inclusion of children with disabilities, including setting up measures to prioritize disability-inclusive education over specialized institutions and classes; 3) put in place a system for diagnosing disability; and 4) train and assign specialized teachers and professionals in inclusive classes providing individual support. In addition, the Committee recommended that the Education Commission align the nine-year education curriculum for children with disabilities with the school system's 12-year curriculum, and support parents and families of children with disabilities to enable them to provide adequate care.

Action is under way on some of the above recommendations, but much remains to be done. A first step towards achieving and securing the rights of children with disabilities in DPR Korea would be to develop a national strategy for inclusion aimed

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40. United Nations Country Team, 2018.

41. Committee on the Rights of the Child, 2017b.

at creating new policies and structures (staff, financing and planning, among others), to put the Law on the Protection of Children with Disabilities into effect. However, as data about the situation of children with physical disabilities or intellectual challenges is lacking, additional information is needed for a full assessment of the needs and rights of children with disabilities, including their actual level of access to education.

Gender equality and women's empowerment

There has been clear improvement in the legal and policy realms of the promotion of gender equality and women's empowerment, as noted in the concluding observations of the UN's Committee on the Elimination of Discrimination against Women. More remains to be done to close remaining gaps and fully harmonize national legal provisions with CEDAW and other regional and global commitments.⁴²

The Decree on Gender Equality (1946) is considered the overarching framework for protecting and promoting women's equality in DPR Korea. The Constitution stipulates that the State shall afford special protection to mothers and children and provide all conditions for women to play a full role in society (Article 77). The Law on the Protection and Promotion of the Rights of Women (adopted in 2010) contains within it a number of provisions put forward by the State to improve conformity with CEDAW's principles and the obligations therein.

The degree to which formal equality in legislation has translated into transformational change in gender roles perpetuated by social norms and values is open to question. In common with many other areas of social development, the absence of gender-relevant data and analysis limits understanding of progress towards the key aspirations of CEDAW.

Gains have been realized through the formal equality approach adopted by the State, which also reflects a protectionist rather than an empowerment attitude towards ensuring women's rights. It involves keeping women safe; encouraging women to work within sectors considered suitable given a prescribed, homogenous understanding of women's capacities and wishes; and measures that free women up to take on greater unpaid care work in the home. Additionally, while cited by the State as a positive measure, the fact that women's retirement age is 55 as compared to 60 years of age for men is another example of a protectionist approach.

However, women are less represented in higher-level positions. In rural areas, just 18 per cent of all managers of collective farms are women.⁴³ In 2015, women held 20.2 per cent of the seats in the Supreme People's Assembly and made up 27 per cent of all deputies to the local people's assemblies.⁴⁴ Just 16.1 per cent of the director or higher-level seats at the ministerial level, and 11.9 per cent of seats on the bench as judges, are held by women. On a positive note, parents are able to access free day

42. Committee on the Elimination of Discrimination against Women, 2016.

43. *Ibid.*, p. 34.

44. *Ibid.*

care, available nationwide for all children after the age of 6 months. This enables both parents to work outside the home.

In the area of health, maternal mortality (58/100,000 live births) and levels of malnutrition among pregnant women (28 per cent) are still unacceptably high. The modern contraceptive prevalence rate among married women was 76.5 per cent in 2014, up from 65.3 per cent in 2010, and 91.6 per cent of demand for family planning was reported to be satisfied, despite limits on both contraceptive choice and exposure to information on family planning. Safe terminations are widely accessible through government services, with more than 1 in 10 currently married women reporting having experienced an induced abortion.⁴⁵

According to data from the SDHS 2014 there is a significant gap in the number of women accessing higher or advanced education as compared to men. In rural areas, school attendance of males aged 15–19 is 60.7 per cent compared to 49.4 per cent for females; and in the 20–24 age range, the distribution of school attendance drops alarmingly, with 31.5 per cent of urban males and 14.4 per cent of rural males attending school, compared to 13.9 per cent of urban females and just 1.9 per cent of rural females.⁴⁶ This has direct implications for women’s leadership and opportunities in the labour force.

Gender-based violence and conflict is a critical area for understanding the nature of gender relations. There is no evidence of how violence against women may be manifested in homes, in the workplace or in public spaces. The Government has made explicit its objection to all forms of sexual violence against women and children and has legislated against rape and commercial sex work, including against clients.

According to the CEDAW Committee, punishment for such crimes appear low by global standards, there are no programmes for reintegration of commercial sex workers and there are different and contradicting definitions of rape in the criminal code. In response, the Government has reiterated its position that commercial sex work is virtually non-existent in DPR Korea and that legislative reform is an ongoing process.

On the positive side, acceptance of violence against women is very low by international standards at 10 per cent, though there is room for improvement. The rate of acceptance is highest in North Hamgyong (21.2 per cent) and Ryanggang (18.0 per cent) and lowest in South Hwanghae (1.4 per cent) and Pyongyang (3.2 per cent).⁴⁷

The Committee noted with concern the absence of legal provisions that criminalize human trafficking and identify and protect women victims. It also expressed concern over the economic situation of women who seek work abroad and fall victim to

THERE IS A SIGNIFICANT GAP IN THE NUMBER OF WOMEN ACCESSING HIGHER OR ADVANCED EDUCATION AS COMPARED TO MEN.

45. Central Bureau of Statistics and United Nations Population Fund, 2015, p. xxii.

46. *Ibid.*, p. 38.

47. Central Bureau of Statistics and United Nations Children’s Fund, 2018a, p. 148.

trafficking networks, increasing their risk of forced marriage, exploitation in forced labour and prostitution, and statelessness of their children.

There are few mechanisms and limited capacity at all levels for taking significant strides towards gender equality. Policymaking is insufficiently informed by gender analysis and use of sex disaggregated data. Getting gender issues right in practice, however, could unleash a wave of capacity and energy that would play a valuable role in national and social development.

2.4 Enabling environment

National legislative and policy environment for child rights

Generally speaking, one can expect to find a cascade from laws to policies and plans, the review of which enables one to understand their internal consistency and alignment with global standards and obligations. In the case of DPR Korea, the legal framework is relatively clear but policies and plans are difficult to assess. There is, for example, no published national development plan and many existing planning documents are only available in Korean and are difficult for the international community to access. Overall strategic direction is generally provided by the speeches of the Supreme Leader at the beginning of the year, and these are then translated into policies and plans by relevant departments of Government. The congresses of the Workers' Party of Korea offer another platform for policy direction. The Seventh Party Congress was held in 2016.

DPR Korea has achieved notable progress towards strengthening the legal and policy framework for women's and children's rights in recent years. The Government has ratified a number of global conventions, including the CRC, the CEDAW and the CRPD. DPR Korea is also party to other international human rights treaties, such as the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

The Constitution contains a number of provisions protecting the rights of the child and safeguards for women who are guaranteed equal treatment and non-discrimination based on gender or marital status. Article 65 of the Constitution provides that "citizens enjoy equal rights in all spheres of State and public activities," and Article 3 of the Law on the Protection of the Rights of Children stipulates that "all the children in DPR Korea shall be ensured equal rights irrespective of their parents' or legal guardians' social origin, sex, position, property, disability or other status." The Constitution is operationalized through a series of laws, which are further implemented through plans, policies and regulations.

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Table 7: Key legislation in support of women’s and children’s rights in DPR Korea

LEGISLATION	STRATEGIC INTENT AND IMPLEMENTATION STATUS
<p>FAMILY LAW, CITIZENSHIP LAW, NATIONALITY LAW, CRIMINAL LAW</p>	<p>The Citizenship Law, Nationality Law, and the Law on the Protection of the Rights of Children guarantee birth registration and nationality of the children of DPR Korea. Under the Family Law, a child born out of wedlock is guaranteed the full enjoyment of the right to nationality (with all state benefits, such as food and housing, and health care by a household doctor).⁴⁸ Family Law stipulates the age of marriage as 18 for boys and 17 for girls and that husband and wife shall have equal rights within the family.⁴⁹ The Criminal Law provides that the death penalty shall not be imposed on persons under the age of 18.⁵⁰</p>
<p>LAW ON THE PROTECTION OF THE RIGHTS OF CHILDREN (22 DECEMBER 2010)</p>	<p>Provides for principles and issues on fully ensuring the rights and best interests of children in their social life, education, health, family and justice, and matters related to guidance and supervision over the work for the protection of rights of children. Adoption of this law provides a legal basis for children to fully exercise their rights, and legalizes and clarifies the obligations of institutions, enterprises, organizations and officials for the protection of children.⁵¹ Article 48 of the law stipulates the age of 14 as the minimum age of criminal responsibility, while Article 19 bans child labour, which can be deduced to be under the age of 16.</p>
<p>LAW ON THE PROTECTION AND PROMOTION OF THE RIGHTS OF WOMEN (22 DECEMBER 2010) AND LAW ON SEX EQUALITY (1946)</p>	<p>Stipulates that DPR Korea ensures the full equality of women with men; the State shall prohibit all forms of discrimination against women. “All forms of discrimination” in this article means discrimination in all fields as covered by the Convention.⁵²</p>
<p>ORDINANCE ON THE ENFORCEMENT OF UNIVERSAL 12-YEAR COMPULSORY EDUCATION (25 SEPTEMBER 2012)</p>	<p>Specifies that all children have access to general basic and modern, basic technical knowledge free of charge throughout the 12-year education period, from a one-year preschool course at kindergartens and primary schools, to junior and senior secondary schools. It also brought about a significant improvement in the quality of general secondary education.⁵³</p>
<p>LAW ON GENERAL SECONDARY EDUCATION (10 JANUARY 2011)</p>	<p>This law put into place an improved system for the provision of free compulsory education.</p>
<p>KOREAN DISABILITY LAW (21 NOVEMBER 2013)</p>	<p>The Law on Protection of Persons with Disabilities was amended by Presidium of the Supreme People’s Assembly Decree No. 3447, upgrading the legal system for the protection of children with disabilities and the promotion of their welfare. The amended law brought the definition on persons with disabilities into line with the Convention on the Rights of Persons with Disabilities.⁵⁴</p>

48. Committee on the Rights of the Child, 2016a.

49. Committee on the Elimination of Discrimination against Women, 2016.

50. Committee on the Rights of the Child, 2016a.

51. Ibid.

52. Committee on the Elimination of Discrimination against Women, 2016.

53. Committee on the Rights of the Child, 2016a.

54. Ibid.

LEGISLATION	STRATEGIC INTENT AND IMPLEMENTATION STATUS
LAW ON DISASTER PREVENTION, RESCUE AND RECOVERY (27 JUNE 2014)	Gives priority to delivering relief goods to children, women, persons with disabilities and those critically in need of assistance in disaster-affected areas; on setting higher criteria for design, construction and supervision of buildings like schools and hospitals; and ensuring the proper maintenance thereof. It secured a legal guarantee for the protection of lives and property of people, including children, in disaster prevention, rescue and recovery. ⁵⁵
LAW ON DISASTER MANAGEMENT (CURRENTLY BEING DRAFTED)	Supports and strengthens the State Committee for Emergency and Disaster Management and disaster preparedness and response mechanisms to more closely adopt international standards for disaster management.

DPR Korea is taking steps to meet its international human rights treaty obligations and, in an attempt to domesticate the Conventions, a slow but steady process of legal reform is under way. In 2014, DPR Korea endorsed 113 out of 185 recommendations of the Human Rights Council through the universal periodic review. Many of the recommendations aim to achieve progress in the areas of maternal and child health, nutrition, WASH and social inclusion – as well as the broader rights of children and women as articulated in the CRC, the CEDAW and the CRPD. Table 7 provides detail of legislation in support of women’s and children’s rights.

The Committee on the Rights of the Child considered the combined fifth and sixth periodic reports of the Government and adopted concluding observations in September 2017, wherein it reminded the Government of the indivisibility and interdependence of all the rights enshrined in the Convention and emphasized the importance of several recommendations including, but not limited to, data collection, nutrition and WASH.

The Committee on the Elimination of Discrimination against Women also considered the combined second to fourth periodic report of DPR Korea and issued its concluding observations in November 2017. Despite the relatively comprehensive legislative environment for children’s and women’s rights, the Committee encouraged the Government to adopt and ratify those core international human rights treaties to which it is not yet a party.⁵⁶ It also recommended additional and strengthened legislation dealing with gender-based violence and trafficking.

Both committees took note of the positive engagement of the Government in the process and welcomed progress achieved in different areas, including legislative and policy changes, while acknowledging the detrimental impact of economic sanctions on the achievement of rights. Both committees also welcomed the establishment of the National Committee for Implementing International Human Rights Treaties in 2015.

55. Committee on the Rights of the Child, 2016a.

56. These include: the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the International Convention for the Protection of All People from Enforced Disappearances; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Convention on the Protection of the Rights of Migrant Workers and Members of Their Families.

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DPR Korea is taking steps to localize the SDGs through prioritizing those goals and targets it considers most relevant to the needs of the country. To that end, an interministerial committee, facilitated by the CBS, has been established to propose relevant targets, indicators and baselines to facilitate reporting. Annex 2 contains a table on a selection of child-relevant SDG indicators and their current status.

Resources for children

Resources for children’s programmes come from two main sources – the Government of DPR Korea and donor contributions. The Ministry of Public Health (MoPH) has indicated that in 2016 it was allocated 6.6 per cent⁵⁷ and the Education Commission 8.4 per cent⁵⁸ of the government budget. However, without more detailed information on overall budget size and distribution, it is difficult to identify budgetary gaps for which resources could be mobilized externally. In line with the Committee on the Rights of the Child’s general comment (No.19, 2016), on public budgeting for children,⁵⁹ it would be useful for the Government to demonstrate transparency in order to facilitate measurement of progress towards regional and global targets and tracking of shares of resources allocated to children and child-relevant sectors.

Due to the imposition of sanctions, bilateral and multilateral per capita official development assistance (ODA) to DPR Korea plummeted to the lowest level in the region in 2015 (Table 8). That year, per capita ODA amounted to US\$1.21 compared to US\$182.33 for Timor Leste (Table 9).⁶⁰ Donor contributions are primarily channelled through UN agencies and international non-governmental organizations for humanitarian purposes. Despite decreasing over time, humanitarian funding has never exceeded 50 per cent of the appeal, which focuses on only the most essential needs. UNICEF expenditures, including funds received through the appeal, reached US\$28.4 million in 2015, US\$31.7 million in 2016 and US\$28.2 million in 2017.

IT WOULD BE USEFUL FOR THE GOVERNMENT TO DEMONSTRATE TRANSPARENCY IN ORDER TO FACILITATE MEASUREMENT OF PROGRESS TOWARDS REGIONAL AND GLOBAL TARGETS.

Table 8: DPR Korea development appeal and funding for humanitarian action for children

YEAR	APPEAL TARGET (US\$)	APPEAL YEAR AMOUNT (US\$)	FUNDED %	FUNDING GAP (US\$)	GAP %
2013	22,790,000	9,580,635	42	13,209,365	58
2014	20,332,675	1,215,145	6	19,117,530	94
2015	22,200,000	1,189,391	5	21,010,609	95
2016	18,000,000	6,513,186	36	11,486,814	64
2017	16,500,000	6,712,198	41	9,787,802	59
2018	16,500,000	4,693,848	28	11,806,152	72

Source: United Nations Children’s Fund, 2019b.

57. Ministry of Public Health, 2018a.

58. Committee on the Rights of the Child, 2016a.

59. Committee on the Rights of the Child, 2016b.

60. Grundy, Gibbs and Hipgrave, 2015.

Table 9: Net ODA receipts for selected countries in the East Asia and Pacific Region (US\$ million)

COUNTRY	2013	2014	2015	2016	2017
Cambodia	808	803	679	728	843
DPR Korea	109	154	131	120	133
Indonesia	69	-382	-33	-111	234
Lao PDR	423	474	471	399	476
Malaysia	-113	20	-1	-52	-29
Mongolia	431	317	236	326	764
Philippines	192	677	515	284	160
Thailand	29	355	59	228	250
Timor Leste	259	250	212	224	232
Viet Nam	4,086	4,216	3,157	2,895	2,376

Source: Data from the Organisation for Economic Co-operation and Development (<http://www.oecd.org/dac/>).

The Humanitarian Action for Children 2018 appeal, for US\$16.5 million (Table 8), was the main means to continue raising awareness on the plight of children and women in DPR Korea. Funding contracted despite strong resource mobilization efforts, and unintended consequences of geopolitical tensions and UN sanctions affected continuity of lifesaving services for thousands of children and women. At year end, the Humanitarian Action for Children appeal had a 72 per cent funding gap, while the regular humanitarian programme for 2017–2021 remained underfunded by 60 per cent.⁶¹ One can observe from Table 9 that DPR Korea is among the lowest recipients of ODA in the region.

2.5 Humanitarian context

DPR Korea continues to be in the midst of a complex and protracted humanitarian situation affecting a large proportion of its population, which to a great extent has been overlooked by the rest of the world. Chronic food insecurity, early childhood malnutrition and nutrition insecurity are widespread, with 11 million people or 43 per cent of the population estimated to be undernourished.⁶² According to the 2018 Global Hunger Index, DPR Korea was assigned a score of 34.0, which is serious and bordering on alarming (35.0).⁶³

61. Data provided by United Nations Children's Fund.

62. Food and Agriculture Organization of the United Nations, cited in United Nations Country Team, 2019.

63. From the website of the Global Hunger Index (<https://www.globalhungerindex.org/results/>).

DPR KOREA IS IN A COMPLEX AND PROTRACTED HUMANITARIAN SITUATION AFFECTING A LARGE PROPORTION OF ITS POPULATION.

Table 10: DPR Korea annual food production

YEAR	PRODUCTION (TONNES)	YIELD (TONNE/HA)
2012	5,430,000.0	3.76
2013	5,689,000.0	3.98
2014	5,648,100.0	4.04
2015	5,141,200.0	3.59
2016	5,891,422.2	3.98
2017	5,454,060.7	3.874
2018	4,951,000.0	3.57

Source: Provided by FAO Pyongyang based on data from Ministry of Agriculture.

Low food production contributing to lack of dietary diversity is just one of many interrelated reasons for high rates of undernutrition in DPR Korea.⁶⁴ This is due to mountainous terrain with only 17 per cent of land suitable for cultivation, farming largely reliant on traditional farming methods, and a lack of agricultural inputs, such as quality seeds, proper fertilizer and equipment. In addition, changing weather patterns have left DPR Korea vulnerable to droughts and floods, which often result in lower agricultural production and fluctuating annual yields.

The current annual domestic food production deficit in 2019 is around 1.5 million tonnes in cereal equivalent. However, the trend of yield growth for major food crops over the past six years, notwithstanding recurrent natural disasters, suggests that closing this gap and even achieving a surplus is within the reach of DPR Korean farmers (Table 10). Increasing national food production and strengthening national food security by attaining self-sufficiency in food supply is a high priority of DPR Korea Government, as laid out in its Strategic Framework for Cooperation (2018–2021) with FAO.⁶⁵

Achieving this goal would require the widespread adoption of modern production technologies (improved varieties, breeds and seeds, crop management technologies, and climate-change adaptation and mitigation techniques), boosting resilience of farmers to climate change and enhanced access of essential production inputs by farmers, while the coverage of double cropping and intercropping is expanded.

Most people, particularly in urban areas, rely on food provided through the public distribution system. The system has been unable to guarantee an adequate supply of food at the household level. Fortunately, food availability is supplemented by vegetables grown in greenhouses at all production and living units, kitchen gardens,

LOW FOOD PRODUCTION CONTRIBUTING TO LACK OF DIETARY DIVERSITY IS JUST ONE OF MANY INTERRELATED REASONS FOR HIGH RATES OF UNDERNUTRITION.

