

Format for the Country Programme Performance Summary

A. Country Information		
Country name: Democratic People's Republic of Korea		
Category per decision 2013/31:	Current programme period:2011-16 ¹	Cycle of assistance: Fifth Programme Cycle

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1: Increased national capacity to deliver integrated sexual and reproductive health services			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Capacity of national human resources for reproductive health strengthened 	Not Available	500	377
<ul style="list-style-type: none"> • Percentage of doctors and midwives in targeted areas that provide antenatal care as per national standards 	Not Available	>90%	100%
<ul style="list-style-type: none"> • Number of county hospitals with the capacity to conduct visual inspections using acetic acid for cervical cancer screening as per national guidelines 	0	11	11
<ul style="list-style-type: none"> • Percentage of deliveries in county hospitals and village clinics that have third-stage of labour managed as per national guidelines 	Not Available	>90%	100% in counties and 92.6% in village clinics (confined to UNFPA project areas)

¹ Note: 2016 is the extension year

Key Achievements

The country programme was able to address its mandate and could influence positive sexual and reproductive health outcomes besides enhancing data capacities of statistical organisations. The (Country Programme Evaluation) CPE observed that UNFPA could advocate for the revision of National Reproductive Health (RH) guidelines and its introduction along with other United Nations (UN) agencies. In line with the reproductive health strategy, UNFPA could enhance the human resource capacity of service providers to deliver reproductive health services although there was shortfall against the target.

The CPE further found that all of the county hospitals supported in the 11 focus counties of UNFPA had the capacity for diagnosis and treatment of reproductive tract infections as per national guidelines. Also the number of county hospitals with the capacity to conduct visual inspection using acetic acid for cervical cancer was reached in all the 11 counties supported by UNFPA yet there did not appear to be plans of Government nor of UNFPA to scale-up the pilot beyond the 11 counties.

The indicator on “*the percentage of doctors and midwives in targeted areas that provide antenatal care as per national standards and number and percentage of deliveries in county hospitals and village clinics that have third-stage of labour managed as per national guidelines*” was difficult to assess when reviewing the country programme results framework. Following the recommendations of CPE, an independent assessment to track information on the specified indicators was undertaken in the first quarter of 2015 in UNFPA programme areas by the Population Centre. Knowledge of service providers on specific aspects that could not be ascertained during CPE was also addressed. The indicated values of end-line information are from the assessment. This also corroborates with the findings from the 2014 Socio-Economic, Demographic and Health Survey (SDHS), where utilization of antenatal care services was almost universal with 9 out of 10 deliveries taking place in institutions.

UNFPA maintained contraceptive security in its programme areas by ensuring that all the ri (village) clinics provided at least two modern family planning methods. The CPE found that ri clinics in UNFPA project areas were actually able to offer four methods but at the same time, it was found that women did not necessarily have sufficient information to allow for a free choice of methods. IUD was the single most preferred method of choice across the country and contributed to over 95% of modern method use.

In addition, UNFPA supported introduction of the revised midwifery curriculum along the international standards. Presently, the new curriculum is being pilot tested in one medical college and will be up scaled to other medical colleges in the next country programme cycle. Further, in-service training of midwives along the new curriculum will be initiated. With the country being exposed to natural calamities, UNFPA provided humanitarian assistance to the vulnerable population; particularly women and adolescents in line with its mandate. Thus, UNFPA through its work both at the programme counties and national level could substantially influence the reproductive health programme.

Despite the above achievements, there have been several disruptions of the banking channels which affected programme delivery. In early March 2016, the banking channels, which the United Nations in DPRK was using to access cash for programming and humanitarian operations closed down. Prolonged disruptions have forced UNFPA to re-prioritize implementation of activities, and cancel or postpone programming. This has hindered capacity building and technical missions to the country.

Output 2: Increased national capacity to strengthening enabling environment, increase demand for and supply of modern contraceptives and improved quality of family planning services that are free of coercion, discrimination and violence

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Functioning logistics management information system in the central medical warehouse and in 10 provincial medical warehouses 	0	10	11

Key Achievements

The Logistic Management Information System (LMIS) is functioning at the central and provincial levels. The piloting of the previous version of LMIS though limited to few family planning and reproductive health commodities was successful, and the offer by UNFPA to update the software and extend its use to all provinces had obtained positive reception. The CPE noted that limitation of the use of the software to national and provincial level, however, would not allow for the promotion of a *pull* strategy, until the software was applied down to the county and ri (village) levels. More work was needed to get a *pull* system in place and make it operational.

The extension of the LMIS to other drugs and equipment including those items received under the global fund has started and has received full agreement of all parties concerned so far. The revised version of LMIS is being tested and piloted in one province and will be replicated in other provinces in the next country programme.

