



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme for the Democratic People's Republic of Korea**

Proposed UNFPA assistance: \$8.35 million: \$3.3 million from regular resources and \$5.05 million from co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2007-2009)

Cycle of assistance: Fourth

Category per decision 2005/13: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.70	0.80	2.50
Population and development	1.45	4.25	5.70
Programme coordination and assistance	0.15	-	0.15
Total	3.30	5.05	8.35

## **I. Situation analysis**

1. The population of the Democratic People's Republic of Korea was 23.6 million in 2004. In the 1990s, the country experienced economic difficulties and a series of natural disasters that reversed the economic and social progress made in earlier decades. Life expectancy fell and maternal and infant mortality rose. As a result, in January 2005 (decision 2005/13), the Executive Board endorsed the reclassification of the country from group C to group B.

2. In recent years, these downward trends have been reversed. A decade of humanitarian assistance contributed to improvements in some health indicators. As conditions improved, the Government announced the end of all humanitarian programmes in August 2005.

3. The country does not have an explicit population policy. A quarter of the population is below the age of 15. With an annual population growth rate of 0.9 per cent (1998), the population is expected to reach 28 million in 2050. Life expectancy for women, which was 75.2 years in 1995, dropped to 70.9 years in 2000 before increasing to 71.4 years in 2003. The total fertility rate in 2003 was approximately 2.0 children per woman.

4. The Democratic People's Republic of Korea is a State Party to the Convention on the Elimination of All Forms of Discrimination against Women and has endorsed the Programme of Action of the International Conference on Population and Development. The family law and the public health law help to ensure equality and equity for women. The female primary school enrolment rate and the female literacy rate are 100 per cent. A nationwide gender assessment is not available.

5. The health status of women and children is of concern. The maternal mortality ratio increased from 54 deaths per 100,000 live births in 1993 to 103 deaths per 100,000 live births in 2001, despite the fact that health

workers attended approximately 98 per cent of births. The infant mortality rate increased from 14 deaths per 1,000 live births in 1993 to 21 deaths per 1,000 live births in 2002. One third of women with young children are malnourished, and 34.7 per cent of women are anaemic.

6. According to the 2004 reproductive health survey conducted in UNFPA programme areas, the contraceptive prevalence rate is 70.1 per cent for all methods and 58.4 per cent for modern methods. Total unmet need for contraceptives is 9.2 per cent, with a higher rate for rural residents (15.4 per cent) than for urban residents (7.3 per cent). Over 80 per cent of family planning clients using modern methods choose intrauterine devices. Nearly 30 per cent of family planning users said they were dissatisfied with their contraceptive method. The ratio between abortions and live births is reported to be 1 to 5.

7. The Government has not reported any HIV/AIDS cases. The 2004 UNFPA reproductive health survey indicated that 63.4 per cent of people have heard about the disease, but only 14.5 per cent of women know at least two ways to prevent it. The Government is placing increasing emphasis on providing information about how to prevent HIV.

## **II. Past cooperation and lessons learned**

8. UNFPA had three programmes of assistance in the Democratic People's Republic of Korea from 1985 to 2003. UNFPA also supported annual programmes in the period from 2004-2006. The programmes focused on maternal and child health, family planning, and population and development.

9. During the second country programme (1990-1997), over 50 per cent of total programme resources were used to conduct the first modern census (1993). UNFPA also supported capacity-building in the Central Bureau of Statistics, in order to enhance the ability to collect and analyse population data and statistical information.

10. During the third cycle of assistance (1998-2003), UNFPA assistance focused on reproductive health. The programme sought to improve the reproductive health status of women and men, and to increase reproductive health knowledge in the provinces of South Hwanghae, North Pyongan, and Pyongyang City and its suburbs. The programme developed reproductive health clinical guidelines and protocols, which the Government adopted as national guidelines. In addition, the programme supported the development of a list of essential medicines, which was co-signed by UNFPA, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and others. Improvements in service delivery in programme areas helped to increase the contraceptive prevalence rate from 52 per cent in 1997 to 58 per cent in 2002 in those areas.

11. Beginning in 1998, UNFPA supported three reproductive health surveys to generate baseline and endline data for programme planning and monitoring. These surveys are an important source of published reproductive health data.

12. During 2004-2006, UNFPA provided assistance in three new provinces: Kangwon, South Hamgyong and South Pyongan. The 2002 United Nations common country assessment identified these provinces as among the most vulnerable. Through the three annual programmes, UNFPA helped 23 village (*ri*) clinics and nine county hospitals to improve emergency obstetric care services. The national reproductive health clinical guidelines and protocols developed during the third country programme were used for training at county and village levels.