64. Other reasons include high disease burden, limited health care and incomplete access to safely managed water and sanitation. These topics are dealt with in the following chapter.

65. Food and Agriculture Organization of the United Nations, 2017.

and seaweed and fish. Nevertheless, in some areas of the country, the net result is poor maternal and young-child nutritional status – a cofactor in neonatal, infant, young-child and maternal morbidity and mortality.

Climate and disaster risks as key contributing factors

Clear scientific consensus states that climate change leads to rising temperatures and changing patterns of precipitation, increasing the frequency of droughts, floods and severe weather events. In turn, these are likely to intensify the spread of diseases such as malaria, diarrhoea and cholera. An overabundance of rain or dwindling potable or agricultural water supplies and resource scarcity can intensify pressure on vulnerable families, disrupt livelihoods and increase the risk of family displacement. The effects of climate change are amplified by poor agricultural practices, deforestation and other negative environmental behaviours leading to air and water pollution.

DPR Korea is vulnerable to the effects of climate change. It has already caused heavy damage in terms of livelihoods, lives lost and availability of services, and is at the root of a series of challenges affecting the people of the country. The Inter-Agency Standing Committee Index for Risk Management ranks DPR Korea 41 out of 191 countries in terms of disaster risk. Between 2004 and 2016 an estimated 6.2 million people – roughly 25 per cent of the population – have been affected by natural disasters.⁶⁶ Floods and drought, sometimes both in the same year, regularly strike the country. Furthermore, climate change has produced and is expected to continue to produce visible impacts, with the degradation of natural resources affecting agricultural production.

Prolonged dry spells often occur in the period from March to June (Figure 8). This is the peak time for crop planting and rice transplanting and a lack of rain negatively impacts overall agricultural production. In addition to the 2017 prolonged dry spell, DPR Korea was affected by major droughts in 2014 and 2015 (Table 11). Droughts have

Figure 8: Pattern of seasonal hazards in DPR Korea

SEASONAL HAZARDS	J	F	M	A	M	J	J	A	S	O	N	D
Dry season												
Lean season												
Rainy season												
Flood risk												
Drought risk												
Freezing risk if no snow												

Source: Global Hunger Index 2016 cited in United Nations Country Team, 2018.

66. Food and Agriculture Organization of the United Nations, 2017.

Table 11: Timeline of disasters in DPR Korea

TIMELINE OF DISASTERS	
2012	Heavy rains caused flooding in North and South Pyongan, killing 217 people and affecting more than 214,000 people, leaving 212,000 people homeless.
2013	Heavy rains caused flooding, severely affecting North and South Pyongan, killing 19 people and affecting 800,000 people and displacing 51,000 people.
2014	A dry spell over 18 months from March caused drought, affecting agricultural production and access to water. Eighteen million public distribution system dependents were at risk of food insecurity, malnutrition and illness.
2015	Heavy rain and Typhoon Goni caused flooding in South Hwanghae and North and South Hamgyong, particularly Rason City, affecting 22,000 and displacing 15,000.
2016	Heavy rain from Typhoon Lionrock caused flooding in North Hamgyong, killing 138 people, affecting 600,000 people and displacing 68,000 people.
2017	The Government declared a national emergency following a dry spell affecting key food producing provinces in the southwest of the country. It compounded the undernutrition situation, putting at risk the lives of 782,000 children under 5 years of age and 313,629 pregnant and/or lactating women.
2018	Heat waves in July and August were followed by floods later in August. In addition, erratic and below-average precipitation reduced winter and spring crops and further added to food insecurity in 2019.

Source: United Nations Country Team, 2019.

become more common over the past decade, destabilizing agricultural production and food security in the long term.

The country has also experienced an increase in the frequency and duration of heavy rains in recent years, contributing to recurrent floods. Major floods have hit every year from 2010 to 2016, with some 600,000 people affected and almost 70,000 displaced by large-scale flooding in North Hamgyong Province in 2016 (Table 11). These floods, combined with landslides, cause extensive damage to agricultural production, further exacerbating food insecurity and creating new humanitarian needs.

With UN and development partner support, a number of initiatives are under way to increase disaster resilience in DPR Korea. These include climate- and nutrition-smart agriculture, the building of mini-dams and stronger embankments to prevent flooding and promote rainwater harvesting, and increasing use of solar power. These initiatives are showing promising results but are being hampered by a poor funding environment and the effect of sanctions on banking and importation of humanitarian supplies.

A NUMBER OF INITIATIVES ARE UNDER WAY TO INCREASE DISASTER RESILIENCE IN DPR KOREA.

Since 2008, UNICEF and partners, including the World Food Programme (WFP), have been supporting a programme on community management of acute malnutrition (CMAM) to address the challenge of wasting leading to morbidity and mortality, particularly during times of nutritional stress. The main objectives of the CMAM approach are to: contribute to overall efforts to reduce excess morbidity and mortality due to undernutrition; contribute to the reduction of the prevalence of undernutrition among children under 5 years of age; treat severe acute malnutrition (SAM) through the provision of therapeutic services, promotion of appropriate feeding practices and vulnerability reduction; and strengthen the technical capacity of the MoPH at national, provincial and county levels to design, implement and monitor public health programmes at scale.

A 2018 evaluation of the programme demonstrated that it had effectively achieved high coverage rates (189/210 counties) while reducing morbidity and mortality. The programme treats under-five children with SAM to prevent mortality and with moderate acute malnutrition (MAM) to prevent further morbidity and subsequent risk of death. The strategy to prevent SAM through the treatment of ill children with MAM has decreased the proportion of SAM relative to MAM cases programme-wide. Inferential evidence suggested that the CMAM programme in DPR Korea has achieved high cure rates and has been highly effective in reducing both morbidity and mortality. For 2016, the latest year for which complete data was available, this led to a reduction in morbidity for approximately 12,500 children, with about 4,600 deaths averted. This is in line with the stated purpose of the CMAM programme in DPR Korea to address Goal 4 of the Millennium Development Goals (MDGs) to reduce undernutrition and mortality in children.⁶⁷

During 2018, the high geographic coverage of CMAM in DPR Korea contributed to the early screening, referral and treatment of around 55,000 children with SAM with or without concurrent illnesses, and MAM with concurrent illnesses. According to government sources, of all the treated cases, 99 per cent were successfully cured and fully recovered from malnutrition. However, despite the high cure rate of children presenting with SAM, a significant number of children who were successfully treated relapsed and returned to the programme. The high rate of relapse in DPR Korea indicates that the underlying causes of acute malnutrition are yet to be sufficiently addressed. Furthermore, only 39 per cent of the estimated national burden/caseload of children with SAM were treated due to funding shortfalls.⁶⁸

Impact of bilateral and multilateral sanctions on the capacity for humanitarian response

In principle, bilateral and multilateral sanctions imposed on DPR Korea are not intended to restrict humanitarian activities or to have adverse humanitarian consequences. However, in practice, the perception of risk of violating sanctions by banks, suppliers and officials significantly delays or disrupts humanitarian activities.

67. United Nations Children's Fund, 2018e.

68. United Nations Children's Fund, 2019a.

A sanctions committee has been established by the Security Council to review all humanitarian supplies to DPR Korea and grant exemptions where warranted. The procedures for gaining exemptions are intense.

Since 2013, banking channels have been regularly disrupted, with the channel used to bring funds into the country to pay day-to-day operational costs being suspended since September 2017. Attempts to find a replacement method have so far been unsuccessful. Nevertheless, humanitarian agencies have continued to implement activities, with some 90 per cent of expenditure undertaken outside the country. The relatively small amount of funding required in-country is largely to cover operational costs, including rent, utilities and local salaries.

Breakdowns in the humanitarian goods supply chain results in serious delays to operations. These are caused, in part, by the reluctance of suppliers and transport companies to procure and transport humanitarian supplies to DPR Korea for fear of financial and reputational costs. Additional requirements for licensing and ensuring that equipment or supplies are not on the sanctions list impede procurement and customs clearances. Agencies have been working hard to overcome these challenges to continue their operations.

International sanctions have also indirectly contributed to reluctance among donors to provide funds to DPR Korea. There has been a radical decline in donor funding since 2012, with only 24 per cent of requested funds received in 2018, one of the lowest funding levels in 10 years and one of the lowest funded appeals in the world⁶⁹ – despite generous donations from Canada, France, the United Kingdom and Sweden. If the funding gap is not filled, one could reasonably expect chronic malnutrition and inadequate access to clean water and health services to continue affecting the most vulnerable children and women.

The low level of funding is impacting operations. Prolonged disruptions have forced agencies to reprioritize implementation to only the most basic lifesaving activities, alongside cancelling or postponing others. Some agencies have, or are, considering their longer-term sustainability without a consistent and stable funding channel.⁷⁰

The implementation of nutrition interventions and the provision of essential medicines and oral rehydration salts were challenged by the current political situation and sanctions, the availability of funds and the lack of in-country cash. In 2017, funding constraints also led to significant underachievement against SAM treatment targets. Targets for access to water were nearly fully met, with 160,133 people from flood-affected communities, including some 50,000 children, gaining access to clean water. This figure also includes children in health facilities, schools, nurseries and kindergartens.⁷¹

INTERNATIONAL
SANCTIONS
HAVE ALSO
INDIRECTLY
CONTRIBUTED
TO RELUCTANCE
AMONG DONORS
TO PROVIDE
FUNDS TO DPR
KOREA.

69. United Nations Country Team, 2019.

70. United Nations Country Team, 2018.

71. Ibid.

ONE CAN SEE A SHARP DECLINE IN PROGRAMME IMPLEMENTATION, LARGELY DUE TO FUNDING SHORTFALLS.

During 2018, fortified food assistance to 190,000 kindergarten children had to be suspended due to a lack of funding. In the WASH sector, partners in the Needs and Priorities initiative reached 101,000 beneficiaries of the 357,000 people targeted (around 28 per cent). An additional 53,000 were reached by other partners.⁷² However, the delivery of safe drinking water projects has not been completely implemented for around 229,000 people, in part due to a lack of funding, as well as delays in sanctions exemption clearances.⁷³

Comparing the results between 2017 and 2018 one can see a sharp decline in programme implementation, largely due to funding shortfalls. Due to lack of resources, the continuing cycle of floods, droughts, soil erosion and landslides is expected to further weaken coping mechanisms and take a heavy toll on the people of the country.

The welcome adoption of the Implementation Assistance Notice (IAN) No. 7 by the 1718 Sanctions Committee in August 2018 was a critical step towards streamlining and expediting exemption requests for humanitarian operations.⁷⁴ Rapid application of the IAN, as well as accelerating the review and approval of the exemption requests for humanitarian programmes, will help to alleviate the suffering of hundreds of thousands of people. It remains to be seen how this will affect the flow of funds and materials needed to address the humanitarian challenge.

72. The International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies and Swiss Agency of Development and Cooperation also run water programmes but are not covered by the United Nations Country Team's 'Needs and Priorities' (United Nations Country Team, 2017, 2018, 2019).

73. United Nations Country Team, 2019.

74. Implementation assistance notices provide guidance on the implementation of sanctions to member States. In this case, the notice provided guidance on procedures for expediting exemption requests for humanitarian operations.



3

The young child's right to survive and thrive

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3.1 Introduction

Early childhood is the period of the most rapid development in the human life cycle. It is when the foundations of physical growth and cognitive and emotional development are laid. It is also the time of greatest vulnerability, when malnutrition and disease may interact with inadequate caring practices to seriously undermine that foundation; this often results in compromised growth and development, or even death. A healthy start to life enabled by easy access to quality health care, adequate nutrition, a stimulating and nurturing environment and access to safe water, sanitation and hygienic practices is a precondition for any child to achieve his or her full potential and be able to contribute to sustainable national development.

Since the last DPR Korea UNICEF Situation Analysis in 2017,⁷⁵ several more recent data sources have provided additional in-depth insights into the situation of women, children and men on issues related to health and nutrition, as well as WASH. Data from the MICS 2017 suggests that the trend of declining infant mortality and malnutrition has continued.

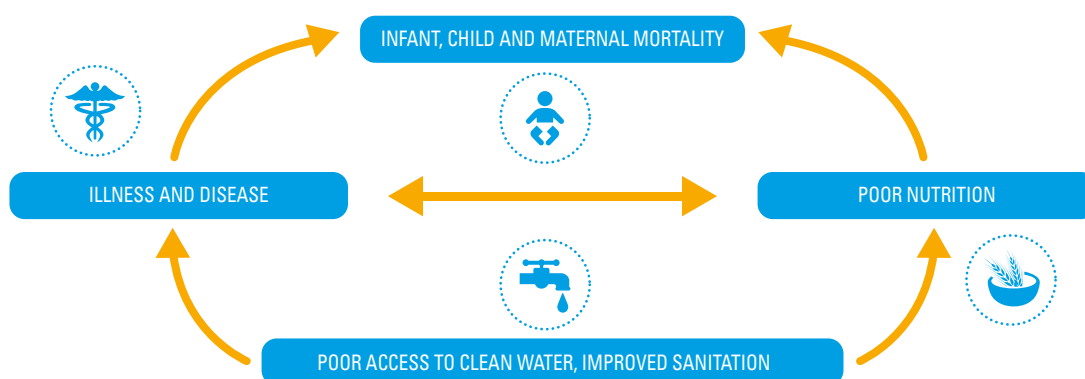
Assessment of survival status

The survival of children and their mothers is often considered to be a broad indicator of overall population well-being and gender equality. Key indicators for assessing survival are neonatal, infant, under-five and maternal mortality. Critical factors that directly affect mortality are illness and disease, nutrition status, water, sanitation and hygienic practices (Figure 9).

A HEALTHY START TO LIFE IS A PRECONDITION FOR ANY CHILD TO ACHIEVE HIS OR HER FULL POTENTIAL AND BE ABLE TO CONTRIBUTE TO SUSTAINABLE NATIONAL DEVELOPMENT.

75. United Nations Children's Fund, 2017b.

Figure 9: Key determinants of infant, child and maternal mortality



3.2 Institutional and policy framework

In DPR Korea, the MoPH is directly in charge of the implementation of the Public Health Policy. It is responsible for treatment and prevention, as well as central and specialist hospitals. Subnationally, there are health bureaus at the provincial People's Committees level and health departments at the county and *Ri* People's Committee level.

The policy environment for child survival is generally positive. A number of supportive laws and policies to support child and maternal health are in place. The legal framework includes laws on public health; nursing and upbringing of children; prevention of communicable diseases; public hygiene and sanitation; and medical treatment. Policies and plans include: the Plan for Child Health Improvement (2001–2010); the Strategy for Expansion of Integrated Management of Childhood Illness (2005–2020); and the Strategy and Action Plan to Control Child and Maternal Mortality (2014–2018). However, there is room for further improvement based on the outcomes of operational research and international best practices. Health strategies are reflected in the Medium-Term Strategic Plans for Health (MTSPs).⁷⁶

The first MTSP, covering 2010–2015, has been implemented and the second plan, covering 2016–2020, is currently under way. The MTSP documents highlight many of the challenges faced by children and women throughout DPR Korea and have allowed the MoPH, its national partners (including the Academy of Medical Sciences (AMS) and the Institute of Child Nutrition), along with its humanitarian partners, including UNICEF and the Global Alliance for Vaccines and Immunization, to better assess and target health, nutrition and WASH needs within the country.

Key health partners include UN agencies, notably WHO, UNICEF and UNFPA, and the International Federation of Red Cross and Red Crescent Societies (IFRC), Italian Development Cooperation, Finnish Development Cooperation, Swiss Development Cooperation and European Union. International partnerships have been established with global health initiatives (the Global Alliance for Vaccines and Immunization and

76. Ministry of Public Health et al., 2017.

the Global Fund), as well as with the multilateral programme Improving Women’s and Children’s Health in DPR Korea. The joint efforts of Government and its partners have improved the enabling environment for progress with respect to survival.

3.3 Mother and child survival

Child mortality

SDG TARGET 3.2

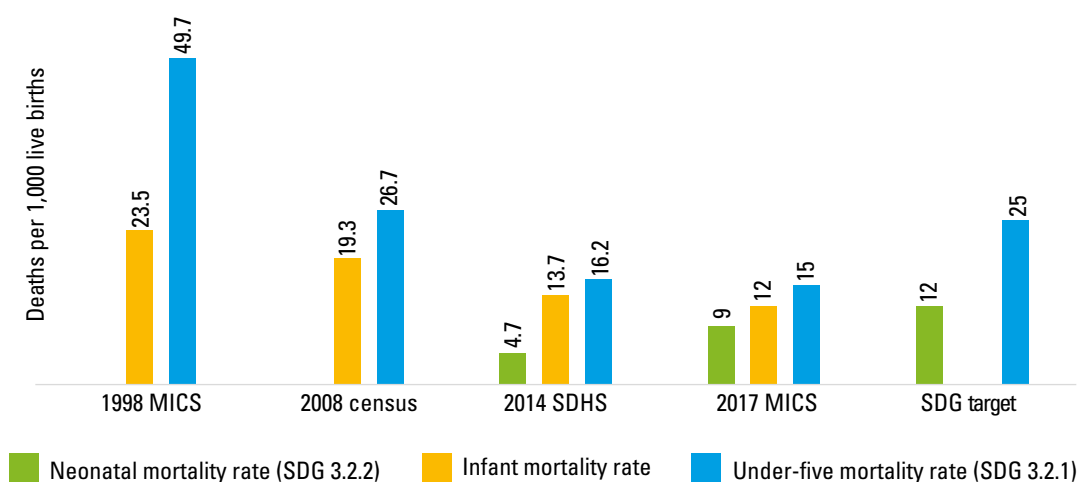
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

As seen in the locally sourced data presented in Figure 10, early childhood mortality rates are fairly low and continue to decrease (see also Figure 11). According to the DPR Korea MICS 2017, the rate of children dying within the first month is at nine deaths per 1,000 live births, the infant mortality rate (dying before the first birthday) is 12 deaths per 1,000 live births and the under-five mortality rate is at 15 deaths per 1,000 live births.⁷⁷ It appears that, subject to further validation in the census, DPR Korea results are broadly in line with global SDG targets. However, there is room for improvement in a number of areas if progress is to be sustained and DPR Korea wishes to be a world leader in this area.