Output 3: Strengthened capacity of academic institution to teach and to undertake research on the linkages between population and development

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Revised curriculum on undergraduate demography course implemented in the University 	0	1	1
<ul style="list-style-type: none"> Staff members of Population Institute (PI) undertake short-term international demographic course 	2	4	5 (cumulative) Note: one person participated both in Groningen and Max Planck and CBS not included
<ul style="list-style-type: none"> Strengthened research and analytical capacities of the PI and National Institutions of Central Bureau of Statistics (CBS), Population Center (PC) 	0	15 staff from PI, CBS PC	18 staff

Key Achievements

The curriculum for the undergraduate course in demography was revised with the support of international experts and endorsed by the Education Commission. It has been introduced during the academic session of 2014 at the Population Institute, Department of Economics, Kim Il Sung University (KISU). Further, two of the faculty members of the Population Institute who had a Master's Degree, were trained for three months at the Groningen University, Netherlands and have obtained certification in population studies. In addition, to enhance research and analytical capacities, both in-country and out-of-country training programmes were organized. Three faculty members from the Population Institute (one who also underwent demography training in Groningen) and one from the Central Bureau of Statistics participated in a three-week long, customised training programme at the Max Planck Institute, Germany. Several on-the-job training programmes related to sampling, quantitative research, data processing and analysis were undertaken as part of SDHS. On the whole, the capacity of academic institutions has been strengthened.

• Output 4: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> National Statistical Authorities have institutional capacity to analyze and use disaggregated data on a)adolescents and youth and b)gender-based violence 	0	At least two	2; Central Bureau of Statistics and Population Centre
<ul style="list-style-type: none"> Population-based report, maps and charts accessible by users that facilitate mapping of socio-economic and demographic inequalities 	1	2	Census Atlas and SDHS Report Printed. Census based province level tabulations available but below province level, it is not in public domain. Government has produced tabulations during humanitarian crisis and shared with development partners for analysis and deductions.

Key Achievements

Targets on stated indicators have been achieved. The SDHS, which was conducted in 2014 through UNFPA technical support and financial assistance, has provided relevant data on population and more in particular on reproductive health data as well as data on the elderly. As the survey was implemented nationwide by the CBS along with the Population Centre, the SDHS was able to provide representative information at the provincial level by place of residence. This is an important contribution to the population data-set in DPRK that is being used for national planning as well as for development programming and programming in case of an emergency and also for reporting on MDGs and SDGs. As part of this endeavour, several capacity building programmes have been imparted to CBS, Population Centre and Population Institute. However, there is more to be done to build institutional capacity for future surveys, censuses and research. Noteworthy publications include the Census Atlas and the SDHS National Report that maps out social and demographic differentials within the country.

Output 5: Enhanced capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Capacity of State Planning Commission and other national agencies strengthened in evidence-based planning and monitoring of development programmes. 	0	1	2; (Ministry of Health and CBS has capacity as the data provider)
<ul style="list-style-type: none"> Pre-Census situational analysis of CBS preparedness undertaken at national and sub-national levels 	No	Yes	Yes; accomplished in Feb 2016
<ul style="list-style-type: none"> Census and resource mobilisation proposal finalised 	No	Yes	Yes; will be available by end of the year 2016

Key Achievements

Capacity building of national ministries was undertaken at different points in time during the CP cycle. The Central Bureau of Statistics and the Ministry of Health through its autonomous institution-the Population Centre were trained on population projections and geospatial analyses. In addition, skill enhancement programmes related to use of administrative data and validation through assessments/surveys and interpretation of data were all undertaken to facilitate in evidence-based planning and monitoring of development programmes. It is to be mentioned that though, the State Planning Commission was engaged in training on population projections, they dropped out part way through despite efforts by the Country Office. The Central Bureau of Statistics, which is the data provider and also the agency to report on MDG progress, played a lead role in this endeavor. Moreover, with the upcoming Census in 2018, pre-census activities were initiated along with the Central Bureau of Statistics and a technical assessment of IT infrastructure and census preparedness was undertaken by the international consultants during the first quarter of 2016 with participation from APRO. Based on the assessment, a Census and Resource Mobilisation Proposal is being prepared.

C. National Progress on Strategic Plan Outcomes ²	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	57%	2010	NA	NA	This indicator has not been assessed. An assessment study will be undertaken in 2016 and this will also determine the baseline for the next country programme cycle
Contraceptive prevalence rate (total)-Modern	65.3%	2010	76.5%	2014	2014 SDHS supported by UNFPA
Proportion of demand for contraception satisfied (total)	81.8%	2010	91.6%	2014	Modern method considered
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months (Village or Ri Level)	NA		Condoms: 92.6% Pills:94.4%	2015	Note: UNFPA Project Areas only and three months reference has been used
Percentage of live births attended by skilled health personnel	97.3%	2010	99.9%	2014	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	0	2010	0	2014	While protocols exist, they need to be revised to meet human rights standards, particularly with regard to access to RH services by adolescents

