UNFPA Country Programme Evaluation:

Democratic People's Republic of Korea

Fifth Programme Cycle, 2011 – 2015/6

Evaluation Report

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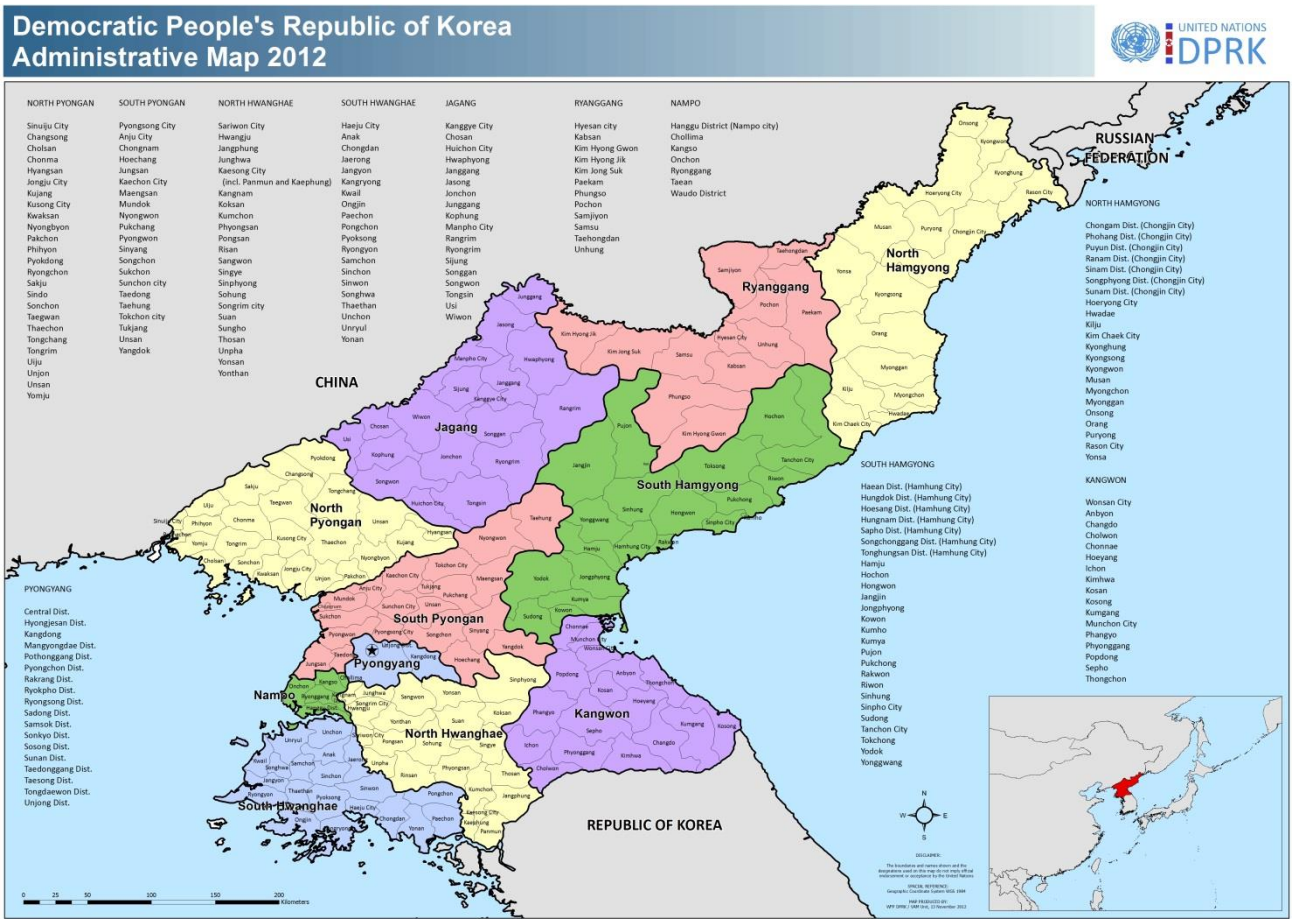
MAP 1: COUNTRY MAP



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***Notice**: Please mind that the viewpoints expressed in this report are those of the evaluators and do not necessarily reflect the opinion of UNFPA or of the Government Agencies of DPRK or of any of the other stakeholders concerned.*

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ABBREVIATIONS AND ACRONYMS

APRO ..... Asia Pacific Regional Office
AWP ..... Annual Work Plan
BCC ..... Behaviour Change Communication
CBS ..... Central Bureau of Statistics
CERF ..... Central Emergency Response Fund
CMW ..... Central Medical Warehouse
CO ..... Country Office
COAR ..... Country Office Annual Report
CP5 ..... Country Programme Cycle 5
CPAP ..... Country Programme Action Plan
CPD ..... Country Programme Document
CPE ..... Country Programme Evaluation
CPR ..... Contraceptive Prevalence Rate
CV ..... Curriculum Vitae
DPRK ..... Democratic People's Republic of Korea
EC ..... Education Commission
EM ..... Evaluation Manager
EmONC ..... Emergency Obstetric and Neonatal Care
EPI ..... Expanded Programme of Immunization
EQA ..... Evaluation Quality Assurance
ERG ..... Evaluation Reference Group
ET ..... Evaluation Team
EUPS ..... European Union Program Support
FAO ..... Food and Agricultural Organization
FP ..... Family Planning
GPSH ..... Grand People's Study House
HEI ..... Health Education Institute
HIV/AIDS ..... Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HR ..... Human Resources
ICPD (PoA) ..... International Conference on Population and Development (Programme of Action)
ICRC ..... International Committee of the Red Cross
IFRC ..... International Federation of the Red Cross
INGO ..... International Non-Government Organization
LMIS ..... Logistics Management Information System
MDG ..... Millennium Development Goal
M&E ..... Monitoring and Evaluation
MCH ..... Maternal and Child Health

MIS ..... Management Information System
MNH ..... Maternal and Neonatal Health
MOPH ..... Ministry of Public Health
MOU ..... Memorandum of Understanding
MTSP ..... Medium-Term Strategic Plan
NCC ..... National Coordination Committee
PC ..... Population Centre
PD ..... Population and Development
PMH ..... Pyongyang Maternity Hospital
PYMC ..... Pyongyang Medical College
PoA ..... Programme of Action (of the ICPD)
RH ..... Reproductive Health
RTI ..... Reproductive Tract Infection
SDC ..... Swiss Agency for Development Cooperation
SPR ..... Strategic Programme Response
SRH ..... Sexual and Reproductive Health
STI ..... Sexually Transmitted Infections
TA ..... Technical Assistance
TB ..... Tuberculosis
TOR ..... Terms of Reference
TOT ..... Training of Trainers
UN ..... United Nations
UNCT ..... United Nations Country Team
UNDAF ..... United Nations Development Assistance Framework
UNDP ..... United Nations Development Programme
UNEG ..... United Nations Evaluation Group
UNFPA ..... United Nations Population Fund
UNICEF ..... United Nations Children's Fund
UNTG ..... United Nations Task Group
USD ..... United States Dollar
VIA ..... Visual Inspection after Acetic acid
WASH ..... Water, Sanitation and Hygiene
WFP ..... World Food Programme
WHO ..... World Health Organization