Based on local estimates, there were an estimated 5,000 under-five deaths in 2017, down from 18,000 in 1998, reflecting an annual rate of reduction of 3.8 per cent. Over the same period, infant deaths decreased from 8,000 to 4,000 and neonatal deaths from 6,000 to 3,000. Neonatal deaths comprised 50 per cent of under-five

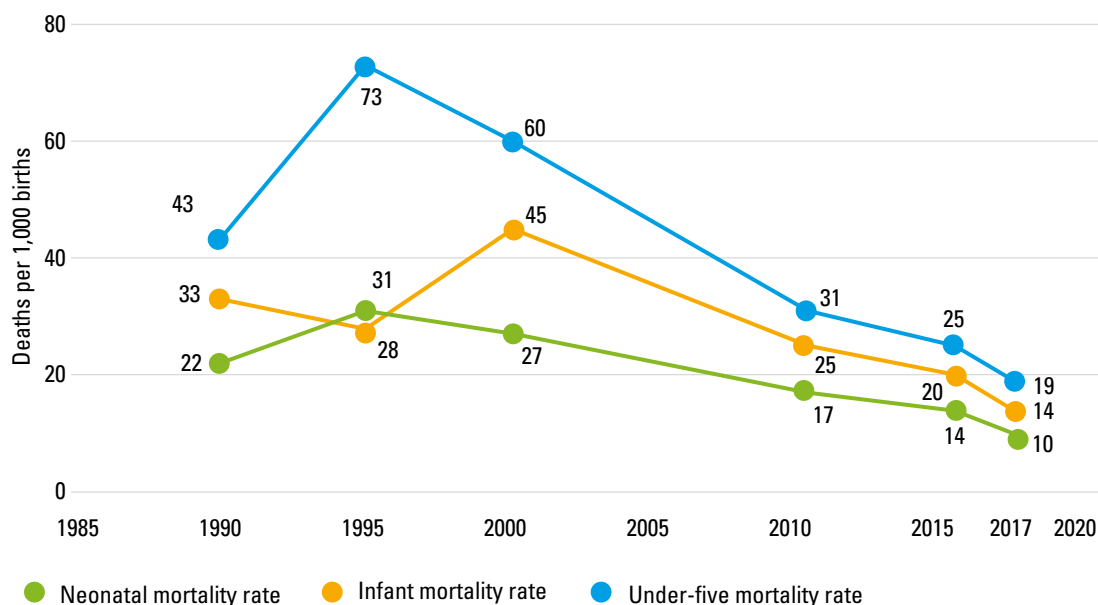
5,000 UNDER-FIVE DEATHS IN 2017, DOWN FROM 18,000 IN 1998, REFLECTS AN ANNUAL RATE OF REDUCTION OF 3.8%.

Figure 10: Trends in neonatal, infant and child mortality



77. One needs to exercise caution with MICS mortality data due to relatively large confidence intervals; and it would be prudent to await the results of the census currently planned for 2019.

Figure 11: Global estimates of DPR Korea under-five, infant and neonatal mortality rates



Source: United Nations Inter-agency Group for Child Mortality Estimation, 2018.

deaths in 1998, but increased to 80 per cent, signalling the need for enhanced focus on the maternal and neonatal period with particular emphasis on improving services, particularly at the *ri* level.⁷⁸ The MoPH has set targets of 10 per 1,000 live births for the infant mortality rate and 14 for the under-five mortality rate by 2020.⁷⁹

In the East Asia context, DPR Korea has a lower under-five mortality rate than Viet Nam, Cambodia, Indonesia and Timor-Leste, virtually the same as Mongolia and is higher than only Thailand and China.⁸⁰ It is worth noting that for all countries reflected, the mortality rate is higher for boys than for girls.

Despite the promising trends there is no cause for complacency. One child dies every hour and one woman dies every day due to preventable disease, with significant disparities between urban and rural areas, as well as between provinces. According to the Annual Health Report (2014), infant mortality rates and under-five mortality rates were 1.2 times higher in rural than urban areas. Whatever the cause, the challenge starts with reducing neonatal mortality.

Maternal mortality

SDG TARGET 3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

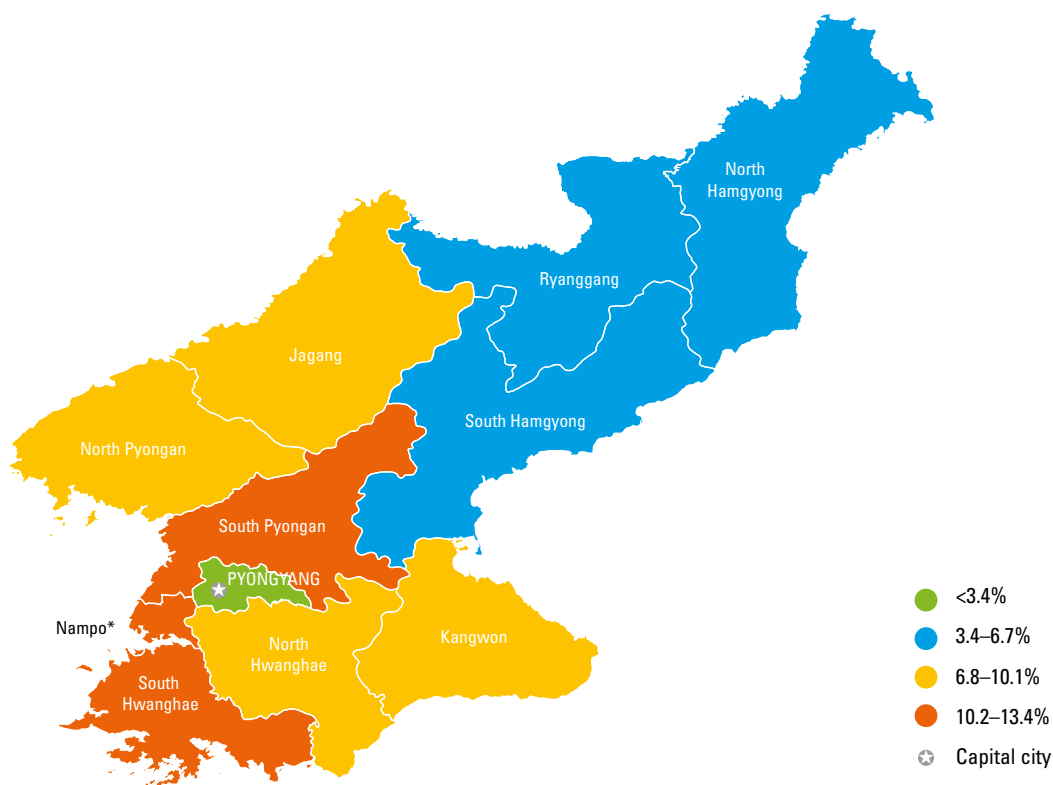
Health outcomes for children are closely tied to health outcomes of their mothers. The maternal mortality ratio was estimated at 54 per 100,000 live births in the 1993 census before skyrocketing to 105 per 100,000 live births in 1997 due to the severe economic and

78. Data provided by CBS.

79. Ministry of Public Health et al., 2017.

80. United Nations Inter-agency Group for Child Mortality Estimation, 2018.

Figure 12: Percentage of deliveries that took place outside of a health facility (at home)



* Nampo is sampled as part of South Pyongan.

Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

social stress experienced during the decade.⁸¹ The ratio declined rapidly as the country adjusted to the new realities, leading to an estimated rate of 65.9 in 2014. This compares to an average of 59 among the countries of East Asia and the Pacific.⁸²

Census data from 2008 demonstrated that the maternal mortality ratio was much higher in rural areas (105) than urban areas (70.7) and that two thirds of maternal deaths occurred at home, with a much higher ratio in rural areas than urban ones.⁸³ The MoPH has set a target of 45 per 100,000 live births by 2020.⁸⁴ The SDG target established by the Human Reproduction Programme⁸⁵ is a two-thirds reduction in the 2010 figure.⁸⁶ Based on the more accurate 2008 census data, this would amount to 28 per 100,000 live births. These figures should be included in the discussion on an appropriate SDG target.

According to the results of the MICS 2017, virtually all women having a live birth over the past two years received professional antenatal care. Nearly 94 per cent of pregnant

VIRTUALLY ALL WOMEN HAVING A LIVE BIRTH OVER THE PAST TWO YEARS RECEIVED PROFESSIONAL ANTENATAL CARE.

81. Data on maternal mortality should be treated with caution due to wide uncertainty levels as a result of methodological challenges as a rare event like maternal mortality may at times be unrecorded or incorrectly recorded leading to under-reporting.

82. United Nations Children’s Fund, 2017c.

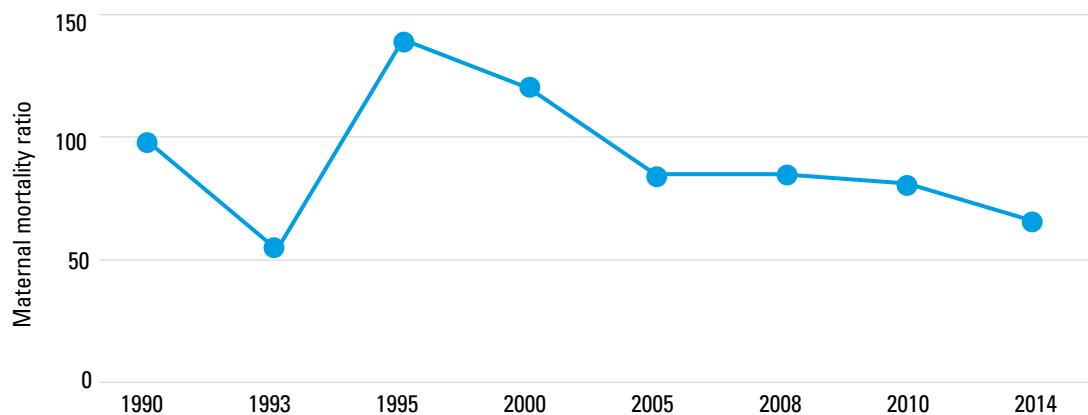
83. Central Bureau of Statistics and United Nations Population Fund, 2009.

84. Ministry of Public Health et al., 2017.

85. The Human Reproduction Programme is a coalition of global partners dedicated to putting an end to preventable maternal mortality. It is convened by WHO and includes UNICEF, UNFPA, the United States Agency for International Development, The World Bank and an assortment of international non-governmental organizations.

86. World Health Organization, 2015.

Figure 13: Maternal mortality ratio



Source: Data provided by CBS.

women had at least four antenatal visits with any skilled attendant. And while nine out of 10 deliveries took place at a hospital, virtually 100 per cent of births were attended by skilled health personnel such as a doctor, nurse or midwife. The rate of deliveries that took place at home varies from one province to another as shown in Figure 12. Also, 98 out of 100 women received a postnatal health check while in the facility or at home after the birth. That is at least part of the reason why the maternal mortality ratio has declined from 85 per 100,000 live births in 2008 to 66 in 2014, according to the CBS (Figure 13).⁸⁷

INADEQUATE KNOWLEDGE AND PRACTICES AND LACK OF APPROPRIATE TESTING EQUIPMENT CONTRIBUTE DIRECTLY TO THE RELATIVELY HIGH MATERNAL MORTALITY RATIO.

In order to address issues of quality in maternal and neonatal health care, a new policy was adopted and is in the process of being implemented. The policy seeks to strengthen technical support for key components such as the integrated management of neonatal and childhood illnesses for safe pregnancy and birth. It also aims to scale up training and the use of tele-medicine to increase capacity of household doctors and other frontline service providers, while advocating with the population for necessary behaviour changes such as early initiation of breastfeeding, six-month exclusive breastfeeding and use of oral rehydration therapy in treatment of diarrhoea.

Causal factors for maternal mortality

Despite a well-articulated reproductive health system and high coverage rates for antenatal care attendance, skilled attendance at birth and postnatal care, inadequate knowledge and practices and lack of appropriate testing equipment contribute directly to the relatively high maternal mortality ratio. Leading direct causes of maternal mortality include haemorrhage (28.9 per cent), sepsis and infection (8.9 per cent) and eclampsia (7.8 per cent), while indirect causes include cardiovascular disease (8.8 per cent), digestive system disease (8.2 per cent) and respiratory system disease (7.5 per cent).⁸⁸

Complications during pregnancy that may affect mother and child health include anaemia, urinary tract infection, hypertension, gestational diabetes, overweight and

87. Ministry of Public Health, 2018c.

88. Central Bureau of Statistics and United Nations Population Fund, 2011.

obesity, infections and mental health conditions. These may jeopardize the health of both the mother and the child.⁸⁹ Another factor possibly impacting maternal health is a very high rate of abortion and child loss due to miscarriage or stillbirth. Approximately 10.5 per cent of women surveyed in the SDHS 2014 reported having had an abortion during their lives.

Levels of maternal mortality vary by province; Pyongyang (39) and North Hwanghae (61). Where maternal health services are more accessible rates are lower. At the other end of the spectrum, higher maternal mortality was registered in Ryanggang and North Hamgyong with estimates of 86 and 84, respectively. Ruggedness of terrain and limited access to vehicles make emergency obstetric care especially difficult.⁹⁰

Data from the last census (2008) suggests that maternal mortality declines with increasing levels of education. For those with secondary education or less, the maternal mortality ratio is estimated at 91.2; for those with vocational or special school training the rate drops to 72.6; and for those with university or higher education, the rate drops further to 39.0. These striking statistics highlight the vital importance of women's education to maternal mortality and overall child survival and health. Additional factors are delays in seeking health care, delays in reaching care due to distance and difficulty in accessing transportation.

Approximately 80 per cent of women received at least two tetanus toxoid shots during the last pregnancy, meaning that approximately 20 per cent did not. Provinces with the lowest coverage were Ryanggang (48 per cent), Jagang (54 per cent), Kangwon (69 per cent) and North Pyongan (69 per cent).⁹¹ Providing protection against maternal and neonatal tetanus through vaccination with at least two doses of tetanus toxoid is a key strategy for achieving reductions in maternal and newborn mortality. Failure to do so could lead to tetanus, which is a painful condition that can ultimately lead to death.⁹²

Addressing maternal mortality would require tackling maternal nutrition and gaining a better understanding of the circumstances surrounding maternal deaths through a more systematic approach to undertaking maternal audits. This information would assist in the design of appropriate programmes to reduce maternal deaths.

Fertility and family planning

Total fertility is relatively low and remains slightly under the replacement level at 1.9 children per woman. The MICS 2017 confirms that the intrauterine device (IUD) is the main form of contraception, with two out of three married women between the ages of 15 and 49 using them. IUD use covers about 93 per cent of all women using any form of contraception. While the exact numbers might differ, for those women using any form of contraception, IUDs are the method of choice across regions, age groups and Wealth Index category.⁹³

APPROXIMATELY
80% OF WOMEN
RECEIVED AT
LEAST TWO
TETANUS TOXOID
SHOTS DURING
THEIR LAST
PREGNANCY.

89. Central Bureau of Statistics and United Nations Population Fund, 2015.

90. Ibid.

91. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

92. See, for example, World Health Organization, 2016.

93. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

Table 12: Family planning satisfaction (by percentage in each category)

AGE GROUP	DEMAND FOR FAMILY PLANNING SATISFIED WITH:	
	ANY METHOD	MODERN METHODS
20–24	63.8	61.3
25–29	75.8	73
30–34	88.3	85.8
35–39	95.3	93.6
40–44	96.6	95
45–49	96.6	96

Source: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

The unmet need for any form of contraception is relatively low. Of currently married women aged 15–49 years, only 7 per cent cannot meet their need for family planning (3 per cent for spacing and 4 per cent for limiting births). While these figures are fairly similar across provinces (ranging from 3 per cent in South Hwanghae to 10 per cent in North Hamgyong), they are very different across ages (Table 12). Two out of five women aged 20–24 years cannot meet their need for family planning with modern methods.⁹⁴

Illness and disease affecting children in DPR Korea

SDG TARGET 3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Vaccinations play a central role in preventing communicable diseases. In DPR Korea, immunization levels are generally very good: only 3 in 100 children aged 24–35 months did not finish the full vaccination schedule recommended for completion around 15 months of age.⁹⁵ Over the last few years there have been virtually no vaccine-related diseases in the country. However, routine immunization is highly donor dependent – up to 79 per cent in 2010.⁹⁶

As noted in the previous Situation Analysis, the two primary childhood killers are pneumonia and diarrhoea. About 11.4 per cent of children below the age of 5 had some form of diarrhoea, and 6.8 per cent had an episode of fever in the two weeks preceding the MICS. This is an increase from the baseline of 8.5 per cent for diarrhoea and 6.5 per cent for acute respiratory infection set by the MoPH in 2016.⁹⁷

There are marked differences across the Wealth Index, as both these child diseases are nearly twice as likely to occur among children in the lowest 20 per cent of

94. Central Bureau of Statistics and United Nations Children’s Fund, 2018a.

95. Ibid.

96. Grundy, Gibbs and Hipgrave, 2015.

97. Ministry of Public Health et al., 2017.

the Wealth Index distribution compared to children in the highest 40 per cent. In comparison to other Southeast and South Asian countries, DPR Korean children have much lower incidences of these symptoms, particularly fever.

Nineteen out of 20 of those children with diarrhoea received some form of treatment for their condition, such as zinc tablets or oral rehydration solution, predominantly from public health sources.⁹⁸ And while nine out of 10 people live in households primarily relying on non-clean cooking fuels – which emit gases that have a potential to cause respiratory diseases – the majority of those households use chimneys to reduce the degree of air pollution.

After a spike in outbreaks in the late 1990s, malaria incidence has been reduced due to the preventative efforts of the Government of DPR Korea. One of those measures has been to provide families with long-lasting insecticide treated nets. As a consequence, 98.3 per cent of children under the age of 5 sleep under bednets.⁹⁹ DPR Korea's success depends on continued access to the drugs, personnel and resources necessary to keep these malaria programmes going. According to MoPH data, the incidence rate of malaria in 2014 was 0.4 per 1,000 people.¹⁰⁰

Since 2000, tuberculosis (TB) incidence has been increasing. Among countries without a large HIV prevalence, DPR Korea has one of the highest TB rates in the world.¹⁰¹ The most recent National TB Prevalence Survey (2015/16) estimated the prevalence rate to be 641 out of 100,000 persons.¹⁰² This is a stark increase compared to former assessments. In 2017, TB incidence in the population was about 100,533, of which 5,209 or 5.2 per cent were children under 15 years of age; multi-drug resistant TB was estimated at 5,200 cases.¹⁰³ According to MoPH, of 12,000 children enrolled in TB prevention programmes, 9,777 are receiving treatment with isoniazad.

A National TB Strategic Plan (2018–2021) is in place. However, a worrying development with potentially grave repercussions for health is the decision taken at short notice in February 2018 by the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), the sole provider of treatment support to DPR Korea, to stop its activities in support of TB and malaria control by June of the same year. GFATM has been the primary donor supporting these two areas, with UNICEF as the principal recipient, WHO as a sub-recipient and the MoPH as implementing partner. Since 2010, UNICEF received roughly US\$33.6 million for anti-malaria activities and US\$75.5 million for scaling up TB services, including enhancing coverage in children by strengthening diagnostic capacities and treatment for paediatric TB.

MALARIA
INCIDENCE HAS
BEEN REDUCED
DUE TO THE
PREVENTATIVE
EFFORTS OF THE
GOVERNMENT OF
DPR KOREA.

98. See the section on the nexus between health, nutrition and WASH, below, for more information on the subject.

99. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

100. Ministry of Public Health et al., 2017.

101. World Health Organization, United Nations Children's Fund and Government of Democratic People's Republic of Korea, 2017.

102. World Health Organization, 2017.

103. World Health Organization, 2018a.

Nutrition

Poor nutrition is a major public health concern and a primary underlying cause of maternal and child mortality in DPR Korea. While there has been significant progress on underweight, stunting and wasting over the past two decades, nearly one in 10 children under the age of 5 is underweight and nearly one in five children is stunted. In absolute numbers this translates to approximately 320,000 stunted, 153,000 underweight and 140,000 wasted children.¹⁰⁴

The immediate causes of malnutrition are inadequate dietary intake, illnesses and disease. Exposure of the child to the risk of malnutrition begins in the womb with intrauterine growth retardation caused by disease, particularly TB, malaria and maternal malnutrition, all of which may contribute to low birthweight. Chronic undernutrition or stunting is reinforced in the first two years of life when children who have a high need for nutrients suffer from a poor-quality diet and poor access to safe water and sanitation. Chronic and acute malnutrition results from food insecurity, unsafe drinking water, poor sanitation and hygiene, degraded environments, absence of essential medicines and the inadequate nutritional status of mothers.

The main underlying causes of malnutrition are poor household food security and inadequate feeding and care practices, as well as poor access to health, water, hygiene and sanitation services. Wasting also plays a part in the vicious cycle of infection: undernutrition increases susceptibility to infection, and infection then leads to greater weight loss due to appetite loss and poor intestinal absorption. Moreover, there is an established relationship between poor nutrition and increased vulnerability to some diseases, including TB.