13. UNFPA, in partnership with WHO and UNICEF, helped to strengthen the national logistics system for essential health commodities. UNFPA and its partners established a national logistics management group in which the Government participated. UNFPA also supported the development of a logistics management information system to

improve the management of information on contraceptive stocks and to collect data on their utilization.

### III. Proposed programme

14. The proposed country programme will contribute to the national priority of social development to improve the quality of life of the people. The proposed programme is aligned with the United Nations strategic framework for 2007-2009, which was developed through a consultative process between the Government and the United Nations system. The programme is also harmonized with the programme cycles of UNDP and UNICEF.

15. Building on the previous results achieved, the programme will be carried out at the national level in the areas of capacity-building in policy and planning, the development of guidelines and protocols, and data utilization. At the grass-roots level, the programme will enhance the capacity to provide comprehensive reproductive health services in selected counties.

16. The programme includes two components: (a) reproductive health; and (b) population and development. Gender will be mainstreamed in both components. In the reproductive health component, the focus will be on male involvement. The population and development component will support gender-disaggregated collection and utilization of data.

#### *Reproductive health component*

17. Under the reproductive health component, the programme has one outcome: increased utilization of high-quality reproductive health information and services by women and men. This outcome will contribute to the United Nations strategy outcome of "increasing access to and utilization of quality basic social services with a focus on reproductive health". The outcome is aligned with the draft national reproductive health strategy for 2006-2010.

18. Interventions within the reproductive health component will be cost-effective and sustainable, so that the Government can replicate them in other provinces. This will enable the Government to replicate these interventions in other provinces. Two outputs will contribute to the reproductive health outcome.

19. Output 1: Improved access to high-quality reproductive health information, counselling and services, including HIV prevention, in programme areas. The strategies to achieve this output include increasing the capacity of providers (both pre-service and in-service) in village clinics and county hospitals. Capacity-building activities will concentrate on nine new counties, to be selected in the three provinces that were part of the annual programmes. Key activities include: (a) promoting informed choice; (b) providing a range of contraceptive methods at each level; and (c) training to strengthen the counselling techniques of providers in the areas of family planning and HIV prevention.

20. Based on the national reproductive health clinical guidelines, the programme will support local training in the new counties to improve emergency obstetric care and neonatal care services. The programme will also provide essential reproductive health drugs and medical equipment. To improve the management of reproductive tract infections, the programme will conduct a reproductive tract infection prevalence study, whose findings will be used to develop diagnostic and treatment guidelines. Any additional resources that are mobilized will enable UNFPA to make essential drugs available in order to sustain emergency obstetric and neonatal care services.

21. Output 2: Improved logistics management of reproductive health commodities through the establishment of a national logistics management information system in programme areas. The programme will improve the logistics management information system

introduced in 2005. It will collect key logistics data, including utilization data, which will enable the Government to accurately estimate the reproductive health commodities that are needed. The programme will enhance national capacity by training and re-training staff at the Central Medical Warehouse, at provincial and county warehouses, and at service delivery points. The programme will supervise and monitor staff who have participated in training programmes. It will focus on improving warehousing and distribution mechanisms and revitalizing the national logistics management group. UNFPA will continue its partnership with UNICEF and WHO, which focuses on building capacity in logistics management.

#### *Population and development component*

22. The outcome of the population and development component is: increased availability and utilization of statistics for national planning. One output will contribute to this outcome.

23. Output 1: The capacity of the Central Bureau of Statistics and key line ministries and research institutions to plan and implement surveys is enhanced. The programme will support data collection and research activities. Findings from these studies will be used to inform policymakers at national and subnational levels about population, gender and reproductive health issues. UNFPA will provide training to the staff of the Central Bureau of Statistics as well as to staff of key line ministries and research institutions on the various phases of surveys and research studies, from the planning stage to the dissemination of results.

24. UNFPA will exchange a memorandum of understanding with the Government to ensure that internationally accepted standards of data collection and production are met. The programme will employ techniques for rapid and accurate data collection. It will also ensure that concepts and definitions for collecting data

reflect gender realities and disparities, and that data is disaggregated by sex. UNFPA will make extensive and long-term technical assistance available at all stages of the surveys and studies to support and monitor their implementation.

#### **IV. Programme management, monitoring and evaluation**

25. The national coordinating committee for UNFPA will coordinate the proposed programme, in consultation with UNFPA. WHO and other international organizations will implement the programme in collaboration with the Ministry of Public Health, the Central Bureau of Statistics, and other line ministries and research institutions.