TABLE 1: KEY FACTS OF DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Key Aspects	Data	Source
Land		
Geographical location	Northeastern part of Asia	CBS, MDG Report 2011
Land area	123,138 km2	CBS, DPRK 2nd National communication on Climate Change 2012
Terrain	80 per cent mountainous	CBS, MDG Report 2011
Climate	Temperate with four seasons, humid summers and cold winters	CBS, MDG Report 2011
Capital	Pyongyang	CBS, MDG Report 2011
People		
Population	24,052,000	Population Census 2008
Urban population	60.6 per cent	CBS, MDG Report 2011
Population Growth Rate	0.86 per cent	CBS, MDG Report 2011
Aging: Proportion over 60 years	13 per cent	CBS, MDG Report 2011
Government		
Government	Socialist state	
Administration	Country divided in 9 provinces and 3 municipalities; subdivision in 207 counties/cities and > 4.000 ri	CBS, MDG Report 2011
Social indicators		
Life expectancy at birth (years)	69.3	CBS, MDG Report 2011
Life expectancy of women (years)	72,7	Census 2008
Life expectancy of men (years)	65.6	Census 2008
Health expenditure (per cent of GDP)	6.1 per cent	2010 (GoDPRK)
Births attended by skilled health personnel, percentage	99	RH Survey 2010
Contraceptive prevalence rate	71 per cent (any method); 65 per cent (modern methods)	RH Survey 2010
Unmet need for family planning (per cent of women in a relationship unable to access)	14,5	RH Survey 2010
People living with HIV, 15-49 years old, percentage	0	CP4
Adult literacy (per cent aged 15 and above)	100	CBS, MDG Report 2011
Total net enrolment ratio in primary education, both sexes	98	CBS, MDG Report 2011
Employment to working-age population ratio	86.4	CBS, MDG Report 2011
Millennium Development Indicators		
1 - Eradicate Extreme Poverty and Hunger		
DPRK target: annual cereal production 7 million ton / year	With an annual average increase of 4.5 per cent target is off track	CBS, MDG Report 2011
DPRK target: full and decent employment for all, including women and youth	Already achieved	CBS, MDG Report 2011
DPRK target: increase electric power production with 80 per cent	Off-track with increase needing acceleration	CBS, MDG Report 2011
DPRK target: proportion of reclaimed tideland for paddy cultivation	On-track, increase from 1.8 per cent in 2002 to 2.3 per cent in 2010	CBS, MDG Report 2011
2 - Achieve Universal 11 year compulsory education		
DPRK target: Net enrollment ratio	In 2010: 98.2 per cent for primary education and 98.0 for secondary education.	CBS, MDG Report 2011
Retention rate in primary education	100 per cent in 2010	
Literacy rate of 15 to 24 years old	100 per cent in 2010	
DPRK/MDG+ target: proportion of teachers up to secondary school level who benefited from 3-annual refresher courses	85.3 per cent in 2010 (target for 2015: above 90 per cent)	
DPRK/MDG+ target: students to teacher ratio number in primary and secondary schools	22 in primary and 20 in secondary schools in 2008	
DPRK/MDG+ target: proportion of students having access to text books	At 68 per cent in 2010 (target for 2015: above 90 per cent)	
3 - Promote Gender Equality and Empower Women		
DPRK target: ratio of male-to-female literacy rate of population aged 15 and above	1 in 2008	CBS, MDG Report 2011
DPRK target: Percentage of women in the total population that	Women at 5.4 per cent	

Key Aspects	Data	Source
received any qualification after graduation from universities or colleges	Men at 7.0 per cent	
Proportion of seats held by women in the national parliament	15.6 per cent in 2010 at the 12th Supreme People's Assembly	
4 - Reduce Child Mortality		
Under five Mortality rate per 1000 live births	1998: 49.7 2008: 26.7 Target value for 2015 of 16.5.	CBS, MDG Report 2011
Infant Mortality rate	1998: 23.5 2008: 19.3 Target value for 2015 of 12.0	
Proportion of 1 year-old children immunized against measles	Registered value in 2010 of 98.1 per cent	
DPRK target: Proportion of children covered by 7 types of immunization	1998: 23.8 per cent 2010: 82.5 per cent, Target for 2015: > 96 per cent.	
Prevalence of underweight children under five years of age	2009: 18.8 per cent	
DPRK target: Prevalence stunted children under five years of age	2009: 32.4 per cent	
DPRK target: Prevalence wasted children under five years of age	2009: 5.2 per cent.	
5 - Improve Maternal Health		
Maternal Mortality Ratio (per 100,000 births)	1997: 105.0 2008: 77 (Census) 2009: 85.1 (Validation Study) 2012: 87 (UN Report) Target for 2015: 50.0	CBS, MDG Report 2011 (unless otherwise indicated)
Proportion of births attended by skilled health personnel	1997: 87.9 per cent 2010: 97.3 per cent Target for 2015: >99 per cent	
Contraceptive prevalence rate	1997: 67.3 per cent 2010: 70.6 per cent	
Antenatal care coverage (at least 1 visit and 4 visits)	1997: 94.1 per cent	
Unmet needs for family planning	2002: 16.7 per cent 2010: 14.5 per cent	
DPRK target: awareness rate of women on family planning	2010: 61.6 per cent Target for 2015: >90 per cent	
6 - Combat HIV/AIDS, Malaria and other Diseases		
Proportion of the population aged 15 years and above with comprehensive correct knowledge of HIV/AIDS	2009: 36.9 per cent for women	CBS, MDG Report 2011
Incidence of malaria	2001: 300,000 2007: 7,000	
Deaths related to malaria	2007: 0	
Proportion of children under 5 sleeping under insecticide-treated bed nets	2010 : 95 per cent	
Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	2009Year2010 : 100 per cent	
incidence of tuberculosis	Target could not be achieved	
Proportion of DOTS treated patients	2010: 94.5 per cent	
Death rates associated with tuberculosis / 100 000 people	Year? : 25.7	
7 - Ensure Environmental Sustainability		
Proportion of total water resources used	1990: 11.2 per cent 2008: 18.6 per cent	CBS, MDG Report 2011
DPRK target: Proportion of protected land	1990: 5.7 per cent 2009: >7 per cent	
Proportion of households using an improved water source	2009: 99.8 per cent (rural areas)	
Proportion of population using improved sanitation facility	2009: 73.0 per cent (in rural areas)	
8 - Develop a Global Partnership for Development		
Fixed telephone subscriptions per 100 inhabitants	2010: 8.0 Target for 2015: 13	CBS, MDG Report 2011
Mobile-cellular subscriptions per 100 inhabitants	2010: 2.1 Target for 2015: 8	
DPRK target: Value of essential drugs (including vaccines) provided through international cooperation	2008: 44 million USD	

Executive Summary

Purpose, Objectives and Methodology

The present Country Programme Evaluation (CPE) concerns the fifth UNFPA programme cycle in the Democratic People's Republic of Korea (DPRK), a country to which UNFPA has provided support since 1985. The CPE covers the period 2011-2014, and informs the plans for 2014-2015/6 and the development of the next country programme cycle.