In resource-poor settings, food scarcity leads to diets that are low in nutrient density, with negative impacts for children's growth. According to the MICS 2017, one third of children aged 6–23 months do not receive the minimum acceptable diet, a combination of both a minimum diversity of foods and a minimum number of feeds. Significant variations exist between provinces and between rural and urban households. For example, in North Hwanghae Province, two thirds do not receive the minimum diet diversity, compared with just one fifth of children in Pyongyang.¹⁰⁵

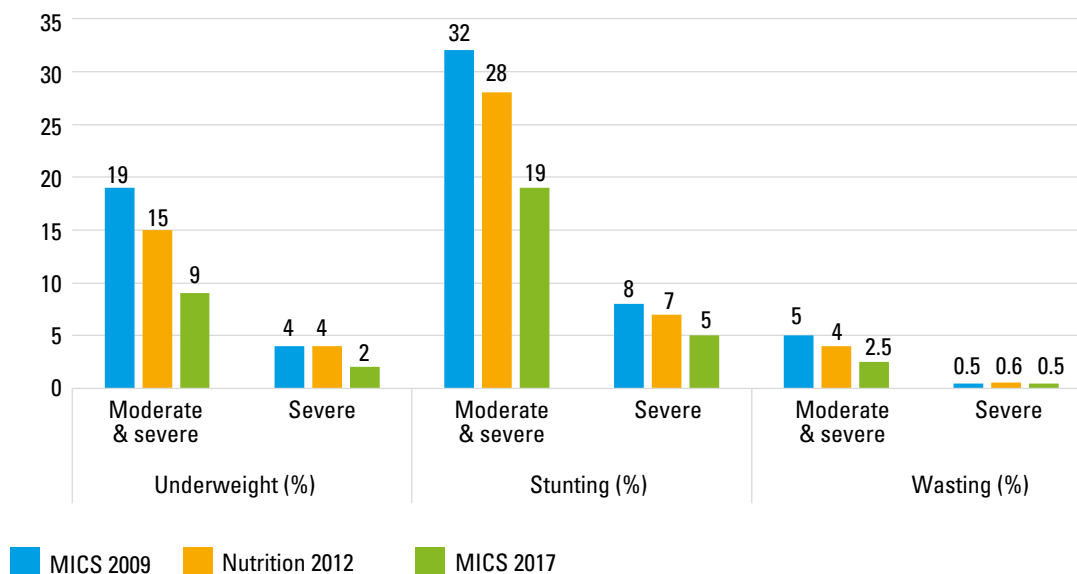
Stunting has reduced sharply and steadily from 62 per cent at the time of the great famine, peaking in 1997, to 19 per cent in 2017. (Figure 14, which compares the results from different surveys, illustrates this trend.) Children with stunting will struggle to lead a normal life, with impaired physical and cognitive development that cannot be reversed later in life. The distribution of stunting by age, wealth and geography is worth mentioning. The proportion of stunted children increased sharply after 12 months of age and, at 26 per cent, is highest in the age group 48–59 months.

This is considered to be due to continuing incorrect practices in complementary feeding reflected in the low levels of a minimum acceptable diet. There are some

104. Based on an estimated population of 1.7 million children under the age of 5.

105. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

Figure 14: Comparison of anthropometrical results, 2009–2017



Source: UNICEF’s further analysis of data from MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a) with results from MICS 2009 (Central Bureau of Statistics, 2010) and the 2012 National Nutrition Survey (Central Bureau of Statistics, 2013).

equity issues of note. The rate of stunting is 27 per cent within the lowest 20 per cent of the wealth distribution compared to only 14 per cent in the richest 40 per cent. There is also a wide range of disparities between provinces, ranging from 10 per cent in Pyongyang to 32 per cent in Ryanggang. Refer to the maps in Figures 15 and 16 for more information on the disparities between provinces.

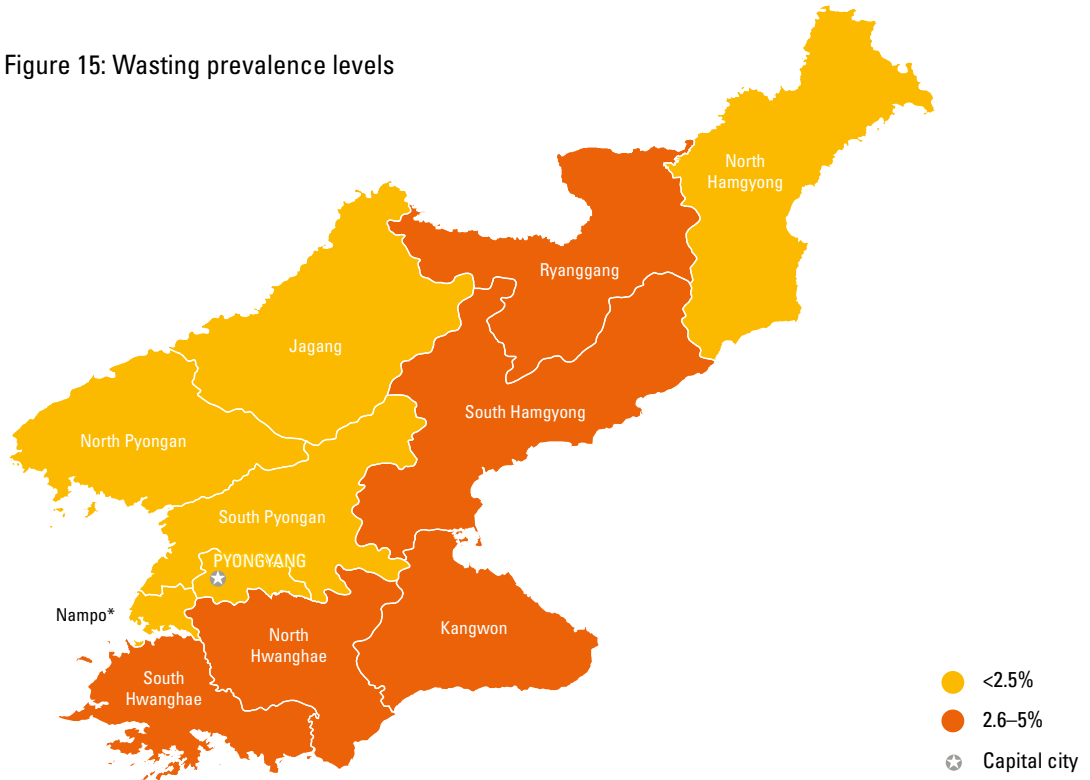
During times of humanitarian emergency when availability of food may be further constrained, wasting (SAM and MAM) among children increases, necessitating intensive treatment with special therapeutic foods. Children who are wasted are estimated to be nine times more likely to die from preventable childhood illnesses than children with normal nutritional status.¹⁰⁶

In addition, there is an emerging challenge of overweight children estimated at 2.3 per cent with 0.4 per cent severely so. The highest rates of overweight children are in Pyongyang (4.2 per cent) followed by South Pyongan (3.6 per cent) and Jagang (3.0 per cent). This is an issue to be closely monitored given the increasing trend towards non-communicable diseases in the country.

Low birthweight, defined as less than 2,500 grams, is a significant risk factor for stunting and other adverse outcomes. Babies who were undernourished in the womb face a greatly increased chance of dying during early childhood. Those who survive may have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength throughout their lives, and

106. United Nations Country Team, 2018.

Figure 15: Wasting prevalence levels

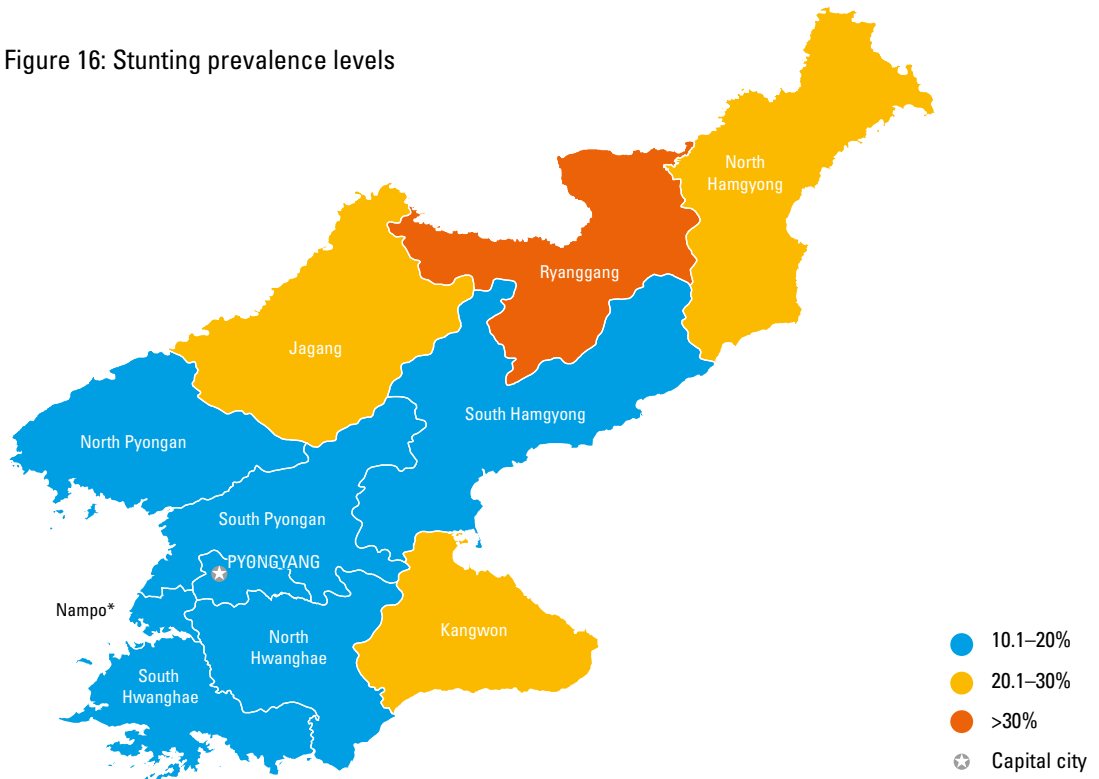


* Nampo is sampled as part of South Pyongan.

Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

BABIES WHO WERE UNDERNOURISHED IN THE WOMB FACE A GREATLY INCREASED CHANCE OF DYING DURING EARLY CHILDHOOD.

Figure 16: Stunting prevalence levels



* Nampo is sampled as part of South Pyongan.

Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

suffer a higher incidence of diabetes and heart disease in later life. Children born with low birthweight also risk a lower intelligence quotient (IQ) and cognitive disabilities, affecting their performance in school and their job opportunities as adults. In line with other improvements in nutrition, the proportion of children weighing less than 2,500 grams at birth has also been declining, from 5.7 per cent in the MICS 2009 to 3.1 per cent in the MICS 2017.¹⁰⁷

There is a marked trend towards lower incidence rates of underweight, stunting and wasting in children. Between 2012 and 2017, there has been a 38 per cent reduction in instances of moderate and severe underweight and an impressive 50 per cent reduction in cases of severely underweight children; a 33 per cent reduction in moderate and severe stunting and a 29 per cent reduction in severe stunting alone; and a 38 per cent drop in moderate and severe wasting, with severe wasting falling just 17 per cent.¹⁰⁸ These numbers are supported by progress in determinant indicators:

- Early initiation of breastfeeding increased to 43 per cent from 28 per cent in 2012 and 18 per cent in 2009.
- Exclusive breastfeeding is stable at a very high level of 71 per cent in 2017 versus 69 per cent in 2012.
- Appropriate breastfeeding is up from 51 per cent in 2009 to 62 per cent in 2017.¹⁰⁹
- Significant reduction in low birthweight, to 3.1 per cent in 2017.

Breastfeeding is widely practised in DPR Korea with 71 per cent of children under 6 months of age exclusively breastfed, with equitable distribution between urban and rural, education level and wealth status, in accordance with UNICEF and WHO recommendations. This is a slight increase from the levels reported in the National Nutritional Survey in 2012. Approximately 83 per cent of newborns were breastfed within 24 hours of birth. Male infants are much less likely to be exclusively breastfed (63 per cent) than female ones (80 per cent). The relatively high breastfeeding rates in DPR Korea contribute to improved nutrition outcomes for infants, but as caregivers start phasing in solid foods, they become more likely to be underweight.

No new data is available on micronutrient deficiencies since the 2012 National Nutrition Survey. At that time, it was estimated that 51.3 per cent of schoolchildren had less than the minimum amount of iodine in their blood for healthy nutrition. At the same time, the total goitre rate in the northern and mountainous provinces reached 31 per cent (severe) compared to a national average of 19.5 per cent (mild), while 28.7 per cent of children under 5 years and 31.2 per cent of their mothers were affected by iron deficiency anaemia.

A lack of iodine in the DPR Korean diet is a reason for concern. Only half the population have the recommended 100 micrograms of urine iodine concentration,

A LACK OF IODINE IN THE DPR KOREAN DIET IS A REASON FOR CONCERN.

107. Central Bureau of Statistics, 2010; Central Bureau of Statistics and United Nations Children's Fund, 2017.

108. UNICEF's further analysis of the 2017 DPR Korea MICS data.

109. Ibid.

putting the country in a moderate iodine deficiency category according to WHO guidelines. While nearly all children received vitamin A supplements according to the National Nutrition Survey 2012, iron deficiency anaemia rates are quite high for children under 5 years (29 per cent), further impairing thyroid function. Enriching even more salt with iodine than is currently done would be a relatively easy way to improve the nutritional and health status, especially of children, in DPR Korea.¹¹⁰

Maternal nutrition status

Two key indicators of maternal nutrition used in DPR Korea that have an impact on both maternal health and pregnancy outcomes are mid-upper-arm circumference (MUAC) and anaemia. Other indicators commonly used are Body Mass Index and stature (for which data is not available at present). MUAC below 22.5 cm is considered a risk factor, below 21.0 cm constitutes elevated risk and below 18.0 cm is seen as high risk. Data from the 2012 Nutrition Survey indicates that 32 per cent of women aged 15–49 are considered to have poor nutrition status based on MUAC below 22.5 cm.¹¹¹

Iron deficiency anaemia in pregnancy is a risk factor for preterm delivery, which is the largest cause of neonatal death, and subsequent low birthweight, and possibly for inferior neonatal health. Anaemia prevalence in women of childbearing age was estimated at 31 per cent in the National Nutrition Survey 2012, continuing the slow but steady decline from 34.7 per cent in 1998. Maternal anaemia may result in childhood anaemia with adverse consequences on child development.

Iron and folic acid supplementation for women has been introduced to promote the nutritional and physical status of women and prevention of maternal anaemia, which is regarded as a key contributing factor of neonatal mortality. In 2014, estimated coverage of the targeted group reached 76 per cent with iron and folate supplements. It should also be noted that improvement of maternal nutritional health is also closely related to non-nutritional factors such as workload and disease burden.

Infant and young-child feeding

Proper and safe food is important, especially in the first few years of life. Malnutrition in the first 1,000 days can have long-lasting negative impacts on a child's physical and cognitive development. There have been positive trends in infant and young-child feeding in DPR Korea:

- The percentage of children aged 6–23 months consuming at least four food groups out of seven – known as minimum dietary diversity – is currently 47 per cent, up from 26.5 per cent in 2012.
- The percentage of children aged 6–23 months achieving minimum meal frequency in the MICS 2009 was 49 per cent and in the MICS 2017 was 75 per cent.
- The clear problem in terms of nutrition is minimum acceptable diet, at just 29 per cent.

110. Ministry of Public Health, 2018c.

111. Central Bureau of Statistics, 2013.

IRON DEFICIENCY ANAEMIA IN PREGNANCY IS A RISK FACTOR FOR PRETERM DELIVERY, WHICH IS THE LARGEST CAUSE OF NEONATAL DEATH.

Table 13: Infant and young-child feeding practices in various countries

COUNTRY, SURVEY	PERCENTAGE OF CHILDREN WHO RECEIVED:		
	MINIMUM DIETARY DIVERSITY	MINIMUM MEAL FREQUENCY	MINIMUM ACCEPTABLE DIET
DPR Korea, MICS 2017	47	75	29
Nepal, DHS 2016	47	72	36
Indonesia, DHS 2012	58	66	37
Bangladesh, DHS 2014	28	64	23
Myanmar, DHS 2012	25	58	16
Zimbabwe, DHS 2012	30	36	8

Source: UNICEF’s further analysis of the 2017 DPR Korea MICS data.

When looking at infant and young-child feeding practices, fewer than one in three children aged 6 months to 2 years received the minimum acceptable diet by achieving minimum dietary diversity and minimum meal frequency (for infants). Minimum diet diversity was not met in particular for young children aged 6–8 months, where only one in five had minimum dietary diversity. In the international context, DPR Korea has done relatively well on infant and young-child feeding practices, with the exception of the minimum acceptable diet indicator. Nevertheless, there is still significant room for improvement in all categories.

There are several reasons for the improvement in DPR Korea’s nutrition indicators over the past few years. One is biannual child-health days, in which children are provided with vitamin A tablets. In addition, there have been improvements in infant and young-child feeding practices. Another might be that consumption of fish, seaweed and other seafood has increased. Moreover, people have increasingly been growing their own vegetables in small greenhouses, diversifying and improving their diet.

3.4 Water, sanitation and hygiene

SDG TARGETS

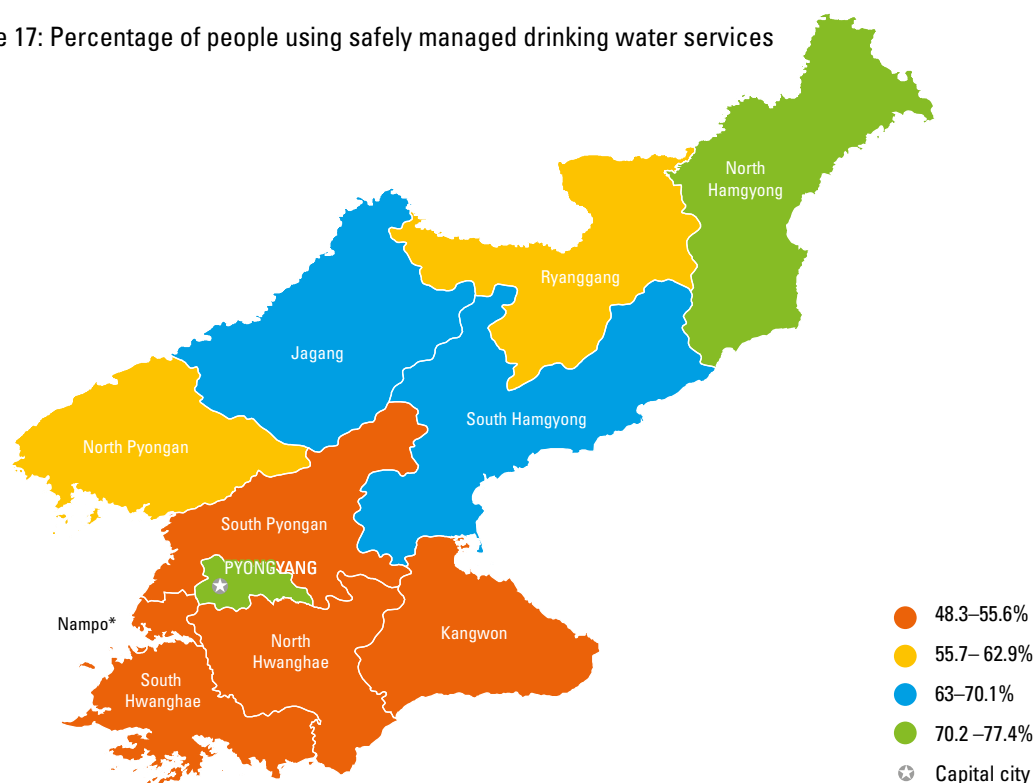
Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

Target 6.3: By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.