² The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	NA	NA		NA	No survey or study has been conducted on sexual behavior and is considered a taboo in the country
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	5.9% of total state budget on health (GDP per capita=\$463)	2000	6.4% of total state budget on health (GDP per capita=\$1004)	2013	Difficult to estimate for SRH and there is no budget line as well; Annual Health Report, DPRK, Ministry of Public Health, 2015

Summary of National Progress

The country has progressed reasonably well on majority of health indicators and particularly so, in reproductive health. Availing antenatal services, delivering in institutions are almost universal. Contraceptive use is high and there is large dependence on intra uterine device because the contraceptive choice outside UNFPA project areas is limited. Maternal, infant and child mortality have reduced but still below MDG targets

There are high levels of anemia and malnutrition among women and children. Cervical and breast cancer are on the increase and form a substantial proportion of all cancer related deaths among women. Life-style diseases are on the increase and tuberculosis is high among men folk. Although the health budget has increased over time, it still remains inadequate. The population of the country is ageing and there is feminization of ageing and there is no health sector investment for geriatric care. The health infrastructure at sub-national levels is poor and lacks in basic equipment and instruments. With shortage of power-supply and severe winters, care of mothers and their new-borns are worrisome. Quality of care is an issue and infection prevention practices needs substantial improvement.

UNFPA's Contributions

UNFPA has been able to advocate for revisions in the national sexual and reproductive health strategy and ensure its implementation. Further, it has enabled increasing access to and availability of quality reproductive health services, including family planning in its programme supported areas by enhancing the capacity of service providers and strengthening service provisions as well. This has resulted in better reproductive health outcomes both at the programme and national level. Through national-level procurement of life-saving drugs of oxytocin and magnesium sulphate, it has been able to influence maternal outcomes. Training in diagnosis and treatment of reproductive tract infections has also been done. This has been strengthened by establishing the national STI surveillance system. Given the understanding that cervical cancer is on the increase in the country, UNFPA has been pro-active and was able to initiate pilots, train staff in screening and treatment and introduce syphilis screening among pregnant women as a pilot intervention. More importantly, it was instrumental in advocating for revision of mid-wifery curriculum to meet international standards and has successfully supported the education commission in introducing it. Thus, on the whole, UNFPA has substantially contributed to better reproductive health outcomes in the country and specifically so, in its programme supported areas.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2008			2018 Census Planning is underway
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2010	Yes	2014	Socio, Economic and Demographic Health Survey
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No		No		Evaluation has been planned for 2016
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0	2014	1	2015	Health Sector Plan. A Thematic Report on National and Sub-National Projections has been planned by UNFPA and its use in development planning will be advocated

Summary of National Progress

The Democratic People’s Republic of Korea (DPRK) carried out the second population census in 2008. The Census 2008 was the first census conducted according to international principles and recommendations and provided comprehensive data on the demographic and socio-economic profile of the population of the country. Following the census, several national level surveys such as Multiple Indicator Cluster Survey-2009, Reproductive Health Survey, 2010, National Nutrition Survey, 2012 and the Socio-Economic and Demographic Health Survey, 2014 have all been carried out. These surveys have provided insight into the changes in major development indicators and have been used as evidence for programme planning purposes and at the same time for tracking changes in selected Millennium Development Goals. The results have been recognized and extensively used by government and international agencies for programming, planning, and monitoring/evaluation of policies and programmes.

UNFPA’s Contributions

UNFPA has been a key partner of the statistical organization; the Central Bureau of Statistics and is the only UN organization supporting census operations in the country. It has supported the entire 2008 census operations right from conception, resource mobilization to dissemination. Census thematic analyses on several important subjects of gender, elderly, census atlas and an analytical report have also been prepared and jointly disseminated. It has brought together the statistical organizations and academia on a common platform and has initiated several joint initiatives of which the 2014 Socio-Economic and Demographic Health Survey is one of them. The 2014 Socio-Economic and Demographic Health Survey has been a combination of inter-censal and reproductive health survey. Further, UNFPA has been instrumental in institutional capacity building and skill-set enhancement of the staff members on various topics such as data processing, data analysis, population projections and quantitative research methods, which have in a way helped in better programming by the line ministries. In sum, UNFPA has contributed to data production, processing, dissemination and its use.

D. Country Programme Resources						
SP Outcome	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	4,000,000	3,499,863	3,200,000	2,373,568	7,200,000	5,873,431
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1,500,000	1,936,073	500,000	926,423	2,000,000	2,862,496
Programme coordination and assistance	500,000	619,530	--	--	500,000	619,530
Total	6,000,000	6,055,466	3,700,000	3,299,991	9,700,000	9,355,457

Note: CP cycle has been extended by a year and 2016 has been included. Planned budget refers to CPD approval for the period 2011-2015.