The purpose of the evaluation combined accountability for UNFPA's performance with the broadening of the evidence base in order to inform design of the next programme cycle. Main audience of the evaluation concerns the UNFPA country office which commissioned the evaluation, with Government of DPRK and the UNFPA regional office and headquarters as secondary audiences.

The objectives of the evaluation focused on strategic aspects, including UNFPA's positioning in the context of DPRK and its coordination within the UN Country Team (UNCT), and programmatic issues, including relevance, effectiveness and efficiency of the programme and its implementation and the sustainability of results.

The methodology of the evaluation combined quantitative and qualitative data gathering and included a desk review, semi-structured interviews with UNFPA staff, representatives of other UN agencies and Government agencies in DPRK, focus group discussions with bilateral development partners and representatives of International NGOs (INGOs), observations in provincial, county and ri level[1] hospitals and clinics and review of monitoring data of the programme and its components. The evaluation practiced a participatory approach, including many of the stakeholders in the various stages of the evaluation process, and made use of appreciative inquiry.

Data were triangulated from multiple sources and gathered through the use of different methodologies to enhance reliability and validity of the findings. Fieldwork was conducted in Pyongyang and in two selected provinces: South Hamgyong and Kangwon. In the combination of these two provinces all of UNFPA's initiatives had been supported. Meetings were conducted with the Evaluation Reference Group (ERG) at the start of the fieldwork to discuss the Design Report and at the end of the field work to present and discuss the findings and preliminary conclusions and recommendations.

Country Context

The evaluation took into account the specific country context of the DPRK, which is a country with 24 million people and a high level of urbanisation, with 60 per cent of the population in urban areas, including Pyongyang as well as urban centres in the provinces. The socio-economic conditions of DPRK were relatively favourable in the late 1980s and early 1990s which changed afterwards due to the disintegration of the Soviet Union and the related loss of markets in socialist countries as well as a series of natural disasters that struck the country. Social and economic progress made in earlier decades reversed and several of the social development indicators worsened, including maternal mortality ratio.

The DPRK has endorsed the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) and is a state party to the Convention on the Elimination of

[1] In administrative terms the DPRK is divided in 9 provinces and 3 municipalities with subdivision in 207 counties / cities and over 4.000 ri.

All Forms of Discrimination against Women. The sanctions on DPRK imposed by the United Nations through UN Security Council Resolutions 1718 (2006) and 1874 (2009) and sanctions of the USA have constrained economic and social development and enhanced the relatively isolated international position of the country, with limited donor support.

Challenges in reproductive health in DPRK include the relatively high maternal mortality (with the Millennium Development Goals (MDGs) in DPRK aiming to bring back the Maternal Mortality Ratio (MMR) to the level of 1990), a relatively weak national family planning programme, an unmet need for family planning at 14.5 percent and high prevalence of reproductive tract infections (RTI). Cervical cancer is the second most common cancer among women and is an important public health concern, with a relatively high morbidity and mortality rate. Adolescent RH issues are not considered national priorities.

Challenges in Population and Development include the lack of clarity on government policies including the lack of a published Government population policy, scarcity of population data, a lack of disaggregation of data, in particular on socio-economic strata and aspects of vulnerability, and lack of access to raw data for analysis by stakeholders outside the Government. With 13.1 percent of the population above 60 years of age and 8.7 percent beyond 65, the census data of 2008 show that DPRK could be characterized as an ageing society.

UN agencies provide a substantial proportion of the external assistance to DPRK. The UN Strategic framework focuses heavily on social development with attention to social services, knowledge development, nutrition as well as climate change. UNFPA's programme is relatively small representing about 3.4 percent of total UN resources. Seven theme groups were established to enhance coordination amongst the UN agencies and government partners, International Non-Governmental Organizations (INGOs) and bilateral donors. UNFPA participates in the theme groups on health and Monitoring and Evaluation (M&E).

UNFPA Country Programme

UNFPA's programme in the fifth cycle includes a Reproductive Health (RH) and a Population and Development (PD) component, with gender meant to be mainstreamed across these two components. Outcomes and outputs of the two components are presented in the table below.

Table: Outcomes and Outputs of the UNFPA Programme Components in DPRK

Outcomes	Outputs
Reproductive Health	
Increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neo-natal care	Improved availability of and access to essential, high-quality reproductive health information, counselling and services, including the prevention and treatment of reproductive tract infections and screening for cervical cancer, in programme areas
	Improved access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas
Population and Development	
Enhanced utilization of sex-disaggregated population data and research related to population and development for planning and policy formulation, including monitoring the Millennium Development Goals, by line ministries and national institutions	Strengthened capacity of academic institutions to teach and to undertake research on the linkages between population and social development
	Enhanced capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals

Improving access to reproductive health and services is supported through the development of the national RH Behavioural Change communication strategy, the development of RH guidelines and the strengthening of capacities related to reproductive health. Several pilots support new initiatives including the development of a maternal death review system and the cervical cancer screening and treatment system. Access to essential reproductive health commodities is supported through the procurement of contraceptives and their distribution to health facilities in UNFPA programme areas, capacity building on Logistics Management Information System (LMIS), training on warehousing, and piloting of the "pull" system for commodity management and forecasting in one of the provinces. Most RH support at the sub national level is provided to 11 counties in four provinces. The cervical cancer initiative is piloted in seven counties located in two provinces. The total number of the population in the 11 counties amounts to 6.1 percent of the civilian population of DPRK.

The PD component of the programme focuses on capacity development of academic institutions including Kim Il Sung University and the Population Institute. The capacity of line Ministries in evidence based planning and policy formulation is built through support to the S-DHS and the preparation of census monographs. Moreover, support is provided to the improvement of the statistical system for monitoring MDG and RH indicators at national and sub-national levels. UNFPA, moreover, advocates for support to the needs of special groups, in particular the elderly, through disaggregation of data and special studies.

Main Findings and Conclusions

From a strategic perspective, UNFPA's added value in DPRK has included support to access and use of quality reproductive health services. Due to the specific context in DPRK, UNFPAs classical role in the promotion of family planning, including offering a broad range of contraceptives nationwide, has been more limited. In the PD component, UNFPA's strength has been the gathering of population data and building of in-country capacities concerned, including Kim Il Sung University to deliver a bachelor course in demographics. In the present context of the DPRK the gathering of population and development data is an important added value of the programme, which is recognized by development partners. Population data gathered informed the RH programme component. Direct service delivery has not been UNFPA's comparative advantage and needs to be handed over to other UN agencies and the Government of DPRK.

UNFPA has proved a valued partner in the UN Country Team, open to coordination though its limited in-country representation has hampered full participation at the country level. There is a need to increase the level of in-country representation for enhanced visibility of UNFPA.

Programmatically UNFPA's fifth cycle was in line with international development goals, including MDGs and ICDP and it responded to existing needs in terms of RH including cervical cancer control, RTIs/STIs screening, midwifery training and support to Emergency Obstetric Care (EmOC). In the opaque policy context of the DPRK the alignment of the programme with national policies has been less clear. There has been no focus on adolescents and most vulnerable and marginalized women as no data were available to inform such targeting. Moreover, given the socialist character of DPRK with free access to social services, such groups are not considered to exist. Under these constraints UNFPA has focused on international goals and agenda's and support to disaggregated data gathering, in particular through the Social, Demographic and Health Survey (SDHS), which is expected to enhance the opportunities for targeting in future programming. This meant a relevant programmatic approach in the context of the DPRK.