Indicator 4a: Proportion of schools that have drinking water from an improved source; improved sanitation facilities that are sex-segregated and usable and handwashing facilities with water and soap that are available to students.

Figure 17: Percentage of people using safely managed drinking water services



* Nampo is sampled as part of South Pyongan.

Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children's Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

Water that is clean and of good quality, adequate sanitation facilities and safe hygiene practices at the household, community, school and health facility level are fundamental to the health of women and children. Diarrhoea and acute respiratory infections cause 29 per cent of under-five deaths globally.¹¹² In 2015, 37 per cent of deaths among children 7 days to 5 years of age in the 12 provincial or central hospitals were caused by pneumonia, while 34 per cent died of diarrhoea.¹¹³ Both are closely linked to low quality of WASH. In addition, sepsis is a leading cause of maternal mortality, which is affected by the use of unclean water and poor hygiene at delivery and postpartum.

Nine in every 10 people in DPR Korea have access to basic drinking water.¹¹⁴ There is however, a disparity of 11 percentage points between urban and rural areas, and disparities between provinces (Figure 17). Also, 82 per cent of people in the lowest 20 per cent of the Wealth Index have access, compared to 99 per cent in the highest 40 per cent. Access to drinking water also has an impact on gender relations: in households without access to drinking water, the burden of water collection falls primarily on adult women (65 per cent), with men engaged in 30 per cent of cases and children under 15 years in around 3 per cent.¹¹⁵

Combining all indicators for drinking water sources and levels of contamination creates the result for 'safely managed drinking water'. (The currently adopted SDG

112. World Health Organization and United Nations Children's Fund, 2013.

113. Ministry of Public Health, 2018a.

114. Basic drinking water is defined as drinking water from an improved water source.

115. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

indicator is the percentage of households with an improved drinking water source located on the premises, free of contamination and available when needed.) Sixty-one per cent of persons have access to safely managed drinking water, with 71 per cent in urban and 45 per cent in rural areas. Roughly one in four households (23.5 per cent of the population) drink water contaminated with faecal matter. In urban areas the figure is 10 per cent, while in rural areas it is 45 per cent. Therefore, people in rural areas drink contaminated water almost five times as often as people in urban areas.¹¹⁶ (See Figure 19 for provincial disparities in contaminated water.)

Access to sanitation services is generally quite good but challenges remain in safe treatment and disposal of excreta. Only approximately 16 per cent of households have no access to improved sanitation, roughly the same as in the MICS 2009. This includes 28 per cent in rural areas, compared to 8 per cent in urban areas.¹¹⁷ There are also large regional variations: 97 per cent of Pyongyang residents, compared with 69 per cent of residents in South Hwanghae, use at least a basic sanitation service. Still, access to correctly managed sanitation in DPR Korea (sewer connection and/or safely managed excreta from improved pit latrines and septic tanks) is just 48 per cent, because the majority of households have access neither to the sewer system nor a septic tank.¹¹⁸ In order to reduce worm infections, this should be a priority for action in the near future.

In DPR Korea, correctly managed sanitation (the combination of piped sewer systems and safe disposal of excreta from improved sanitation categories) is found in 48 per cent of households, while incorrectly managed sanitation (unimproved sanitation facilities plus unsafe disposal of excreta from improved sanitation) is found in 52 per cent (see Table 14).

While there are provincial differences in access to basic sanitation facilities (Figure 18), the differences in access to sanitation services across Wealth Index groups are glaring: just 4 per cent in the bottom 20 per cent group versus 91 per cent in the top 40 per cent group have access to correctly managed sanitation. In total, nine out of 10 people in rural areas and three out of 10 in urban areas live in environments carrying potential health risks from unsafe disposal of human excreta and use of unimproved sanitation facilities. Nine per cent of the population from the highest wealth group compared to 96 per cent from the lowest wealth group use improved, onsite sanitation facilities with unsafe disposal of excreta or use unimproved sanitation facilities (sometimes referred to as a virtual open defecation environment).¹¹⁹ Systematically dealing with such inequalities will be essential for progress moving forward.

The nexus between nutrition, childhood illnesses and WASH

There is a clear link between stunting, diarrhoea and WASH, demonstrating the multi-sectoral nature of the challenges young children face in the areas of survival and development.

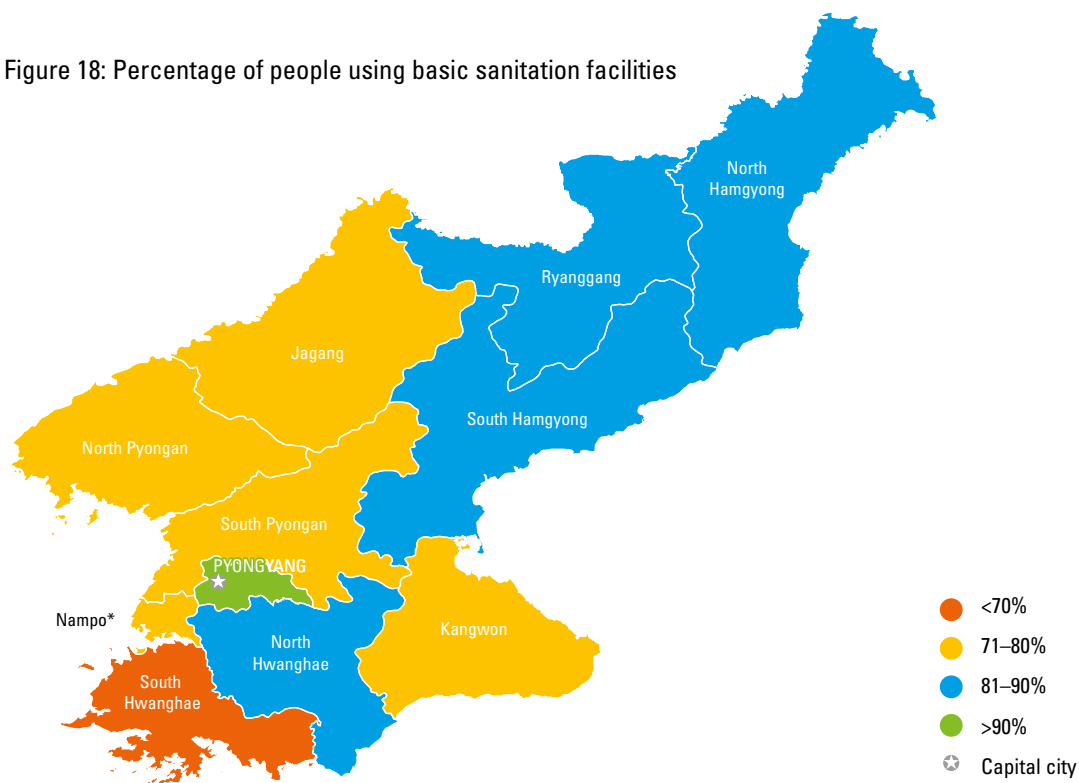
116. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

117. Ibid.

118. Ibid.

119. UNICEF's further analysis of the 2017 DPR Korea MICS data.

Figure 18: Percentage of people using basic sanitation facilities



* Nampo is sampled as part of South Pyongan.

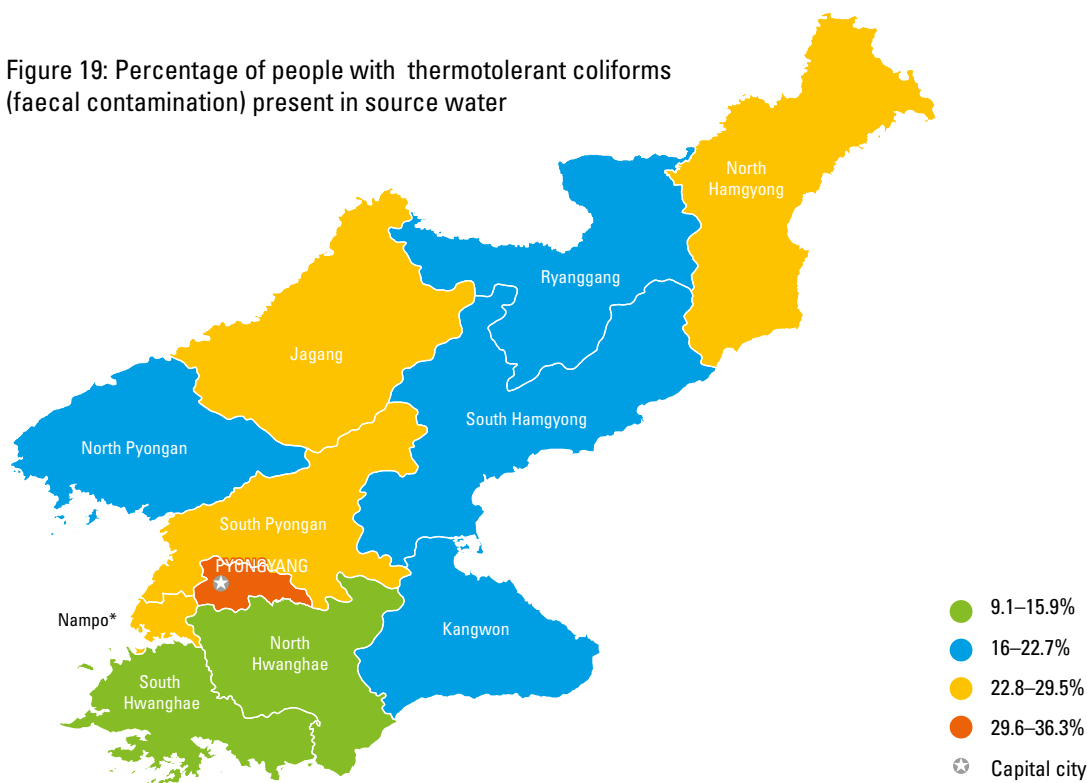
Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children's Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

Table 14: Correct management of excreta from household sanitation facilities (percentage)

CORRECT EXCRETA MANAGEMENT	
Total area	48
Urban	71
Rural	11
PROVINCE	
Ryonggang	29
North Hamgyong	49
South Hamgyong	39
Kangwon	37
Jagang	58
North Pyongan	49
South Pyongan	46
North Hwanghae	32
South Hwanghae	35
Pyongyang	85
WEALTH INDEX 20-40-40	
20% lowest (Wealth Index 1)	4
40% middle (Wealth Index 2)	26
40% highest (Wealth Index 3)	91

Source: UNICEF's further analysis of the 2017 DPR Korea MICS data.

Figure 19: Percentage of people with thermotolerant coliforms (faecal contamination) present in source water



* Nampo is sampled as part of South Pyongan.

Sources: MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a); UN Cartographic Section; WFP; Natural Earth; WorldPop.

Since children are most affected by contaminated drinking water, improving drinking water quality through better sanitation management can be expected to have a large impact on child nutrition and well-being. The link between limited sanitation services and nutrition outcomes is quite visible in DPR Korea, as we can see in the following analysis.

In households with improved sources of drinking water, the rate of stunting is 18.4 per cent, while for those with unimproved sources, the rate is 29.5 per cent, i.e. 60 per cent higher in relative terms. Likewise, for sanitation the rate of stunting for those with improved sanitation is 18.2 per cent, while for those with unimproved sanitation it is 24.0 per cent (Table 15), around a third higher. Stunting in the group without correctly managed sanitation (no access to improved sanitation facilities and/or unsafe disposal practices – 52 per cent of the population) is 40 per cent higher than in the group with correctly managed sanitation.¹²⁰ Therefore, the level of stunting is significantly higher in the group without access to improved sanitation and/or using incorrect disposal practices – over half the population.

Almost all excreta from human sources (>90 per cent) is returned to agricultural fields. The scale of the challenge is evident from the rate of unsafe disposal from on-site sanitation services, which is 97 per cent in rural areas and 85 per cent in urban areas.¹²¹

120. UNICEF’s further analysis of the 2017 DPR Korea MICS data.

121. Ibid.

Table 15: Percentage of under-five children with stunting or diarrhoea by WASH conditions

		STUNTED (%)	DIARRHOEA (%)
Total		19.1	11.4
Type of sanitation facility	Improved	18.2	10.8
	Unimproved	24.0	14.7
Management of sanitation	Unsafely managed	22.2	13.5
	Correctly managed	15.9	9.2
Faecal contamination in household drinking water	No	17.9	11.0
	Yes	27.5	14.4

Source: UNICEF's further analysis of the 2017 DPR Korea MICS data.

In a 2014 report, the Ministry of City Management estimated that approximately 56 per cent of schools and 54 per cent of health facilities had access to piped water with the rest dependent on either hand-dug or tube wells or a spring water source.¹²² CBS and the relevant ministries are in the process of developing routine monitoring indicators and mechanisms on the issue for inclusion in their regular reporting, targeted programming and tracking of progress. During the cold winter months, some facilities without adequate heating facilities may find it a challenge to sustain handwashing with soap while limited access to private changing rooms and sanitary supplies may also make it challenging for female students to maintain personal hygiene.

Summary of challenges

Overall, the availability of water for agriculture, industry and household use is under stress due to the effects of climate change and environmental practices depleting clean water sources through drought, flood damage and run-off. Despite fairly broad access, insufficient investment in aging infrastructure means a number of water and sanitation facilities are essentially non-functional. At the same time, significant inequalities exist in availability of safely managed water and sanitation between provinces, rural and urban areas and wealth index groups in the country. A high but unknown proportion of health and educational facilities do not have access to safely managed water and sanitation, signalling the limited availability and flow of data between surveys to effectively plan and manage the sector.

Although there is a system of duties and responsibilities (Table 16), there is insufficient human and financial capacity to maximize the contribution of the sector to national well-being. In this regard, sanctions have particularly affected the sector due to the nature of the inputs required. There is also insufficient awareness at the household level and lack of alternative systems for safe excreta disposal, with use of organic crop manure remaining a challenge, at least in the short term. National priorities for 2019 include increasing the availability of inorganic fertilizer and progress on viable organic alternatives.

122. Ministry of City Management and Central Bureau of Statistics, 2014. According to Government sources, there has been significant progress since then but without data available to validate it.

Table 16: WASH duty bearers, rights holders and capacity gaps*

LEVEL	DUTY BEARERS	KEY DUTIES	CAPACITY GAPS
National	<ul style="list-style-type: none"> Ministry of Urban Management Ministry of Agriculture Ministry of Land and Environmental Protection 	<ul style="list-style-type: none"> Service provision, regulation, planning, monitoring and evaluation Laws, policies and plans governing WASH Compilation and analysis of data Allocation of WASH resources 	<ul style="list-style-type: none"> Insufficient data Insufficient coordination among ministries with a role in WASH Insufficient resources and shortages of inputs to provide adequate service
Provincial	<ul style="list-style-type: none"> People's Committee Water Bureau 	<ul style="list-style-type: none"> Technical assistance and oversight to county level 	<ul style="list-style-type: none"> Shortage of human and financial resources
County	<ul style="list-style-type: none"> People's Committee Water Department 	<ul style="list-style-type: none"> Monitoring and evaluation 	<ul style="list-style-type: none"> Shortage of human and financial resources
District/Up/Ri	<ul style="list-style-type: none"> People's Committee Water Department 	<ul style="list-style-type: none"> Operation and maintenance 	<ul style="list-style-type: none"> Shortage of human and financial resources
Household	<ul style="list-style-type: none"> Parents and caregivers 	<ul style="list-style-type: none"> Providing a clean environment 	<ul style="list-style-type: none"> Lack of information and awareness regarding water storage and appropriate sanitation and hygiene practices

* In Role Pattern Analysis duty bearers are also rights holders to levels above them and the ultimate rights holders are individuals including children at the household level. For example, parents and caregivers have the duty to provide a clean environment but may not have access to the necessary information and resources which they need to receive from another level.

Opportunities

There remain significant opportunities for stronger intersectoral collaboration and integration to accelerate progress towards shared national goals and targets. A significant chunk of malnutrition, child and maternal morbidity and mortality could be eliminated through properly resourced WASH activities. There is a slight improvement in the sanctions environment for WASH-related projects and programmes with relief granted by the Sanctions Committee on a number of related project inputs.

3.5 Success factors for surviving and thriving

In the area of young child survival, success factors include strengthening and extending health services using cost-effective means such as the household doctor scheme, virtually universal immunization coverage, biannual child-health days and other elements of primary health care. Medicinal drugs, at times out of stock, have been supplemented and in some cases substituted with traditional 'Koryo' medicines.

Over time, there have been improvements in the health and well-being of mothers largely due to increased access to and utilization of antenatal and postnatal care. Between 1995 and 2014, maternal mortality decreased from 140 per 100,000 live births to 58 per 100,000 live births.¹²³ In addition, continuous training and sharing of

123. Capturing maternal mortality data is notoriously difficult as it is a relatively rare occurrence, so caution should be exercised in interpreting the data presented. The last census in 2008 provided an estimate of 85 per 100,000 live births; the current estimate of 58 per 100,000 live births is provided by the CBS.

expertise via tele-medicine has been useful to overcome some of the key challenges, notably in the area of referral.

In terms of nutrition, there has been greater availability of a more diverse range of foods, reducing the heavy reliance on staple foods that are more dependent on rainfall. This has been greatly enhanced by widespread growth in the use of greenhouses, mainly for vegetables, and the use of seaweed and fish. This is further complemented by gradually improving agricultural practices (substituting organic for unavailable fertilizers and increasing use of climate- and nutrition-smart agriculture).

In terms of water and sanitation, there has been a gradual expansion in the construction of gravity-fed systems in mountainous areas, and boreholes in other areas, along with expansion in community-managed services, contributing to a slow but steady increase in safely managed water and sanitation. A five-year plan for water and sanitation is expected to boost this process immeasurably.

Analysis of causes and key determinants

As per the conceptual framework, the causal factors for maternal, neonatal and child morbidity and mortality can be grouped into two levels of causation. The underlying level includes on the supply side, incomplete coverage of high-quality, high-impact health interventions due to inadequate financial resources and trained human resources, insufficient knowledge and awareness about appropriate health-seeking behaviour or care practice, and limited supply of essential commodities. On the demand side there may be affordability issues and inaccessibility due to distance, poor roads or lack of transportation particularly at the *ri* level. At the root cause or enabling environment level causes revolve around the insufficient allocation of budgetary resources; and climate change contributing to poor household food security and malnutrition.

Access to adequately staffed services and facilities

The MoPH is the overall body responsible for prevention and treatment, and central and specialist hospitals. It reports to the Cabinet of DPR Korea. Subnationally, there are health bureaus at provincial people's committees and health departments at county people's committee and *ri* levels (Table 17). The system of health management in DPR Korea is based on a centralized planning model.

The country has a well-articulated and staffed health system extending from the national to the primary care level. The system serves a population of close to 26 million and an annual birth cohort of approximately 345,000. All told, there are approximately 1,741 hospitals and 6,263 primary health care clinics. These are supplemented with 235 hygienic and anti-epidemic stations, 55 preventative stations, 682 sanatoriums and 12 blood centres.¹²⁴ Antenatal care is widely available and accessed, with most clients reporting being satisfied or highly satisfied.