26. UNFPA will monitor and evaluate programme implementation using a results-based approach, in accordance with established UNFPA guidelines and procedures, and within the context of the United Nations strategic framework. The national coordinating committee, executing and implementing agencies, and the UNFPA country office will monitor activities and component projects through field visits, interviews and the use of qualitative and quantitative indicators. The programme will support a baseline study and an endline study. UNFPA will conduct quarterly and annual programme reviews as well as a final evaluation at the end of the programme.

27. In accordance with the approved country office typology, the UNFPA office in Pyongyang consists of a non-resident UNFPA country director based in Beijing, China; a national programme officer; and support staff. UNFPA will earmark programme funds for one international programme specialist, one national programme staff and one programme support staff. The UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical backstopping.

**RESULTS AND RESOURCES FRAMEWORK FOR THE PEOPLE’S DEMOCRATIC REPUBLIC OF KOREA**

<b>National priority:</b> social development to improve the quality of life of the people				
<b>United Nations strategy outcome:</b> increased access to and utilization of high-quality basic social services, with a focus on public health; child and maternal health and nutrition; and education, water and sanitation				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Role of partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome:</u> Increased utilization of high-quality reproductive health information and services by women and men</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Unmet need for modern contraceptive methods</li> <li>• Percentage of deliveries by skilled birth attendants</li> <li>• Induced abortion rate</li> <li>• Percentage of young women and pregnant women taking iron and folate supplements during the last 12 months</li> <li>• Prevalence of anaemia in women of reproductive age</li> <li>• Reproductive tract infection prevalence rate</li> <li>• Incidence of low birth weight</li> <li>• Proportion of women with obstetric complications who are treated at county emergency obstetric care facilities</li> </ul>	<p><u>Output 1:</u> Improved access to high-quality reproductive health information, counselling and services, including HIV prevention, in programme areas</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of service delivery points in targeted areas providing three or more modern methods of family planning</li> <li>• Percentage of new family planning clients who received appropriate counselling on three or more family planning methods (including side effects and the management of side effects)</li> <li>• Percentage of current family planning users who are satisfied with their family planning method</li> <li>• Percentage of target groups who are aware of at least two ways to prevent HIV</li> <li>• Percentage of clients with reproductive tract infections who are appropriately diagnosed, treated and counselled</li> <li>• Percentage of pre-service medical students and midwives with a comprehensive knowledge of reproductive health, including HIV prevention, in target institutions</li> <li>• Percentage of midwives and doctors in village and county clinics with skills for emergency management of post-partum haemorrhages and eclampsia</li> <li>• Percentage of deliveries in village and county hospitals that have a partograph and active management of third-stage labour</li> </ul> <p><u>Output 2:</u> Improved logistics management of reproductive health commodities through the establishment of a national logistics management information system in programme areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Stock on hand and average monthly consumption data of reproductive health commodities according to service delivery points of village/county/province generated on a quarterly basis</li> <li>• Percentage of service delivery points with expired commodities</li> <li>• Percentage of service delivery points with stock outs</li> <li>• All provincial warehouses and 50 per cent of county warehouses that follow standard warehouse guidelines</li> <li>• Functioning national coordination mechanism for reproductive health commodity security</li> </ul>	<p>Ministry of Public Health; Ministry of Education; Health Education Institute</p> <p>WHO</p> <p>International organizations</p> <p>Ministry of Public Health; Central Medical Warehouse; National Coordinating Committee</p> <p>WHO; UNICEF</p>	<p>\$2.5 million (\$1.7 million from regular resources and \$0.8 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> Increased availability and utilization of statistics for national planning</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>• Accurate and timely statistics utilized in formulating and monitoring the national development plan</li> </ul>	<p><b>Output 1:</b> The capacity of the Central Bureau of Statistics and key line ministries and research institutions to plan and implement surveys is enhanced</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of focal points from the Central Bureau of Statistics and other key line ministries and research institutions with knowledge and skills to implement and analyse population and sample survey data</li> <li>• Number of demographic researchers in the Central Bureau of Statistics, key line ministries and research institutions</li> <li>• Number of surveys and research studies conducted and disseminated</li> <li>• Number of policymakers, decision makers and planners at different levels sensitized on population, reproductive health and gender issues</li> <li>• Survey and research findings used for policy formulation and development planning</li> </ul>	<p>Line ministries, including the Ministry of Public Health and the Ministry of Education; Central Bureau of Statistics</p> <p>Population Research Section, Population Information Centre; Academy of Medical Science</p> <p>United Nations Economic and Social Commission for Asia and the Pacific; United Nations Statistics Division</p>	<p>\$5.7 million (\$1.45 million from regular resources and \$4.25 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.15 million from regular resources</p>

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