In terms of programme implementation, the business model as applied by UNFPA is not fully in line with the new requirements of the organizational strategic plan and implementation tools in which there is no place for direct delivery in the DPRK, while several of the RH activities make

use this implementation approach. UNFPA will need to take the time in the coming year to phase out direct delivery and to focus on capacity building, knowledge development and policy advocacy, though the opportunities for the latter are limited in the context of the DPRK.

Human resource management has seen large gaps in international management and technical positions, which has hampered programme implementation. This has been aggravated by the system of deputation of national staff and high turnover levels of both international and national staff members. UNFPA's work at the sub-national level proves rather inefficient with focus on eleven counties dispersed geographically over four provinces, without sufficiently clear criteria underpinning their selection. Moreover, difficulties to make cash transfers to DPRK remain a severe threat to programme implementation. Mobilization of resources has been behind expectations and requires additional attention, this has affected in particular the RH component of the programme which depends more heavily on other resources.

The programme has been guided by a results framework which proved adequate in terms of most of the outcome and output level changes, but with indicators which were in various cases not sufficiently precise and measurable, which limited the use of the framework for programme management and decision-making.

Assessing the effectiveness of the programme it can be observed that for the RH component quite a number of the outputs were achieved. The support provided to family planning in eleven target counties, capacity building to conduct visual inspection of cervical cancer in two pilot provinces and diagnosis and treatment of reproductive tract infections were successful. Support to the LMIS has resulted in no stock outs reported but without inclusion of hospitals and clinics at the county and ri levels so far, there is not yet a functioning 'pull system' in place. At the outcome level RH and Family Planning (FP) issues have been integrated into the Medium-Term Strategic Plan for the development of the Health Sector (2010-2015) and into the National RH strategy (2011-2015) with support of UNFPA. This has not yet been the case at the policy level, given the limited access of UNFPA to the policy debate. Though RH results have been achieved at the sub-national level, the effects in the eleven counties remain too small to make a difference at the national level in any of the indicators concerned. Strategies for scale up have not yet been developed and are required to make use of learning and experiences so far in other parts of the country.

In the PD component the capacity of the Population Institute of Kim Il Sung University was developed. The support provided to CBS has enhanced availability of essential data and information on RH, particularly the preparation the RH Survey, Knowledge, Attitudes and Practice (KAP) Survey on RH, EmOC needs assessment, and the SDHS which was implemented in October 2014. To inform evidence based policy making, four monographs were produced making use of the census data of 2008. The SDHS was prepared and implementation started in October 2014. The survey is expected to provide detailed population data as well as data on the use of RH services and aspects of ageing in DPRK. Further support to analysis of data gathered will be required and the ways in which this can be done explored. The outcome of the PD component focuses on the utilization of population data for planning and policy development. With the opaque policy environment and the absence of access to policy makers and debate, this outcome appears to be beyond what can be reached in the context of DPRK.

Sustainability of results is at an intermediate level with relatively high levels of ownership in both RH and PD components. For reproductive health initiatives, ownership has been achieved for the various guidelines developed together with partner agencies, including those on Behaviour Change Communication (BCC), cervical cancer and Reproductive Tract Infections (RTIs) / Sexually Transmitted Infections (STIs) as well as the Midwifery curriculum revision. Capacities concerned have been developed but are not yet necessarily sufficiently in place, like in the cervical cancer pilot in which both staff capacities and equipment proved not yet sufficient

during field visits. In terms of population and development the ownership has been relatively high for all three institutes involved, i.e. Central Bureau of Statistics (CBS), Population Institute (PI) and the Population Centre (PC). Also here notwithstanding the success in building capacities, additional support remains required to further enhance the quality of data gathering processes and to support capacity of data analysis of both quantitative and qualitative data.

Recommendations *(abridged, see full version in main report)*

1) UNFPA's Presence in DPRK

- UNFPA's presence in DPRK should be continued in spite of challenges encountered in the specific context of the DPRK as part of the overall UN mandate of assistance to its member states
- For UNFPA to become a full partner in the international support effort to DPRK it is important for the country office to have an independent representation and visibility similar to the leadership structure evolved by Food and Agriculture Organization (FAO)

2) Strategic Positioning

- UNFPA should enhance the focus of the programme through limitation of the programmatic areas addressed, in particular in the RH component in its service delivery aspects at county level
- UNFPA should shift its focus to capacity development at the national and sub-national levels, with sufficient attention to capacity assessments to inform programming
- UNFPA should review its approach to the selection of target areas for sub-national programming by making use of the SDHS data to focus on those areas with a high need in RH support and aspects of vulnerability
- UNFPA should advocate to key policy and decision makers in the government, including the National Coordination Committee (NCC), for an inclusion of those aspects of UNFPA's mandate presently not included in the programme

3) UNFPA Country Office Management

- UNFPA at the headquarters and regional level needs to bring its HR processes in line with the requirements of the CO in order to avoid long gaps in international staff positions and ensure the continuity of the programme
- UNFPA should proactively participate in negotiations with UNDP, UNICEF, WFP to find a solution to the financial transfer problem, which threatens the continuity of UNFPA's programme in DPRK
- UNFPA should improve in-country visibility of UNFPA's work and results (see details in recommendations in report)
- UNFPA should invest in additional resource mobilization (see details in recommendations in report)

4) Programmatic Focus

Reproductive Health Component

- Negotiate with WHO and UNICEF the handing over of the service delivery and commodity procurement aspects in the current 11 counties and beyond in order to phase out this activity while maintaining services at the national level
- Advocate for those issues of UNFPA's mandate for which support is not yet considered relevant by Government of DPRK, including MDR, HIV, GBV and a focus on adolescents

- Invest in midwives: follow up on their new curriculum and ensure that they also provide new-born care. Insist on inclusion of quality of care
- Invest in proper handling of obstetric complications by obstetricians as well as MDR through building of capacities in order to support the further decrease of maternal mortality
- Continue support to cervical cancer screening and treatment
- Develop commodity security at national, provincial and county level (KLMIS) and implement a "pull-strategy" through provision of technical support
- Adapt the amount of emergency medicines procured and distributed to the actual needs and advocate for inclusion of these medicines in the national procurement system
- Advocate for universal provision of at least 4 contraceptive methods within the national FP programme
- Hand over procurement of contraceptives to WHO and UNICEF or to Pharmacy Department of MoPH

Population and Development Component

- Further develop the research capacity at national and sub-national levels, and particularly the analysis and utilization of both quantitative and qualitative data and development of information for planning sectoral strategies, through continued support to CBS as well as the Kim Il Sung University and selected Line Ministries, in particular MoPH
- Continue to invest in capacity development for teaching and data analysis in Kim Il Sung University so that higher level academic programmes could be established in future
- Provide technical support to CBS and other line ministries in strengthening a data management systems at national and sub-national levels for better use of data for planning, implementation and monitoring of key development indicators as well reporting on the MDGs.
- Support preparations for the 2018 census by building capacities and providing technical support in developing research proposals, as well as increasing the knowledge base of policy-makers and programme managers in the use of innovative technologies for data gathering and processing, and information dissemination

1. Introduction

UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. UNFPA aims to expand the possibilities for women and young people to lead healthy and productive lives. UNFPA focuses on population and development issues, with an emphasis on reproductive health and gender equality. This in the context of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs), in particular MDG 5: to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and to achieve, by 2015, universal access to reproductive health. The vision of UNFPA in the Strategic Plan 2014-2017 is to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda.