124. Ministry of Public Health (2014), cited in World Health Organization, 2014.

There is a high ratio of doctors to population, estimated at 317 per 100,000, compared to 162 per 100,000 in China and 48 per 100,000 in Viet Nam. Section or household doctors at the *ri* or cooperative-farm level are responsible for providing integrated preventative and curative health services to 130 households. The MTSP plans to improve this to one section doctor per 120 households by 2020. There was a total of 242,341 health staff in all categories in 2014.¹²⁵

In this way, it is possible to maintain a high degree of health surveillance and directly observed treatment capacity for diseases such as TB. There are about 200 training institutions, including 15 medical colleges at central and provincial levels and 66 nursing and midwifery schools, as well as schools for dentistry, massage and radiology.

Despite high coverage, DPR Korea's health system has many shortcomings, including aging infrastructure, lack of transport, irregular electricity, lack of heating, unsanitary and irregular water supply, insufficient medicine of appropriate quality and a limited operational budget. For example, the Maternal and Neonatal Needs Assessment 2013–2014, jointly undertaken by UNICEF, UNFPA and MoPH, revealed that the quality of services provided in *ri* hospitals is a major area in need of improvement to ensure maternal and neonatal survival and well-being during pregnancy and delivery.¹²⁶ Electricity is a particularly serious challenge, with frequent power cuts and only a few generators available for backup. Most of the medical instruments and equipment used are out of date, resulting in poor quality of care.¹²⁷

Neonatal resuscitation is not performed in *ri*-level hospitals and often there is no heating and few functioning incubators to keep babies warm. The Needs Assessment revealed that only 71.4 per cent of county-level hospitals and 52.8 per cent of *ri*-level hospitals have functioning heating systems. According to the same assessment, none of the *ri* hospitals had oxygen cylinders and they faced serious shortages of antibiotics, anaesthetic drugs and drugs for newborn care. Basic diagnostic equipment for urinalysis, sugar and haemoglobin were lacking. Emergency obstetric and neonatal care units also endured stock outages of drugs and equipment, particularly in winter and the rainy season, due to poor road infrastructure. While it is possible that this situation may have improved, it is not very likely given resource and other capacity constraints.

One significant challenge in the context of DPR Korea is the effective functioning of the health referral system. Movement between facility levels is compromised by a range of barriers due to limitations of transport, road and communication systems made worse by extreme weather conditions in winter.¹²⁸ In more recent times, the functioning of the tele-medicine facilities have reduced the requirement for transport to next-level facilities.¹²⁹

ONLY 71.4 PER CENT OF COUNTY-LEVEL HOSPITALS AND 52.8 PER CENT OF *RI*-LEVEL HOSPITALS HAVE FUNCTIONING HEATING SYSTEMS.

125. Ministry of Public Health, et al., 2017.

126. Ministry of Public Health, United Nations Children's Fund and United Nations Population Fund, 2014.

127. Central Bureau of Statistics and United Nations Population Fund, 2015.

128. Ibid. Also reconfirmed during key informant interviews.

129. Information provided by MoPH.

The situation is compounded by a lack of exposure of the health workforce to international standards and practices, and underinvestment in the development of updated curricula and methods at the various health training institutions, which tend to focus on knowledge acquisition rather than skills and competencies.¹³⁰ In recent years these challenges are being addressed through enhanced focus on training, particularly at the frontline level, the use of tele-medicine and strengthening of the health management information system. The tele-medicine system was first introduced in 2008 and since then more than 240 hospitals at the central, provincial and county levels, including people's hospitals and paediatric and maternal units, have been connected to the system, which is the main e-tool connecting hospitals to the central level at the Pyongyang Medical College at Kim Il Sung University. This has allowed for tele-consultations, training of local doctors and diagnosis and treatment of patients in remote areas.¹³¹

One further challenge is inequality in the distribution of health services and outcomes. Several recent data collection exercises, including MICS 2017, have clearly demonstrated this issue. Further progress will require that underserved areas and populations are systematically targeted in order to sustain progress to date and move further ahead to achieve targets set by the MoPH for morbidity and mortality.

Availability of essential commodities or inputs

DPR Korea has a number of manufacturers of pharmaceuticals and basic medical equipment and supplies. However, due to production difficulties at these facilities – combined with the impact of sanctions, which has slowed down the inflow of humanitarian support – there is a significant shortage of essential medicines, supplies and equipment. Among the challenges producers face are shortages of electricity, as well as of basic raw materials due to the inadequate availability of resources. Over the past three decades, UNICEF, WHO and the IFRC have been providing essential medicines to assist the health system in the treatment of priority diseases. However, recent estimates suggest that a high percentage of essential drug needs in the country are not being met.¹³²

According to the 2014 Impact Assessment of essential medicines provided by UNICEF, all facilities studied indicated that they did not have or receive sufficient medicine. Furthermore, all county- and *ri*-level health facilities were given the same amount of medicine regardless of catchment population, disadvantaging those with larger populations. It also emerged that there was a shortage of appropriate dose tablets for children's medicines. However, approximately 79.6 per cent of patients at county hospitals and 83.6 per cent of patients at *ri*-level hospitals agreed that they were provided with needed or prescribed medicines.¹³³

130. Central Bureau of Statistics and United Nations Population Fund, 2015. Also reconfirmed during key informant interviews.

131. Information provided by MoPH.

132. See, for example, Holloway, 2012.

133. United Nations Children's Fund, 2014.

Consequently, many DPR Koreans are using traditional medicines in lieu of essential drugs. More pharmacies are now evident on the streets of the bigger cities. This implies that affordability is now a factor in terms of access to medicines, and inequities in access by gender, wealth status, age, disability status and place of residence are likely to increase going forward.

Infant and young-child feeding practices

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe.

Breastfeeding

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first 6 months of life and continue to be breastfed up to 2 years of age and beyond. Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods. Early initiation of breastfeeding allows the child to take advantage of the colostrum secreted in breastmilk, which provides protective antibodies, in effect acting as a first immunization for newborns, strengthening their immune systems and reducing the chances of death in the neonatal period. Continued breastfeeding has a positive impact on the prevention of many childhood diseases, notably pneumonia and diarrhoea.

Maternity leave in DPR Korea is eight months, which provides a window of opportunity for strengthening feeding practices. Data from the MICS 2017 suggests that the percentage of mothers initiating breastfeeding within one hour is on an upward trend and is now at 43 per cent. It was also estimated that 71 per cent of mothers exclusively breastfed their children for 6 months and that after two years approximately 27 per cent were still breastfeeding. In this area, 80 per cent of girl children were exclusively breastfed, compared to 63 per cent of males.¹³⁴ The reason for this differential is not clear. However, most infants and young children under 2 years of age attend nurseries, which affects exclusive and continued breastfeeding and may contribute to high levels of common childhood illnesses. On the other hand, high levels of institutionalization facilitate reaching young children with nutritional and medical interventions as needed.

Complementary foods

Approximately 78 per cent of infants aged 6–8 months benefited from timely introduction of complementary foods. However, traditional homemade complementary foods tend to lack protein, fat and micronutrients and are inadequate for the nutritional needs of fast-growing children. Food shortages and low purchasing power have resulted in scarcity and lack of diversity in the foods available and purchased. The percentage of children aged 6–23 months consuming at least four food groups out of seven – known as minimum dietary diversity – is currently 47 per

78% OF INFANTS
AGED 6–8 MONTHS
BENEFITED
FROM TIMELY
INTRODUCTION OF
COMPLEMENTARY
FOODS.

134. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

cent, up from 26.5 per cent in 2012. The percentage of children aged 6–23 months achieving minimum meal frequency in MICS 2009 was 49 per cent and in MICS 2017 was 75 per cent.¹³⁵ The clear problem in terms of nutrition is minimum acceptable diet, at just 29 per cent.

To have a minimum acceptable diet, in the previous day a child must have received the appropriate number of meals/snacks/milk feeds; food items from at least five out of eight food groups for breastfed children and four out of six food groups for non-breastfed children; and breastmilk or at least two milk feeds (for non-breastfed children). In the international context, the children of DPR Korea have done relatively well when it comes to infant and young-child feeding practices, but gaps and room for improvement remain.

Maternal supplementation

Another issue of importance is the apparent resistance to taking iron, folate, vitamin A and micronutrient supplementation among pregnant women in DPR Korea. According to data from SDHS 2014, one quarter of women did not take it at all while only 26.9 per cent took it for the recommended period of six months during pregnancy, and only 26.4 per cent took it for only one month. Significantly fewer women in the north-eastern provinces (Kangwon, South Hamgyong, North Hamgyong and Ryanggang) took these multi-micronutrient tablets for six months than in Pyongyang.¹³⁶ The reasons for this phenomenon are not known or understood and need further study to ensure optimal health outcomes for pregnant women and their babies.

Financial access

Overall demand for medical services is high due to challenges with nutrition and the prevalence of communicable and non-communicable diseases. Health services in DPR Korea are nominally free and available to all. When there are gaps in availability or coverage of services, whatever the reason, people out of necessity turn to alternative sources to address illness and disease. In the absence of transport for referral or essential medicines, patients pay to meet their needs. Given that there are costs involved in attaining quality health care, variables such as gender, age, disability status, income, wealth and other differentials need to be carefully monitored and assessed to ensure equitable access to health care for all.

The Government has always promoted a culture of prevention and promoted traditional medicine as an acceptable and complementary addition to the public system. Due to challenges in maintaining the public system, particularly during the emergency conditions of the 1990s that led to a lack of resources and sanctions, the use of traditional medicines grew in scope and complementary sources of health care emerged. Given equity and quality concerns there may be a need to acknowledge the status quo and regulate accordingly.

135. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

136. Central Bureau of Statistics and United Nations Population Fund, 2015.

3.6 Root causes and the enabling environment

Availability of financial resources for health

Although limited data is available, practitioners' qualitative information indicates that they face severe resource constraints. Advocating for greater resources, both national and international, can ensure the full and equitable achievement of health for all as reflected in the SDGs. The last publically available data suggested that health expenditure comprised 6.4 per cent of the government budget in 2014. The MoPH at that stage committed to increasing domestic health financing to 7.1 per cent by 2020. WHO, in its Country Cooperation Strategy, indicates that the annual government commitment across the different strategic areas of health is around US\$900 million or roughly US\$36 per capita.¹³⁷

The Country Cooperation Strategy concludes that this is insufficient to cover the most basic of health needs, which include essential drugs, quality antenatal care, immunization, costs of delivery and emergency health care. There is a chronic lack of essential medicines, basic laboratory tests and lifesaving equipment. Costing analysis for the MTSP for health identified substantial financing gaps for delivery of priority health interventions, including women and children's health and non-communicable disease control.¹³⁸

Over time there has been significant support for health from humanitarian partners, including the Global Fund, the Global Alliance for Vaccines and Immunization and bilateral donors, including the Republic of Korea, Italy, Australia, Norway, Sweden and Canada. However, in more recent times there has been a steady decline in funds available from these sources. The situation in DPR Korea has been characterized as a silent and underfunded emergency causing tremendous hardship for the people of the country.

International sanctions along with donor fatigue have limited national development and the implementation of UN-supported humanitarian programmes. These challenges have seriously reduced the capacity of UNICEF and other UN agencies to deliver lifesaving health and nutrition supplies and services.

Social norms and customary beliefs affecting health outcomes

Cultural and social norms and beliefs have far-reaching effects on child health and well-being in all countries of the world. These include, for example, customary beliefs regarding gender issues and how they translate into social norms and standards that may prevent children and women from reaching their full potential. This is an area on which little or no data or research is available in English and one which, when circumstances permit, would be an area worth exploring.

137. World Health Organization, 2014.

138. Ibid.

Table 17: Health duty bearers, rights holders and their capacity gaps*

LEVEL	DUTY BEARERS	KEY DUTIES	CAPACITY GAPS
National	• MoPH	<ul style="list-style-type: none"> • Oversight of implementation of the public health policy • Allocation of the health budget • Compilation and analysis of health statistics 	<ul style="list-style-type: none"> • Insufficient data to plan interventions • Insufficient knowledge and awareness of global best practices • Insufficient resources to upgrade health facilities
	• Academy of Medical Sciences	<ul style="list-style-type: none"> • Operational research 	<ul style="list-style-type: none"> • Insufficient resources to carry out mandates
	• Grand People's Study House	<ul style="list-style-type: none"> • Dissemination of health information 	<ul style="list-style-type: none"> • Insufficient resources to carry out mandate
	• Universities and colleges	<ul style="list-style-type: none"> • Training and technical support 	<ul style="list-style-type: none"> • Insufficient resources to carry out mandate
Provincial	• People's Committee Health Bureau	<ul style="list-style-type: none"> • Oversight, monitoring and evaluation and technical support 	<ul style="list-style-type: none"> • Insufficient resources
County	• People's Committee Health Department	<ul style="list-style-type: none"> • Oversight of medical facilities and staff in the county • Compiling of health statistics 	<ul style="list-style-type: none"> • Insufficient transport resources • Electricity may delay response – little or no responses on causes of death
District/Up/Ri	• People's Committee Health Department	<ul style="list-style-type: none"> • Mobilizing households to engage in appropriate practices and behaviours 	<ul style="list-style-type: none"> • Limited resources to carry out mandate
Facility	• Health staff	<ul style="list-style-type: none"> • Provide quality services to address health needs of the population • Reporting basic health statistics 	<ul style="list-style-type: none"> • Insufficient resources to carry out mandate • Shortages of key inputs • Insufficient ambulances for referral
Household	• Parents and caregivers	<ul style="list-style-type: none"> • Appropriate feeding, hygiene and health-seeking practices 	<ul style="list-style-type: none"> • Insufficient awareness of best practices

* In Role Pattern Analysis duty bearers are also rights holders to levels above them and the ultimate rights holders are individuals including children at the household level. For example, parents and caregivers have the duty to provide a clean environment but may not have access to the necessary information and resources which they need to receive from another level.

Potential priorities for surviving and thriving

- The first priority should be continued assistance for lifesaving humanitarian support while preparing to expand the range of priority interventions were sanctions to be reduced. In particular, support for treatment of moderate and severe acute malnutrition and safe water and sanitation.
- Promotion of greater engagement with communities using techniques such as Communication for Development to facilitate improved awareness leading to improved hygiene, sanitation and care practices, and health-seeking behaviours.
- Support the delivery of services at the community level through technical assistance, coordination, evidence-based sector planning, monitoring and leveraging resources for expanded services.

- Support for improving the quality of care at subnational health facilities with focus on helping to fill gaps in essential medicines, supplies and equipment to facilitate management of care for neonates.
- Technical support and resources to complement local resources for establishment of gravity-fed water systems in mountainous areas and solar pumps in other areas.
- Support development and implementation, through providing technical assistance and material assistance where possible, of a national policy and plan for safe management of sanitation.
- Promote hygiene education and behaviour-change communication strategies to address risky hygiene behaviours as well as infant and young-child feeding practices.
- Promote and where possible support improved data quality and operational research.

Data and information gaps for surviving and thriving

- Data on budgetary allocations to health, nutrition and WASH.
- Availability of WASH facilities in schools and health facilities.
- The extent and nature of school feeding programmes.
- The nutritional status of children in nurseries and orphanages.
- Subnational data, particularly at county level.
- Proportion of *ri*-level clinics and county hospitals providing emergency obstetric and neonatal care.
- Proportion of *ri*-level hospitals with incubators, heaters and other supplies, and equipment necessary to manage preterm births.
- Proportion of *ri*-level hospitals with a functional referral system to the county level.
- Number of provinces with neonatal intensive care units.
- Number of county hospitals and clinics with safe water and improved sanitation.
- Proportion of *ri*-level health facilities with adequate levels of essential drugs and consumable supplies.
- Number and proportion of villages that are free of virtually open defecation.



4 The right to a quality education

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4.1 Introduction

RELEVANT SDG TARGETS

- By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
- By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.
- By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

Quality education is critical to the development of societies and individuals; it helps pave the way to a successful and productive future. It forms a foundation for lifelong learning and professional success, increases the quality of human capital and expands productivity while strengthening the innovative capacity of the economy and society. Indeed, education is a fundamental human right.

Globally, higher levels of education are associated with greater gender equality and higher levels of social participation. Education is also linked to improved health and nutrition. No country that has made the transition from low- to middle-income status has done so without significant investments in the sector.

Lifelong learning, starting from the early years, is the overall goal of the SDGs and corresponds very closely to the policy of the Government of DPR Korea. Institutions in DPR Korea offer regular and special school systems, continuing education in the workplace and, increasingly, distance learning as standard practices.¹³⁹ There is widespread recognition of the importance of education for national development and the achievement of rights. A strong emphasis on working while learning, or the integration of theory and practice, permeates the educational system, and all students are required to engage in productive labour along with their studies, both in their specialities and in other areas. The education system is designed to instil the values of hard work, national self-reliance and patriotism, in line with the *Juche* principles.

Parents are supportive of their children going to school and make efforts to ensure their success.¹⁴⁰ Education is free and compulsory up to age 16 and, as a result, the country has universal literacy and a highly educated workforce. According to the available data, there are no discernible variations between girls and boys, wealth status, urban and rural areas and province, although disaggregated data on children with disabilities is not collected. These are major accomplishments. However, differentials do start to become more evident in tertiary and higher levels of education. Persistent challenges hamper the system from delivering to its full potential.

During times of humanitarian emergency such as drought, floods and intense winter cold, shortages of resources – including limited international support – cause the prioritization of survival and protection issues. As a result, education may be disrupted. During the severe 2016 floods in North Hamgyong Province, for example, 54 schools, kindergartens and nurseries were damaged. Although, as part of the humanitarian response, UNICEF and Save the Children Fund provided support for temporary learning spaces, rehabilitation of facilities and emergency classroom kits, this support was far from sufficient to fill the resulting sector need.

The overall strategic framework for development and implementation of education programmes is provided by the DPR Korea Education Strategy (2015–2032). Formulated in 2014 as a follow-on to the National Plan of Action for Education for All (2005–2015), the goal is to bring about a radical improvement in the quality of education to build scientific and technology capacity among all members of society, turning the country into a world leader in key education indicators.¹⁴¹

4.2 The education system

The education system of DPR Korea consists of two types of schooling: the general school system from kindergarten to university, and continuing education in the workplace or online. At the core is 12 years of compulsory schooling in the general school system. These include two years of kindergarten (ages 4–5); primary school

EDUCATION IS FREE AND COMPULSORY UP TO AGE 16 AND, AS A RESULT, THE COUNTRY HAS UNIVERSAL LITERACY AND A HIGHLY EDUCATED WORKFORCE.

139. United Nations Children's Fund, 2017b.

140. Central Bureau of Statistics and United Nations Children's Fund, 2018a.

141. Committee on the Rights of the Child, 2016a.

(ages 6–10); and secondary school, comprising junior secondary school (ages 11–13) and senior secondary school (ages 14–16). Although only one year is compulsory at the moment, discussions are under way to make the existing optional kindergarten year (age 4) compulsory as well, in recognition of the value of early childhood education.

Senior secondary schools in major industrial, agricultural and fishing areas are increasingly being considered as technical senior secondary schools as part of an ongoing reform process. In this scenario, general education is combined with technical and employment-oriented training to facilitate easy transition to relevant employment.

Higher education in DPR Korea consists of universities (four to six years), colleges of education for secondary school teachers (four years), teachers' colleges for primary school teachers (three years), and junior colleges (three years). Post-graduate schools offer masters and doctoral study, although there is little data available regarding the subjects or curriculum.

Within the general school system, there are schools for special purposes. Special purpose schools include the 11 schools for children with hearing and visual impairment (see the section on children with disabilities in Chapter 2.3). Special purpose institutions for especially talented children consist of the Revolutionary School, which caters to orphaned children of parents deemed to have made a special contribution to society (beginning at age 5 and lasting for 10 years), arts and sports schools (ages 6–18), schools for foreign languages (ages 10–18), and schools for science (ages 10–21). The schools for talented children offer a more intensive and challenging curriculum and a pathway to university; they have increased in number in recent years.

There is also continuing education. University and continuing higher education are linked to factories, farms and fishery cooperatives through the continuing education system. These offerings are complemented by online distance education using the national intranet. Online education is becoming an increasingly important tool for expanding flexible access to education, not only for universities but also for technical education and general classroom study.

Early childhood learning and education

The brain develops most rapidly in the first few years of a child's life.¹⁴² If children fail to get what they need during the most critical years of early childhood – adequate nutrition, nurturing, stimulation and a sense of security – it impacts their lives and futures enormously. Thus, the quality of parenting is an essential element in fostering child survival, growth and development processes and outcomes.¹⁴³ Early childhood therefore offers a critical window of opportunity to strengthen a child's ability to learn and help them develop resilience.

142. See, for example, Lake and Chan, 2014.

143. Ibid.

SENIOR SECONDARY SCHOOLS IN MAJOR INDUSTRIAL, AGRICULTURAL AND FISHING AREAS ARE INCREASINGLY BEING CONSIDERED AS TECHNICAL SENIOR SECONDARY SCHOOLS AS PART OF AN ONGOING REFORM PROCESS.

Early childhood development is included in SDG Goal 4: Target 4.2: “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.” Early childhood development programmes link a child’s early experiences to later learning and development. These programmes not only improve young children’s capacity to develop and learn but can break an intergenerational cycle preventing children from achieving their full potential. A growing body of scientific, economic and human development evidence supports the notion of a high payoff for investments in early childhood development.¹⁴⁴

The situation in DPR Korea

Early childhood education begins at home. The quality of home care is a major determinant of a child’s progress when the brain is rapidly developing during the first three to four years of life.¹⁴⁵ As set out in *A World Fit for Children*, “children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.”¹⁴⁶ DPR Korea’s Early Child Development Index score increased from 75 in 2009 to 88 in 2017 out of a perfect score of 100 (Table 18), which is impressive.¹⁴⁷ The index is based on selected milestones that children are expected to achieve by ages 3 and 4. The 10 items used to determine if children are developmentally on track are related to literacy–numeracy, physical development, social-emotional development and learning. The Early Childhood Development Index is then calculated as the percentage of children who are developmentally on track in at least three of these four domains.

As all able-bodied adults are required to work, children aged 1–3 years are cared for in nurseries, under the authority of the MoPH. As noted above, there are two years of kindergarten education (for ages 4–5). In the first kindergarten year, children enjoy story-telling, games, singing and rhythmic dancing and sports, while those in the second year are taught literacy and numeracy, morality, drawing, basic handicraft and sports skills to facilitate their entry into primary school.¹⁴⁸ On aggregate, enrolment in non-compulsory education is high, averaging around 73 per cent for 3–4-year-olds in nurseries and 79 per cent in lower kindergarten for 4-year-olds, with parity between rural and urban, girls and boys and wealth bands. There are significant differences between provinces however, ranging from 53 per cent in North Hamgyong to 88 per cent in Jagang.¹⁴⁹

Outside of school, Korean adults engage children frequently in activities that promote learning and school readiness, such as reading books or telling stories. Data from the MICS 2017 survey show that, in the three days prior to the survey, adult household members engaged in these activities with 95 per cent of children aged 2–4 years.

144. Lake and Chan, 2014.

145. Grantham-McGregor, Sally, et al., 2007.

146. United Nations General Assembly Resolution, 2002.

147. Central Bureau of Statistics and United Nations Children’s Fund, 2018a.

148. Committee on the Rights of the Child, 2016a.

149. Central Bureau of Statistics and United Nations Children’s Fund, 2018a.

Mothers are four times more likely to engage in early stimulation and responsive care activities than fathers.¹⁵⁰

In the home, 90 per cent of children under 5 years have access to manufactured toys, and three out of five children have access to two or more types of playthings. Half of all children have three or more children’s books. Nearly 90 per cent of children aged 3–4 years are developmentally on track, as measured in three out of the four domains of literacy–numeracy, physical development, social-emotional development and learning. Slightly less than one third of children are on track in the literacy–numeracy domain.¹⁵¹

Table 18: Key early childhood development indicators (percentage of children under 5 years)

INDICATOR	MICS 2009	MICS 2017
Household support for learning	90.8	94.8
Father’s support for learning	75.2	21.3
Availability of children’s books in the household	79.1	50
Availability of toys and other playthings in the house	47.3	90.0
Early Childhood Development Index	75.3	87.7
Attendance at early childhood development programme	97.8	73
School readiness	98.9	98.3

Sources: Central Bureau of Statistics, 2010; Central Bureau of Statistics and United Nations Children’s Fund, 2018b.

Given the extreme vulnerability of young children, it is important that caregivers are able to adequately supervise activities of children under 5 years. Sixteen per cent of children under 5 were inadequately supervised – left alone or supervised by another child less than 10 years old for more than one hour – in the week prior to the survey. There are notable differences between provinces, from 8 per cent in Pyongyang to 38 per cent in Jagang.¹⁵²

Primary and secondary education

On 25 September 2012, the Supreme People’s Assembly of DPR Korea announced a newly revised 12-year compulsory education system, which launched in April 2014. The system is geared towards transmitting national values, science and mathematics, Korean language and, more recently, English as of Grade 4 of primary school.¹⁵³

All school-age children are enrolled in primary and secondary schools. Literacy is estimated at 100 per cent.¹⁵⁴ Net attendance rates at all levels of education are high: primary, lower and upper secondary education rates are 97, 96 and 95 per cent respectively, with no rural–urban disparity observed. Corresponding rates in primary

150. Central Bureau of Statistics and United Nations Children’s Fund, 2018a.

151. Ibid.

152. Ibid.

153. Hankyoreh, 2018.

154. Central Bureau of Statistics and United Nations Children’s Fund, 2018a, Statistical Snapshots – Education.

education vary geographically, from 94 per cent in North Pyongan to 99 per cent in Kangwon.¹⁵⁵ Differences by province in lower secondary school attendance are more pronounced, with 86 per cent in Ryanggang compared to a range of 93–99 per cent for the remaining provinces.

According to data provided by the Child Data Management Unit (CDMU) there were 11,409 kindergartens, 4,718 primary schools, 4,383 junior secondary schools and 4,317 senior secondary schools in 2018. As reflected in the 2016 CEDAW reports and subsequently validated by CBS there are 460 colleges and 302 universities.¹⁵⁶ These include more than 1,000 branch schools to provide access to students living more than four kilometres from a school, particularly in islets and mountainous areas. CDMU data indicated that pupil–teacher ratios were 20.3 and 15.9 for primary and secondary schools, respectively, and 18.3 for early childhood education. By developing country standards, this is good. It has been reported that 94 per cent of teachers in primary school are female, compared to 45 per cent in secondary education and 21 per cent in tertiary education.¹⁵⁷

The MICS 2017 collected data on foundational reading and numeracy skills among children aged 7–14 and found high levels of foundational reading skills: 95 per cent among children surveyed, with virtually no difference by sex, rural–urban, province or wealth status. Likewise, foundational numeracy skills were relatively high, averaging 84 per cent but with differences between provinces, with Jagang (67.3 per cent), North Hamgyong (73.7 per cent) and North Pyongan (72.8 per cent) lagging behind. In the case of numeracy, females (83.9 per cent) outperformed males (80.1 per cent).¹⁵⁸

Since the extension of the number of compulsory education years, DPR Korea has been implementing significant reforms to its educational system. Four major changes have emerged since the new curriculum was implemented including firstly, a new emphasis on affiliations between classes and grade levels and secondly, the partial introduction of integrated educational curricula. Thirdly, schools have begun to focus more on building thinking, research-oriented and creative capabilities rather than solely teaching specific knowledge or techniques in education. Finally, textbook content has undergone major changes, with unidirectional education methods replaced by more ‘participatory’ ones encouraging students to contribute actively in classes.¹⁵⁹ Every year every student, from primary school onwards, has 21 days set aside for developing work experiences on farms or in factories as per the curriculum, based on the principle of combining knowledge and practice.

The previous 11-year compulsory general education plan aimed to cultivate “the builders of socialism and new Communist individuals possessing knowledge, virtue and a strong constitution.” In contrast, the new curriculum’s 12-year plan strives to

SINCE THE EXTENSION OF THE NUMBER OF COMPULSORY EDUCATION YEARS, DPR KOREA HAS BEEN IMPLEMENTING SIGNIFICANT REFORMS TO ITS EDUCATIONAL SYSTEM.

155. Central Bureau of Statistics and United Nations Children’s Fund, 2018a, Statistical Snapshots – Education.

156. Committee on the Elimination of Discrimination against Women, 2016.

157. United Nations Educational, Scientific and Cultural Organization, 2017.

158. Central Bureau of Statistics and United Nations Children’s Fund, 2018a.

159. Hankyoreh, 2018.

develop “creative talents and new autonomous individuals.”¹⁶⁰ While the focus has been on instilling knowledge while emphasizing a logical, systematic and sequential approach, a major effort has recently been made to take the learners’ interest and comprehension levels into account. Additional elements of overseas educational trends have been introduced with the appearance of a British-style English education curriculum and a wider range of teaching aids and tools.¹⁶¹

4.3 Challenges

Despite these impressive achievements, significant challenges remain, reducing the potential to maximize social and economic returns. The shift from MDGs to SDGs implies a broadening in scope from access to include quality, learning outcomes and reaching those left behind to ensure equal educational opportunities for all. Making the transition requires major investments in strengthening capacities in all areas, including improving and increasing school infrastructure, and training and reorientation of teachers, as well as generation and use of quality data to support decision-making, planning and reporting.

Knowledgeable teachers equipped with solid child-friendly teaching methodologies are at the heart of successful and high-performing education systems, yet not much is known about the nature and content of teacher training to develop teachers’ competencies in that regard. One area in clear need of strengthening, however, is the availability and quality of teachers with specific skills to facilitate progressive inclusion of children with disabilities into the general school system. In addition, there is a gap in the availability of qualified teachers between urban and rural areas.¹⁶²

A second key challenge is the insufficient availability of textbooks in primary and secondary schools. As of 2010, only 68 per cent of students had access to textbooks.¹⁶³ There was a major effort between 2013 and 2015 to update and distribute revised textbooks in line with the educational reforms, but no data exists on current availability. Nor does data exist on the availability of other teaching and learning aids. The Education Commission in conjunction with CBS is expected to monitor and report on this issue in the near future.

Another dimension of quality is the lack of availability of learning assessments in the form of national examinations or sampled large-scale standardized assessment, which would facilitate the provision of adequate and appropriate support to teachers and learners to improve learning outcomes. All assessments of learning outcomes take place at the school level in the form of regular question and answer sessions, checking of homework and occasional tests. Failure rates in primary schools are minimal. Final secondary school examinations are set by county education units. If students fail their final examinations, they receive only a certificate of education. In

160. Hankyoreh, 2018.

161. Ibid.

162. Education for All, 2014.

163. Ibid.

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order to obtain the secondary education diploma, the students are required to re-sit exams in the failed subjects the following year. At present, the Education Commission is exploring the possibility of developing an online system for national exams and hopes to pilot the system in a few locations during 2019.

Another important challenge of quality education is the inadequate availability and usage of WASH facilities and hygienic practices at schools at all levels. No definitive data is available, making it difficult to properly plan and implement support. Last available data suggested a major deficit in this area with only 49 per cent of kindergartens and 56 per cent of primary and secondary schools able to access piped water.¹⁶⁴ This is part of the broader challenge of poor infrastructure, particularly in remote rural areas.

Relatively speaking, higher education attainment is low (20 per cent for women and 37 per cent for men). Among women, only 10 per cent in the lowest 20 per cent of the Wealth Index have attained higher education. This compares to 16 per cent of women in the middle 40 per cent of the Wealth Index and 29 per cent of women in the highest 40 per cent. As demonstrated in the SDHS (2014), school attendance drops off significantly after compulsory years of schooling have been completed.¹⁶⁵

In addition, addressing those left behind, notably children with disabilities, would require more data on the nature and extent of disability and investment in early detection and early intervention activities. The Government, with assistance from the KFPD, is in the process of preparing a National Disability Action Plan. According to the Education Commission more institutions of higher learning are being built and more young women are being encouraged to enrol in areas traditionally considered suitable for males. Distance learning is also being used to increase the availability of higher education to women.

According to the Education Commission, corporal punishment is against the General Education Law, with serious consequences for teachers. If children are away from school, teachers are obligated to visit their homes and help them keep abreast of their schoolwork.

The Government has been implementing education reforms since 2014, including enhanced opportunities for teacher training, revised textbooks and investment in infrastructure, but these efforts are generally hamstrung by insufficient resources, and rural areas continue to lag behind. It would require a sizeable influx and more efficient use of financial and human resources to take education to the next level. At present, no definitive data or information is available on national budgetary resources allocated to education. During the current sanctions, when ODA to education is extremely limited, this is a big task; ODA to education was estimated at just US\$3 million in 2015.¹⁶⁶

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164. Education for All, 2014.

165. Central Bureau of Statistics and United Nations Population Fund, 2015.

166. United Nations Educational, Scientific and Cultural Organization, 2017.

Table 19: Capacity gaps of key duty bearers and rights holders*

LEVEL	DUTY BEARERS	KEY DUTIES	CAPACITY GAPS
National	<ul style="list-style-type: none"> Education Commission 	<ul style="list-style-type: none"> Overall strategic direction for education in the country, developing laws and policies, monitoring and reporting on education Allocation of education resources 	<ul style="list-style-type: none"> Insufficient data for planning, monitoring and evaluation of interventions or to support policy development or decision-making Limited awareness and application of global best practices in education Insufficient resources for rehabilitation of aging educational structures Absence of a national examination for certification at end of schooling
	<ul style="list-style-type: none"> Ministry of Higher Education 	<ul style="list-style-type: none"> Policy and strategic direction for higher education 	
	<ul style="list-style-type: none"> Ministry of General Education 	<ul style="list-style-type: none"> Policy and strategic direction for general education 	
	<ul style="list-style-type: none"> Academy of Educational Sciences 	<ul style="list-style-type: none"> Curriculum review, research and guidelines 	
Provincial	<ul style="list-style-type: none"> Bureau of Education in the People's Committee 	<ul style="list-style-type: none"> Overseeing implementation of education in the provinces 	<ul style="list-style-type: none"> Insufficient resources
County	<ul style="list-style-type: none"> Education Department in the People's Committee 	<ul style="list-style-type: none"> Overseeing and administering county educational facilities 	<ul style="list-style-type: none"> Insufficient resources for transport to oversee the situation in county schools Insufficient coordination and sharing of lessons between counties
District/ <i>up/ri</i>	<ul style="list-style-type: none"> Education Department in the People's Committee 	<ul style="list-style-type: none"> Ensuring attendance at schools 	
Facility	<ul style="list-style-type: none"> Teachers and managers 	<ul style="list-style-type: none"> Creating and sustaining a conducive learning environment 	<ul style="list-style-type: none"> Insufficient knowledge and awareness of student-centred teaching and learning methodologies by teachers Insufficient teaching and learning aids, including textbooks, at the classroom level Insufficient WASH facilities in some schools
	<ul style="list-style-type: none"> Parent support groups 	<ul style="list-style-type: none"> Providing support to the school 	
Household level	<ul style="list-style-type: none"> Parents and caregivers 	<ul style="list-style-type: none"> Sending children to school Providing support for learning 	

* In Role Pattern Analysis duty bearers are also rights holders to levels above them and the ultimate rights holders are individuals including children at the household level. For example, parents and caregivers have the duty to provide a clean environment but may not have access to the necessary information and resources which they need to receive from another level.

Significant challenges also exist in the reporting and publication of relevant data. At the county level, education authorities collect data on key education indicators, which they transmit to the provincial level where they are compiled and sent to national level. Challenges with electricity make regular and timely reporting difficult, while some branch schools in more remote areas are not connected to the education management information system and send their reports on paper or by telephone. Once collected, data is not regularly disseminated to partners.

Due to the current geopolitical situation, the Ministry of Education along with school principals and teachers remain out of touch with global best practices. There is an urgent need for interaction and sharing of experience with neighbouring countries. Despite lack of transparency on this issue, it is clear that there are inadequate resources to take education to the next level. At the same time, declining birth rates and the aging population can be expected to have an increasing impact on reducing student numbers in years to come. The implications of this need to be fully understood and planned for.

4.4 Opportunities

There is scope for further innovation in the sector to improve the system to best meet international standards. The intranet online learning capacity could be further expanded to reach the whole country. Implementation of the Disability-Inclusive Education Policy provides an opportunity for support to the sector. The possibility of gradual lifting of sanctions could unlock opportunities for additional technical and financial resources and sharing of experience with countries that have had and overcome similar challenges, as well as other potential supporters.

4.5 Adolescence

The WHO identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from 10–19 years.¹⁶⁷ It is a period of rapid physical, psychological, sexual, emotional and social change resulting in a wide range of issues, needs and complexities. Adolescents and young adults, if given the opportunity, are by nature curious, engaged and innovative. They often challenge the status quo, accelerate progress and advance human potential.

There are three main kinds of development during this time:

- Physical changes as children mature into adults capable of bearing children. Aside from infancy, this is the time of fastest growth.
- Neurobiological change as the brain evolves and improves the ability of the individual to use logic and reason to make decisions.

167. See WHO website on adolescent health and development (<https://www.who.int/maternal_child_adolescent/adolescence/en/>).

- Emotional change, reflected in the shift from being dependent on others towards independence.¹⁶⁸

Globally there are four main outcomes for adolescent well-being:

- Every adolescent learns;
- Every adolescent is protected from violence and exploitation;
- Every adolescent has a clean and safe environment; and
- Every adolescent has an equitable chance in life.

Although adolescents in DPR Korea constitute approximately 14.7 per cent of the population, data on this age group is relatively limited. From age 10, youth are enrolled in the Children’s Union; younger adolescents (up to age 16) attend secondary school where they are socialized and prepared for working life. Older adolescents aged 16–19 either enter the labour force, the military or higher education. Approximately 70 per cent of older adolescents are engaged in employment.¹⁶⁹

One defining characteristic of adolescent girls in DPR Korea is that, unlike many countries, the adolescent birth rate, which is an SDG indicator, is strikingly low at only 1 per 1,000. It is zero in most provinces but reaches 6 per cent in North Pyongan. This anomaly needs to be better understood and addressed. According to 2016 data from the World Bank this adolescent birth rate is not only the lowest in the world but compares to an average of 94.9 for low-income countries.

An important aspect of support for the adolescent years is the need to focus on nutrition as girls prepare to become mothers, as poor maternal nutrition is linked to maternal and child morbidity and mortality. Much can and should be done during adolescence to forestall parenthood, however, including adequate access to information on sexual and reproductive health. The Korean Family Planning and Maternal and Child Health Association has an adolescent health component in its Strategic Framework, which sets detailed objectives, strategies and activities aimed at meeting the reproductive health needs of adolescents.

A second defining characteristic is the very low proportion of children out of school, estimated at just 0.3 per cent for girls in lower secondary school. The net attendance rate for boys and girls in lower secondary school is 97.8 per cent and 94.4 per cent, respectively, with the balance of 3.6 per cent lagging behind in primary school. Post lower secondary school, adolescents are exposed to other forms of learning and education, either in higher education or in the workplace. The MICS 2017 also revealed that 95 per cent of children aged 7–14 had foundational reading skills, while 82 per cent had foundational numeracy skills.