UNFPA has been providing support to the DPRK since 1985. As DPRK's largest multilateral source of assistance for reproductive health and population and development, UNFPA supports the DPRK Government in fulfilling its commitments to ICPD and MDGs in the areas of reproductive health and population and development. UNFPA is currently implementing the fourth year of its fifth country programme cycle (CP5) to assist the Government of DPRK in achieving its population and development goals. Based on the United Nations Strategic Framework (UNSF) for DPRK 2011-2015 and the Medium-Term Strategic Plan (MTSP) (2010-2015), CP5 addresses some of the gaps that DPRK faces in achieving the goals of ICPD and MDGs. The financial resources of CP5 amount to US$ 9.7 million (US$ 6 million from regular resources and US$ 3.7 from other resources). With the fifth cycle from 2011-2015 presently about to end, a Country Programme Evaluation (CPE) is being conducted. The fifth programme cycle was originally planned for a five-year period (2011-2015) but in August 2014 this was extended with an additional year due to severe constraints to programme implementation during extended periods of 2013 and 2014, implementation of the sanctions of the United Nations through UN Security Council Resolutions 1718 (2006) and 1874 (2009), and sanctions imposed by the USA.

1) Purpose and Objectives of the Country Programme Evaluation

The purpose of the evaluation combined accountability for UNFPA's performance with the broadening of the evidence base in order to inform design of the next programme cycle. The evaluation is meant to enhance accountability of UNFPA for the relevance and performance of the fifth country programme cycle. The evaluation is, moreover, conducted to verify the contribution of the two programme components of reproductive health and population and development to the achievement of the Millennium Development Goals (MDGs) in DPRK, in particular to goal 3 (promote gender equality and empower women); goal 4 (reduce child mortality); and goal 5 (improve maternal health. The evaluation was commissioned by the UNFPA Country Office. Main audience of the evaluation concerns the UNFPA country office with Government of DPRK and the UNFPA regional office and headquarters as secondary audiences.

In order to reach the purpose of the evaluation, focus was on three evaluation objectives as identified in the Terms of Reference (TOR)[2] of the evaluation:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;

[2] The terms of reference are presented in annex 1.

2. To provide an assessment of the country office positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results;
3. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next country programme cycle in DPRK.

2) Scope of the Evaluation

The evaluation covered the first half of the fifth programming cycle of UNFPA in DPRK. This cycle started after the signing of the CPAP in June 2011. Due to problems with fund transfers which severely limited programme implementation in 2013 and 2014, the UNFPA fifth programme cycle was extended to 2016 in close consultation with the Government of DPRK. The evaluation covered the period of programme implementation from July 2011 until September 2014 and the planning for the remainder of the programme cycle, which with the recently agreed one year extension, covers the period October 2014 December 2016. In terms of the forward looking aspects of the evaluation, recommendations focus on the period till 2016 i.e. the extended second part of the present programme cycle as well as on strategic directions for the sixth UNFPA programme cycle, beyond 2016.

The evaluation covered all activities implemented during the period under evaluation, including development as well as humanitarian action/emergency response, and including both national level activities and supported interventions in project areas.

In line with the set-up of the UNFPA Programme as outlined in the Country Programme Action Plan (CPAP) the evaluation included:

- The Reproductive Health and Rights component
- The Population Development component
- The Partnership Strategy
- Programme Management
- The overall Country Programme and the coherence of its parts

For each of the outcome areas of the country programme the evaluation included the following levels of the results chain:

- Activities
- Outputs
- Outcomes , including both planned outcomes as well as unexpected Outcomes

The explicit inclusion of unexpected outcomes was meant to broaden the perspective of the evaluation beyond the results identified in the CPAP and to probe what unanticipated results had occurred. These could be unforeseen gains and positives, as well as undesirable effects.

3) Methodology and Process of the Evaluation

a) Evaluation Criteria and Evaluation Questions

The evaluation focused on the one hand on **the programmatic area** of the country programme and made use for its assessment of four evaluation criteria:

i. relevance;
ii. effectiveness
iii. efficiency
iv. sustainability

On the other hand the evaluation focused on **UNFPA's strategic positioning**, for which assessment two evaluation criteria were used:

v. coordination with the UNCT
vi. the added value of UNFPA.

For each of the evaluation criteria a set of evaluation questions was developed, which are presented below (adaptations to TOR in *italics*).

Assessment of the UNFPA supported programme areas

Relevance:

1. To what extent is the UNFPA CP5 for DPRK
   (i) adapted to the needs of the population (in particular those of vulnerable groups),
   (ii) aligned with the priorities set by relevant national policy frameworks,
   (iii) in line with the mandate and priorities of UNFPA?
2. To what extent has the country office been able to respond to changes in the national development context, including changes in development needs and priorities?

Efficiency:

3. Has UNFPA made good use of its human, financial and technical resources, given the special environment (e.g. UN sanctions) in which it has to perform in DPRK, has it used an appropriate combination of tools and approaches to pursue the achievement of the CP5 outcomes and outputs *and has it adequately adapted its support and target areas in accordance with the resources available*?
4. In what ways did the intervention mechanisms (coordination mechanism, financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

Effectiveness:

5. To what extent have the CP5 CPAP outputs been achieved and how did these outputs contribute to the achievement of the CP5 CPAP outcomes?
6. *In what ways and to what degree has UNFPA support contributed to increased utilization of essential, high quality reproductive health information and services and neonatal care by both women and men?*
7. To what extent has UNFPA CP5 contributed to a sustained increase in the *availability and* use of demographic and socio-economic information and data in the evidence-based development and implementation of plans, programmes and policies related to reproductive health/family planning, population dynamics and gender equality?

Sustainability:

8. Has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
9. To what degree have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Assessment of UNFPA's strategic positioning

UNCT Coordination:

10. To what extent has the UNFPA DPRK Office contributed to the functioning and consolidation of the existing UNCT coordination mechanisms in DPRK?

Added value:

11. What are the main UNFPA comparative strengths in comparison to other development partners in DPRK – particularly other UN agencies working in similar areas? Are these strengths a result of UNFPA corporate features or are they specific to the country office features?

For each of these evaluation questions assumptions, which needed to be assessed by the evaluation team, were identified as well as indicators that were used in terms of verification during the field work. Moreover, for each of the assumptions sources of information and method and tools to be used in data collection were identified. Assumptions together with indicators and means of verification were included in an Evaluation Matrix which was presented in the Design Report of the evaluation and which is presented in Annex 4.

b) Methods for Data Collection and Analysis

The evaluation methodology was set out to cover a variety of qualitative and quantitative methods and tools. Qualitative methods included semi-structured interviews (68), focus group discussions (two) and observations while quantitative data gathering concerned desk review of monitoring and other relevant secondary data, survey reports and programme studies conducted by UN and bi-lateral agencies and other publications available in the public domain. The use of multiple methods allowed use of triangulation of data across a variety of methods. This variety of methods allowed for foci on both in-depth as well as broader based data gathering as part of the evaluation process, which were later interspersed and synthesized in the findings section.

The evaluation made use of a participatory approach, including as much as possible a wide range and variety of stakeholders in the various stages of the evaluation process. This included the introduction of the evaluation, the process of data gathering, the provision of recommendations, the validation of evaluation findings and conclusions and commenting on the evaluation report. This enabled the inclusion of a range of perspectives on the development and implementation of the UNFPA country programme during its fifth cycle. The inclusion of multiple stakeholders, moreover, allowed for triangulation of data across the various respondents, data and reports and in this way enhanced the validation of findings. Through the use of a participatory approach the level of ownership of the evaluation process and the findings was enhanced which in turn increased the likeliness of the use of the evaluation recommendations.

Further, the evaluation made use of *appreciative inquiry* rather than a problem oriented approach. Through the use of appreciative inquiry the focus was turned away from finding solutions to problems towards a more positive approach, focusing on what worked and how this could be reinforced within the organizations concerned. Through its focus on appreciative questioning, the use of appreciative inquiry provided a powerful way to engage participants in evaluative discussions. Rather than addressing problems as negatives, what does not work was assessed by asking participants what they would wish to be different in their organisation, and in the way in which projects are implemented, in order to enhance results. Combination of methodologies and tools allowed for triangulation across the

different ways of data gathering and enhanced the validity of the findings. Details on each of the methods applied are presented in annex 3.

c) Evaluation Process

The evaluation process consisted of five phases: (i) preparatory phase, (ii) design phase, (iii) a two week field visit to DPRK, (iv) reporting phase, and (v) management response, dissemination and follow-up phase. The development of a design report was part of the design phase. The desk review of the evaluation started early September with the country visit conducted from September 23rd until October 6th. The draft evaluation report was submitted on 18 November and based on comments received, it was fine-tuned and shared in December, 2014 and subsequently finalized in end February 2015. Thus the entire CPE process covered a 5 months period.

The field phase include visits at the national and the sub-national level during a fifteen day period from 22 September until 6 October 2014. The first week of the field phase consisted of meetings with UNFPA staff and key stakeholders in Pyongyang. This week started with a briefing with the UNFPA Senior Management team followed by a meeting with the ERG, to discuss the design report, including set-up of the sub-national part of the field visit and the evaluation matrix. Separate meetings were conducted with each of the members of the UNFPA country team. Meetings were conducted with the main Government partners at national whom UNFPA supports. Discussions were held with senior management of other UN agencies supporting maternal and new-born health related issues as well as with UNDP who officially represents UNFPA in the absence of the UNFPA country director. Two Focus group discussions were organized with bi-lateral agencies, including diplomatic missions and civil society organizations at the national level and each group comprised of 5-6 participants. The discussion focused on variety of issues ranging from the country context, issues and concerns, opportunities, views about UNFPA programme and their perception about UNFPA as a technical and development partner. Their views were solicited, distilled and used with other information collected during the course of evaluation field visit. In all, using multiple interviewing approaches, a total of 79 informants were consulted at the national and other administrative levels (see annex 2 for details).

The first part of the second week was used for site visits to two of the four provinces where UNFPA has been supporting reproductive health and population development activities. The time frame of four days, which was reserved for field visits limited the number of provinces that could be visited. The inclusion of two provinces was considered useful in order to allow for the assessment of UNFPA support in two different administrative areas. The criterion for selection was that the combination of provinces needed to allow for assessment of all the sub-national types of support provided by UNFPA in DPRK. Moreover, logistical arrangements, travel to and from as well as between the provinces needed to be feasible within the four day time frame. As for provinces that had been regularly visited by UNFPA team members monitoring reports were available, the selection meant to include one of the provinces less regularly visited by the team so that the data gathered could help the evaluation team to complement the existing information on the implementation of the country programme. This resulted in the selection of South Hamgyong and Kangwon provinces.

Within each of the two selected provinces, one county and one ri-level hospital each, which had received support from UNFPA was selected randomly and visited. In this way the team aimed to cover the three levels involved in service delivery, i.e. provincial, county and ri level, enabling the assessment of linkages including referral systems across these levels.

The visits at the sub-national level included visits to the provincial maternity hospital, the district hospital, the county hospital and the ri clinic. Moreover, in Kangwon province the provincial bureau of statistics was included. A total of 22 informants were consulted at the sub-national level and administrative data was collected and reviewed. The last days of the second week were used to conduct additional visits in Pyongyang. An overview of persons met is provided in annex 2.

In order to maintain the relative independence of the evaluation process during the meetings and interviews with key stakeholders other than UNFPA, UNFPA staff involved in the management of the programme components refrained from participating in such meetings. Though UNPFA staff introduced the evaluators to the parties concerned they did not participate in such meetings. In this way other stakeholders were provided with the opportunity to more easily come forward with their viewpoints. During the field work at the sub-national level the national programme officer, who was not directly involved in local programme implementation, accompanied the team and acted as translator. The relative independence of the evaluation was ensured, in line with the UNFPA policy and UNEG guidelines on evaluation.[3]

The selection of two provinces for field visits and the stakeholders to visit at provincial and local levels was discussed with and approved by the NCC and the Evaluation Reference Group (ERG) in their meeting with the evaluation team of 24 September 2014. The preliminary findings of the evaluation team were presented to the ERG on Monday October 6th in order to validate the findings and to inform preliminary conclusions and recommendations.

d) Evaluability Assessment, Limitations and Risks

Evaluability: In the assessment of results of the UNFPA Country Programme in its fifth cycle use was made of the results framework included in the CPAP document, in particular its outcome and output level changes and indicators (see details in table 2, page 18 below). The team probed for these CPAP indicator data during the country visit and could obtain details for most of the output level indicators. It proved more difficult to assess to what extent these outputs had contributed to outcome level changes. At the higher levels of the results framework, including aspects of use of reproductive health services and maternal mortality ratio, results of the SDHS which was conducted with the support of UNFPA in the latter part of 2014, were not yet available. The COAR, which could be an information source in this respect, is not organized according to the results of the CPAP, but follows the results framework of the global UNFPA strategic plan. Moreover, the end evaluation of the cervical cancer pilot project started after the team left the DPRK and results were not yet accessible.

Limitations/Risks: Limitation to the methodology of the present evaluation concerned the relatively limited opportunity for field visits with a total period of 14 days in-country for the evaluation team as determined in the TOR. This resulted in limitations in terms of representativeness of sub-national findings. The evaluation team mitigated this risk through the use of the details of the reports of the monitoring visits, which covered other provinces and counties, in the analysis of the findings. The findings of the field visits were, moreover, complemented with interviews with stakeholders at the national level who had insight in the differences in terms of service delivery in the various provinces in DPRK, independent studies and reports.