168. Adolescent and Youth Situation Analysis, Malawi, 2015.

169. United Nations Children’s Fund, 2017b.

Approximately 25 per cent of boys and 24 per cent of girls aged 15–19 owned a mobile phone. However, 79 per cent of boys and 74 per cent of girls in the same age group had used a mobile phone during the past three months. At the same time, 71 per cent of boys and 64 per cent of girls aged 15–19 used a computer during the past three months.

Regarding issues of protection against violence and exploitation, three out of five children aged 10–14 years were subjected to some form of violent discipline in the month prior to the MICS 2017 survey. Almost half of them were subjected to psychological aggression and 38 per cent experienced physical punishment, among which 3 per cent received severe physical punishment. It should be noted that the first attempts at addressing issues used discussion, warnings and other non-violent approaches and that violence was generally seen as a last resort. Hazardous and exploitative child labour is at very low levels.

Adolescence and middle childhood represent stages of life during which children's capacity for decision-making and participation is rapidly evolving. Another dimension in which understanding is lacking is that of the emotional challenges children might face during this time of change. The MICS 2017 did however reveal that less than 1 per cent of adolescents indicated that they felt depression or anxiety during the previous month.¹⁷⁰

4.6 Potential priority areas

- Overall: addressing equity and quality issues through investing in provinces or population groups falling behind national averages and addressing issues of quality, including availability of WASH facilities in all educational facilities
- Disability-inclusive education; support for rollout of disability-inclusive education policy and plans
- Better methodologies and approaches to assessing learning outcomes
- Equitable access to higher education among adolescents – by gender, rural–urban location, province and wealth band
- Capacity development for child-centred teaching and learning methodologies
- Promotion of mental health and well-being through life skills training and providing support in the development of social and emotional competencies
- Support for education in emergencies, as needed
- Improving access to basic information on sexual and reproductive health care in school and out of school.

170. Most of the data in this section originates from Democratic People's Republic of Korea Multiple Indicator Cluster Survey Snapshot on Adolescence (Central Bureau of Statistics and United Nations Children's Fund, 2018a).

4.7 Summary of key data and information gaps in education and learning

- Updated data on the availability of WASH facilities, textbooks and other basic school supplies at the classroom level
- Detailed data on the availability of teachers (qualification, training, age, sex, subject, etc.) at all levels of the system
- Plans and strategies towards achieving disability-inclusive education.
- Information on the progress of education reforms
- National budgetary allocations to education (overall and subsector)
- Data on teacher training institutions – enrolment and annual number of graduates
- Information on the curriculum and availability of qualified teachers for nurseries and kindergartens
- Information related to processes for education in emergencies
- Quantitative and qualitative data on learning achievements for boys and girls.

Specifically for adolescents

- Data and analysis on adolescent nutrition disaggregated by gender (health and nutrition)
- Information and data on potential challenges facing female and male adolescents, including family violence, sexual harassment, bullying or corporal punishment, unplanned pregnancies and unsafe labour practices, etc. (child protection).



5 *Conclusions and implications for action*

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5.1 Conclusions

Based on a careful review and analysis of the data and information through consultations with government counterparts and humanitarian partners, the following conclusions have been reached:

1. The trend towards improvements in infant and young child mortality and malnutrition is continuing, indicating that the country has prioritized this issue and that targeted support by the UN and other humanitarian partners has been relatively successful. For this progress to be sustained, additional resources and investment are needed, particularly for ensuring universal access to safely managed water and sanitation, along with improved hygienic practices at both the household and institutional levels, which will require innovative multi-sectoral approaches.
2. Despite best efforts, vulnerability in areas prone to disasters such as natural hazards and other shocks remains high. Efforts at building resilience and addressing the effects of shocks are hampered by limited availability of financial resources, including challenges in mobilizing and receiving humanitarian funding and supplies.
3. DPR Korea remains at the forefront of primary and secondary school enrolment due to its strong emphasis on compulsory attendance to age 16 and programmes to foster talent while promoting lifelong learning, including through distance-learning approaches. However, areas of weakness include the lack of a system for disability-inclusive education and issues with quality, partially due to limited availability of resources and lack of exposure to global best practices.
4. In line with the MDGs, the focus has been on increasing access. Much remains to be done to improve quality in all areas of social service delivery to

ensure sustainability and be compliant with the demands of the SDGs and the commitment to leave no one behind. A number of equity issues remain to be addressed, particularly affecting women, people at the lowest level of the Wealth Index and those living in rural areas and less well-off provinces, especially in mountainous areas. Within the context of government efforts to localize the SDGs, particular attention needs to be paid to those left behind.

5. The issues faced by persons with disabilities are firmly on the radar of Government and partners and the stage is being set for significant future progress in this area, despite the current environment of limited services alongside stigma and discrimination. Structures are being set up, data collection is being organized, plans are being developed, and some indications of increased support are in the pipeline.
6. Gender stereotypes remain strong, and until this is definitively dealt with DPR Korea runs the risk of limiting progress towards achieving the SDGs. Analysis of the issue is hamstrung by the absence of gender-relevant data.
7. The Government has demonstrated a strong capacity for learning by doing and has adjusted policies and programmes in line with experience. Clear examples of this include the adoption of gravity-fed water schemes – particularly suited to the mountainous terrain of the country – following an evaluation demonstrating its utility, and the rapid growth in greenhouse agriculture, which has contributed to improvements in nutrition status.
8. The Government of DPR Korea continues to engage constructively with the UN treaty bodies and has submitted reports and responded to concluding observations and recommendations from the CRC and CEDAW committees. The Government submitted its initial report to the CRPD in December 2018 for discussion in May 2019. The dialogue with the treaty bodies has contributed to actions in support of child rights and should be continued.
9. Thematically speaking, key issues to be addressed include equity as wide disparities have been observed throughout the analysis; quality of infrastructure and methods; the need for stronger focus on convergence around those people or provinces in danger of being left behind; data and data disaggregation to facilitate evidence-based policymaking; and action and resource mobilization nationally and internationally to fill the major existing gaps.
10. Although more data has become available in recent years, significant data, information and analysis gaps remain and the available data is not optimally used to support policies and programmes. These limit a full understanding of the situation of children and women in DPR Korea. There is no published comprehensive national development plan and many of the sectoral plans and strategies are not easily available outside the government network. Furthermore, there is a lack of transparency when it comes to government expenditure on the

social sectors. Systems for collecting routine data that would allow for evidence-based planning and programming are not functioning to full effect and their results are not easily available to partners to facilitate planning and resource mobilization.

11. Overall, there are ongoing negotiations towards peace on the Korean Peninsula and détente with the United States of America. If successful, these should entail a gradual lifting of sanctions accompanied by greater opportunities for the inflow of foreign assistance and investment.

5.2 Opportunities

1. There appears to be increased political support and will for improvements in human capital, notably for health, nutrition and education, as reflected in the Annual Priorities articulated by the Supreme Leader. Translating this into improved outcomes for children would require increased national and international resources as well as increased technical support, including exposure to global best practices.
2. Engagement by DPR Korea with treaty bodies provides an opportunity for follow-up advocacy and technical support to implement concluding observations and make further progress towards the rights of children and women.
3. Significant progress in alleviating inequality could be achieved by relatively small but strategic investments in the social sectors when circumstances permit. For example, a significant chunk of malnutrition and child and maternal morbidity and mortality could be eliminated through properly resourced WASH activities.
4. Better implementation of exemptions from the Sanctions Committee is easing the flow of humanitarian resources but more needs to be done to work with suppliers and banks to further facilitate the process.
5. The possibility of gradually lifting sanctions could unlock opportunities for enhanced economic cooperation, trade and investment which could also gradually increase the flow of ODA.
6. There is an extensive social infrastructure including high ratios of staff to population and wide-ranging communication infrastructure whose potential could be maximized to deliver services and information.
7. There is increased scope for cross-sectoral collaboration among programmes and integration of programme efforts that if taken up could achieve better results. In this respect, synergies from implementation of UN reform measures could play a stronger role in improving results for children.

5.3 What does this mean for children's programming?

1. Under the current scenario of limitations on development expenditures and sanctions, the primary focus of the UN and humanitarian partners should remain on assisting the Government and other national duty bearers to address the needs and rights of people affected by or at risk of humanitarian emergencies. For UNICEF and its partners this implies contributing to addressing the situation of severe and moderate acute malnutrition and WASH in emergencies while working jointly with other UN agencies, notably FAO and WFP, to build resilience among populations at risk, while enhancing support to strengthen national disaster risk reduction and disaster risk management at national and subnational levels.
2. There is a clear need for increased allocation of public budgets for child-relevant services to improve the enabling environment for child rights. Furthermore, in accordance with CRC General Comment No. 19 of 2016 on public budgeting for the realization of child rights, greater transparency in budgeting is also essential. This would facilitate and encourage potential supporters to channel their support in the most effective and efficient way to achieve child rights. To assist this process, the UN and other humanitarian partners should continue advocating to ease the availability and flow of humanitarian funding and supplies.
3. National and international duty bearers, including UNICEF and other UN agencies, should prepare for the emerging scenario of a gradual opening up and lifting of sanctions, including plans for how best to support capacity development for reduction of inequalities and transition to development within the framework of the SDGs. Mobilizing support for South-South and triangular cooperation to facilitate sharing of experiences and best practices for reducing disparities and improving quality, particularly in health, and engaging in education and social protection would be essential for strengthening capacities for achieving child rights.
4. To facilitate evidence-based policy development, planning and programming for child rights, there should be increased collaboration on strengthening data collection and analysis, including data disaggregation by gender, age, disability and geography. UNICEF, as the primary agency mandated for child well-being, and all UN system agencies present in or working with DPR Korea should play a key role – gradually expanding to include other national and international partners, including international financial institutions, academia and think tanks. In this regard, there will be a need to further strengthen relations with UNESCO for support to the education management information system, WHO/UNFPA for support to the health management information system, and UNFPA for survey design, while continuing support to the CDMU.
5. In the area of young-child survival, there should be a continued and increased focus on maternal and neonatal mortality reduction and the '1,000-day window' to prevent stunting. Support should concentrate on strengthening the capacity of the

health system at subnational level to improve quality and provide for safe delivery using best practices.

6. Provide technical support to assist the Government to address issues of sanitation and hygiene. On the technical side, work with relevant counterparts to develop and test solutions while, to the maximum extent possible, engaging with communities. In addition, UNICEF should continue to provide technical assistance to national duty bearers for the provision of safely managed water, notably gravity-fed systems and/or boreholes, in the nine convergence counties and other especially vulnerable locations.
7. Work with partners to use Communication for Development approaches with the aim of promoting good practices in health, nutrition and WASH including the 1,000-day window and hygiene education to targeted audiences.
8. As a follow-up to work already being done by national partners and as a follow-up to submission of the initial report to the CRPD, continue to advocate for the rights of children with disabilities and work with key actors to support early identification and early intervention activities. Advocate for and, where possible, provide technical support for implementation of the Disability-Inclusive Education Policy based on global experience and best practice. Continue to work with the UNCT to advocate for the elimination of gender disparities through follow-up to the CEDAW concluding observations, particularly for national policies, strategies and plans for gender equality.
9. Provide advocacy, follow-up and support for implementation of the recommendations of the CRC, CEDAW and CRPD. In addition, advocate for the Government to sign up to optional protocols and other pieces of related human rights conventions.
10. As part of the SDG process and in collaboration with relevant counterparts, UNICEF may wish to promote and support the development of a national plan of action for children incorporating clear results, measurable indicators and means of verification.
11. To facilitate greater awareness and understanding of the enabling environment, request and translate key planning and policy documents currently only available in Korean. These include the Long-Term Education Strategy (2015–2032), the Inclusive Education Plan and the five-year Economic Development Strategy (2016–2020), etc.

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Annex 2: Child-relevant SDGs and data – DPR Korea

GOAL	AVAILABLE DATA AND SOURCE	COMMENTS
<p>Goal 1 – Elimination of poverty</p> <p>SDG 1 calls for an end to poverty in all its forms including child poverty.</p>	<ul style="list-style-type: none"> No direct measures of poverty are available. However, proxy measures such as the ownership of assets and the Wealth Index exist. 	<p>With existing data from MICS 2017 it should be possible to undertake a multiple deprivations analysis of child poverty.</p>
<p>Goal 2 – Zero hunger</p> <p>SDG 2 seeks sustainable solutions to end hunger and all forms of malnutrition and achieve food security.</p>	<ul style="list-style-type: none"> Estimated 11 million people suffer from undernutrition¹ Stunting: 19.1%² Wasting: 2.5% Underweight: 9.3% Overweight: 2.3% 71.4% children under 6 months of age exclusively breastfed. 	<p>The Government of DPR Korea has an explicit policy target of achieving food self-sufficiency and reducing stunting.</p> <p>Some questions relating to steep drop-off in indicator values since the National Nutrition Survey 2012.</p>
<p>Goal 3 – Good health and well-being</p> <p>SDG 3 aims to ensure health and well-being for all at all ages by improving reproductive, maternal and child health; ending epidemics of communicable and non-communicable and environmental diseases; achieving universal health coverage; and ensuring access to safe and affordable medicines and vaccines for all.</p>	<ul style="list-style-type: none"> 93.5% of births were delivered by skilled health attendants Maternal mortality ratio estimated at 66 per 100,000 live births Neonatal mortality rate: 9 per 1,000 live births Infant mortality rate: 12 per 1,000 live births Under-five mortality rate: 15 per 1,000 live births In past two weeks, of under-five children <ul style="list-style-type: none"> 11.4% had an episode of diarrhoea 0.5% had symptoms of acute respiratory infection 6.8% experienced fever 11,000 children under age 15 were being treated for TB. 	<p>All data except for TB from MICS 2017.²</p> <p>Some questions regarding young child mortality rates given relatively small sample size and correspondingly large confidence intervals.</p> <p>Quality, including availability of trained staff, WASH facilities and medicines, is a challenge.</p>
<p>Goal 4 – Quality education</p> <p>SDG 4 aims to ensure that all people have access to quality education and lifelong learning opportunities. This goal focuses on the acquisition of foundational and higher-order skills at all stages of life, as well as technical and vocational education and training; and the knowledge and skills needed to function well and contribute to society.</p>	<ul style="list-style-type: none"> 73%: enrolment rate in early childhood education with no gender bias 87.7%: Early Childhood Development Index score Virtually universal enrolment in primary and secondary schools with gender parity Gender disparities emerge at tertiary level 97.4% of children aged 7–14 demonstrated foundational reading skills. 	<p>This goal corresponds well to the Government's stated objectives.</p> <p>Special schools exist for gifted children as well as for children with hearing or visual impairments.</p> <p>Quality, including availability of trained staff and WASH facilities, is a challenge in some schools.</p>

GOAL	AVAILABLE DATA AND SOURCE	COMMENTS
<p>Goal 5 – Gender equality</p> <p>SDG 5 seeks to empower women and girls to reach their full potential which requires eliminating all forms of discrimination and violence against them, including harmful practices.</p>	<ul style="list-style-type: none"> • Retirement age for women is 55 years compared to 60 for men • 30% of females and 41% of males have ICT skills • 20.2% of the seats in the Supreme People’s Assembly are held by women • 27% of all deputies to the local people’s assemblies are women • 16.1% of director or higher-level seats at the ministerial level are held by women • 11.9% of seats on the bench as judges are held by women. 	<p>The Government submitted a report to the CEDAW Committee in 2016 and received concluding observations in 2017.</p> <p>Relatively benign legislative and policy environment with a few gaps identified in the CEDAW concluding observations.</p> <p>Large data gaps, most notably for gender-based violence.</p>
<p>Goal 6 – Clean water and sanitation</p> <p>SDG 6 seeks to ensure the availability and sustainable management of water and sanitation for all. This includes access to water, sanitation and hygiene in schools and health facilities.</p>	<ul style="list-style-type: none"> • 60.9% of population have access to clean water on demand on the premises • 81.5% of population use a safely managed sanitation service (not shared) • 23.5% of water tested found to have faecal contamination • 21.6% of households use untreated excreta on agricultural fields. 	<p>No data available on the availability of WASH facilities in schools or health facilities.</p>
<p>Goal 7 – Clean energy</p>	<ul style="list-style-type: none"> • 10.3% of the population rely on clean energy sources.² 	<p>Efforts under way to collect this data between surveys.</p>
<p>Goal 8 – Decent work and economic growth</p> <p>SDG 8 seeks to ensure full and productive employment and decent work for men and women including protection of children from hazardous or exploitative forms of labour.</p>	<ul style="list-style-type: none"> • 5.1% of children aged 5–17 are engaged in child labour • 1.4% of children aged 5–17 are engaged in hazardous labour. 	<p>UNICEF has a monitoring role in this.</p>
<p>Goal 16 – Peace, justice and strong institutions</p> <p>SDG 16 is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels. This includes protection of children from violence.</p>	<ul style="list-style-type: none"> • 59.2% of children experienced physical punishment or psychological aggression during the month preceding the survey. 	<p>No data available on the proportion of young women aged 18–29 who experienced sexual violence before age 18.</p>

Notes:

1. 2019 Needs and Priorities (United Nations Country Team, 2019).

2. MICS 2017 (Central Bureau of Statistics and United Nations Children’s Fund, 2018a).

Annex 3: Key informants consulted

Government counterparts

Jang Myong Son, Director, CDMU
Run Hui, Statistician, CDMU
Kim Sol Rim, External Communications Focal Point, CDMU
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Yu Gwang Song, Coordinator for UNICEF
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Muhammad Tariq Iqbal, Health Specialist
Kim Chol Nam, Health Officer
Jong Song Gap, Health Officer
Kim Son Zi, Health Officer
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Jong Hyon Chol, Nutrition Officer
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Lisa Barret, Deputy Head of Mission, British Embassy, Pyongyang

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Martine Levesque, Country Director, Handicap International

Kumar Shiwendra, Projects Coordinator, Inclusion and Disaster Risk Reduction, Handicap International

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Corinne Chadefaux, Programme Manager, Triangle, European Union Project Support Unit, Unit 5

Jean-Francois Fitou, Director, French Cooperation

Akhtar Sha, Livelihoods Programme Manager, Concern, European Union Project Support Unit, Unit 3

Len Milich, Programme Manager, Nutrition-Sensitive Agriculture, European Union Project Support Unit, Unit 4

Annex 4: Summary of key data gaps

- Gender-based violence – evidence of how violence against women is manifested in homes, in the workplace or in public spaces
- Studies or evidence on trafficking of women as brides to China and their treatment both in China and upon repatriation
- Data on income distribution, the status of women and men’s income within the home, inequalities in the home, and overall home-based poverty data to make a comprehensive comparison of the gender disparities between rural and urban populations possible
- Gender dimensions of decision-making at the household level
- Budgetary allocations for activities and programmes for gender equality
- The impact of increased market activity on gender dynamics
- The distribution of male and female students in tertiary education between science, technology, engineering and mathematics subjects and other areas
- Updated data on the availability of WASH facilities, textbooks and other basic school supplies at the classroom level
- Data on the availability of qualified teachers at all levels of the system
- Plans and strategies towards achieving disability-inclusive education
- Information on the progress of education reforms
- National budgetary allocations to education
- Data on teacher training institutions – enrolment and annual number of graduates
- Information on the curriculum and availability of qualified teachers for nurseries and kindergartens
- Information related to processes for education in emergencies
- Data and analysis on adolescent nutrition
- Information on challenges facing male and female adolescents, including family violence, sexual harassment, bullying, corporal punishment in schools, unplanned pregnancies or dangerous labour practices.

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