[3] UNFPA, Revised UNFPA Evaluation Policy, April 2013; UNEG, Standards for Evaluation in the UN System, April 2005; UNEG, Norms for Evaluation in the UN System, April 2005.

e) Evaluation Team Composition and Distribution of Tasks

The evaluation team consisted of one team leader / population development specialist and one reproductive health specialist. Each of the team members focused on the programme components of their respective competencies.

The evaluation team operated together in the first days of the evaluation process when meeting with key stakeholders. For more specific meetings at the level of programme components the team splitted up as required, in which way more ground could be covered.

This set up meant that each of the team members needed to report on the specific programme component covered as well as relations with the wider programme set-up and context. The team leader was ultimately responsible for the final evaluation report.

f) Resource Requirements and Logistic Support

The team received support from UNFPA in terms of transportation, introductions to respondents and translation both during the meetings in Pyongyang as well as during the fieldwork to the two selected provinces.

g) Work Plan

See annex 3 for the work plan of the DPRK Country Programme Evaluation.

2. Country Context

1) Development Challenges and National Strategies

The population of the Democratic People's Republic of Korea (DPRK) was 24 million according to the National Housing and Population census of 2008. More than 60 per cent of the population resides in urban areas. The sex ratio of the total population is currently 95 males for every 100 females.

While the socio-economic conditions were relatively favourable in the late 1980s and early 1990s, the country experienced economic difficulties, including the loss of the markets of Socialist Countries and a series of natural disasters that reversed the economic and social progress made in earlier decades. Health indicators deteriorated, life expectancy fell and maternal and infant mortality figures rose. Flooding in 2007 and 2012 further worsened conditions.

In 2008 the life expectancy at birth of women was 72.7 years, which was a drop from 75.2 years in 1995, but still a considerable difference with the life expectancy of men, 65.6. Maternal mortality ratio increased from 50 to 77 (according to the 2008 Census, corrected as 85 in the UNFPA supported MMR validation study published in 2012) deaths per 100,000 live births from the 1990's till 2008.[4] The infant mortality ratio increased from 13.9 deaths per 1,000 live births to 19.3 during the same period. Thus the DPRK Government National goals include the restoration of the quality of life of the people to the level achieved before the economic and humanitarian challenges of the mid-1990s.

The national literacy rate is over 99 per cent as a result of achievements in the implementation of universal education at primary and secondary level. Both boys and girls have equal access to education during the first 11 years of schooling. Some disparities however, remain at tertiary level of education where boys are disproportionally represented. Nearly three quarters of those presently enrolled in universities are boys.

Since the census of 1993 there has been an aging of the population. The proportion of people aged 60 and over has increased from 9 per cent in 1993 to 13 per cent in 2008. Care for an increasing elderly population has become a social and economic concern, and the government of DPRK has passed a law in 2007 on the care of the aged that places responsibilities on the family as well as the state.

The DPRK 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.

Women's and children's health is included as strategic area 4 of the Medium Term Strategic Plan for the Development of the Health Sector in DPRK 2010-2015. The significant resource gaps identified in the plan, particularly for women's and children's health and health systems strengthening, point to a need for innovative approaches to resource mobilization and health financing, strengthening of international partnerships, and the promotion of improvements in the efficiency of the service delivery system.[5]

[4] Source: Census 2008, with corrected data from the Validation study of 2009.

[5] Ministry of Public Health, in partnership with WHO, *Medium Term Strategic Plan for the Development of the Health Sector in DPRK, 2010-2015.* April 2010.

Despite progress made in recent years, the DPRK still displays high rates of malnutrition compared to other countries in the region. Data from the MICS indicate a 32 per cent stunting rate in under-five children and a wasting rate of 5 percent (down from 37 and 7 per cent in 2004). Close to 28 per cent of pregnant and lactating women are undernourished, as measured by having a mid-upper arm circumference of less than 22.5 cm, compared to 32 per cent in 2004. Under nutrition is one of the major underlying causes of maternal and child mortality and constitutes a public health problem for the country.[6]

Under nutrition continues to bring down the quality of life of the population with negative effects on health, productivity, income, assets-growth and poverty. In order to achieve MDG1 (Eradicate extreme poverty and hunger) the United Nations and the Government recognize that nutrition concerns must be addressed in a more strategic manner with simultaneous short and long-term interventions in areas of agricultural production, nutritional support/food assistance; and prevention and treatment of malnutrition.[7]

National planning is done annually on the basis of policy pronouncements at the onset of the year and complemented by three-year sector plans for the various line ministries. The UNSF identified that the country's institutions for statistical data gathering and analysis are in need of modern practices for the collection, analysis and validation of results to support economic policy and planning at the sector and macro levels. Those capacity constraints have implications for the ability of the Democratic People's Republic of Korea to manage external assistance for optimized benefit and to measure progress towards the attainment of the MDGs.

In the area of trade and investment, United Nations studies in 2006 highlighted concerns to the country's success in using trade as a means of growth, employment creation and poverty reduction due to the savings constraint for investment and the foreign exchange constraint for importing capital goods in order to upgrade technologically.

The major exports include nonferrous metals and minerals to China and Europe; agriculture and fishery products to China; and, machine tools to Asia and Africa. A lack of diversification, limited economic growth and access to the latest innovations in policy and technological know-how are considered the main constraining factors for increased trade and investment. Moreover, laboratories and institutions responsible for testing and certification of export oriented food products lack necessary technical expertise to conduct tests meeting international standard.

DPRK is vulnerable to natural disaster, in particular flooding. Severe flooding in 2007 destroyed entire villages in flood-affected areas and disrupted essential public facilities. In July 2012 much damage was caused by floods, which affected an overall population of over 212,000 people. About 69 ri clinics/hospitals were affected, which crippled the primary health care services in the affected areas.[8] Between 12 and 22 July 2013, DPRK faced torrential rain which caused flash flooding. In total, 41 counties in seven provinces were reportedly affected by the damage to private homes, agricultural fields and infrastructure. In all the flood affected counties, the livelihoods and economic well-being of the people was affected. Impeding outbreaks of diarrhoeal diseases posed an immediate threat to life.[9]

[6] UN Strategic Framework of Cooperation in DPRK 2011-2015

[7] UN Strategic Framework of Cooperation in DPRK 2011-2015

[8] CERF proposal August 2012.

[9] Resident/Humanitarian Coordinator, *Report on the use of CERF funds Democratic People's Republic of Korea, Rapid Response, Floods/Hurricanes*, 2013.

Constraints to economic and social development include the sanctions of the United Nations through Security Council Resolutions 1718 (2006) and 1874 (2009) and the sanctions imposed by the USA. These have further reinforced the relatively isolated international position of the country. In these circumstances the interest of donors to provide support to DPRK has proved to be limited and focused primarily on humanitarian response.

2) Challenges in Reproductive Health

The spirit of ICPD has changed the road-map of DPRK's population and development and has promoted national reform in the areas of reproductive health. Over the past two decades since ICPD, DPRK has witnessed enormous changes and severe challenges to its health system and its population and national development which had been severely under strain. In addition, food crises and floods have added to the vulnerability. Investments in health infrastructure improvement and provision of essential supplies have been made as well as human resources trained, but without significantly improving the quality of health care services. Life expectancy fell, maternal and infant mortality rose and health indicators deteriorated. Life expectancy of women decreased from 76.0 years in 1993 to 72.7 years in 2008. The maternal mortality ratio increased from 50 deaths per 100,000 live births in the 1990s to 85 deaths per 100,000 live births in 2008. The infant mortality rate increased, from 14.1 deaths per 1,000 live births in 1993 to 19.3 deaths per 1,000 live births in 2008.

While progress has been made in reducing maternal mortality during the last decade, more needs to be done to achieve the MDG targets related to maternal mortality as well as universal access to reproductive health. The Maternal Death Validation Study provides an estimated maternal mortality ratio of 85 maternal deaths per 100,000 live births, which translates into approximately 300 maternal deaths per annum. According to the study, two thirds of the maternal deaths occur at home. The study indicates that the most common causes of maternal mortality are postpartum haemorrhage (49 per cent), followed by puerperal sepsis and infection (15 per cent), and pregnancy-induced hypertension including eclampsia (13 per cent).

The persistence of high maternal mortality ratio provides evidence of limitations of quality of maternal care. Factors include (i) lack of essential equipment and skills at the ri level, where 43 per cent of births take place, (ii) lack of diagnostic skills in early detection of risk, (iii) logistical challenges to referral in the harsh winter months and (iv) limited skills and surgical capacity at referral points in the county hospitals. However, the vast majority of deliveries take place in health facilities (89.5 per cent), and in the care of health staff (99 per cent).[10]

The total fertility rate declined in the 1990's but has remained stable since 2003 at approximately two children per woman. According to the 2010 Reproductive Health Survey, the contraceptive prevalence rate is 65.3 per cent for modern methods, of which 94 per cent are intra-uterine devices. The unmet need for family planning is 14.5 per cent. The same survey reports that 11.5 per cent of currently married women had experienced abortions, miscarriages or stillbirths during the past 5 years preceding the survey. A Social, Demographic and Health Survey is underway in 2014 and will provide an update in many health indicators.

Cervical cancer is the second most common cancer among women and is an important public health concern in DPRK, considering its relatively high morbidity and mortality.

[10] Source: RH Survey 2010.

However, cervical cancer is one of the most preventable cancers since there is a detectable precancerous condition that can be easily treated to substantially reduce the risk of progression to malignancy.

There are also indications of high prevalence of reproductive tract infections (RTI) in DPRK. A recent study on RTI among symptomatic women conducted by the MoPH, in collaboration with the Pyongyang Maternity Hospital, in six health facilities in Pyongyang indicated an RTI infection rate of 42 per cent, with sexually transmitted infections (STI) at 16 per cent.

DPRK has no reported cases of HIV or AIDS, and while awareness of HIV and AIDS is reported to be high, comprehensive knowledge of how the infection is transmitted is low. The findings of the 2009 Multiple Indicator Cluster Survey (MICS) reveal that more than a third of all respondents don't know any way in which HIV transmission can be prevented, while less than a quarter of respondents rejected the three most common misconceptions about HIV infection.[11]

Other challenges affecting the provision and use of quality RH services include:

- Limitations in data availability and reliability. Sharing health and population data is limited and most of the government ministries are reported to work in vertical silos. Service statistics collected routinely are not published but shared with development agencies through service statistics on project areas on an annual basis.
- Weakness of basic amenities in health facilities, power-supply, heating, running water, transport
- Difficulty in working with young people and adolescents in terms of sexual health;
- Delays in adopting internationally approved standards related to quality of health care
- The need to procure commodities from the international sources for lack of local procurement

3) Challenges in Population and Development

The population of the DPRK has been growing at an average rate of 0.85 per cent annually in the period between two censuses conducted in 1993 and 2008, with the implementation of the latter supported by UNFPA. The fertility rate has decreased over time, from 2.2 in 1993 to 2.0 in 2008, a reduction of nine percent in 15 years.

The number of households amounts to close to 6 million, with each household consisting on average of 3.9 members. Males are usually considered the head of the household. About 8 per cent of households are female headed, with a higher proportion for the age group of household heads under 25 years of age, of which 43.2 per cent are female headed. This is higher in urban areas (46.9 per cent) compared to rural areas (38.2 per cent).

In the period between the two censuses the level of urbanization has remained the same, at a relatively high level of 61 per cent. Population growth in Pyongyang has been higher than elsewhere in the country. With an average annual growth rate of 1.17 per cent. Distribution of the population across the provinces has remained almost the same.

Over the past decades the population of DPRK has changed in age composition. While the percentage of children 0-14 decreased from 27.0 to 23.2 per cent the percentage of elderly

[11] Data from the KAP survey indicate that 90% of women and 95% of men had heard about HIV, but women had more knowledge on the ways of transmission of the virus. Source: CBS and Population Institute, *KAP survey on Reproductive Health 2011*.

people over 60 years of age increased from 8.9 to 13.1 per cent between 1993 and 2008. The age group of 15-59 years hardly changed in relative terms.

Females outnumber males in the DPRK with a sex ration of 95.1. When looking at age groups, males outnumber females till the age of 40 when the pattern turns around. In particular beyond the age of 70 females outnumber males with a sex ratio of 15.4 for people above the age of 80, meaning that females outnumber males 6 to 1. With 13.1 per cent of the population above 60 years of age and 8.7 per cent beyond 65 while the median age has reached 32.6, in 2008 DPRK can be characterized as an ageing society, which was not yet the case in 1993. Proportions of elderly people in 2008 are similar in urban and rural areas.

Life expectancy decreased between 1993 and 2008 from an average of 73.2 to 69.3 years. People in urban areas on average live about 3 years longer than people in rural areas and women outlive men for over seven years. Migration is relatively low at about 3.5 per cent and highest for Pyongyang.[12]

Various challenges could be observed in the Population and Development component of the country programme. There is overall a lack of sufficient data to guide international programming, both in terms of humanitarian support as well as with respect to emergency preparedness and response, and disaster risk reduction. The data that do exist are often not sufficiently disaggregated to allow for targeting in terms of geographic areas or in terms of social groupings, including vulnerable and marginalized groups.

The lack of the availability of data on socio-demographic aspects meeting international quality standards is partly related to the limited capacities of statistical agencies in terms of data collection. The first census that abided by international quality criteria was implemented in 2008 in DPRK, with support from UNFPA. Though the development of capacities of agencies has been supported during CP 4 and 5, challenges in terms of organizational and individual capacities remain.

Another issue concerns the availability of administrative data. Though these data are gathered by the various Ministries and Departments and compiled at national and sub-national levels, they are not shared with international agencies, including UN agencies and thus no use can be made of such data by UNFPA. This limits the availability of data as well as the ability to compare and validate administrative and survey data on the same topics.

With limited availability of quality data on socio-demographic issues, the ability to analyse such data has not been well developed. Though initial support has been provided in this respect, it will take time before the capacity to analyse quantitative as well as qualitative data, making use of disaggregation, will have been built. Thus the ability to make use of data by the Planning Commission and Line Ministries and other Government agencies to enhance the evidence base of programme design and management and inform policy making remains limited.

There is a lack of trained demographers in DPRK as there was no specific training at University level for such specialists. Though UNFPA support in CP5 has included the setup of a graduate course in demography, it will take time for the required capacities to be developed and to get a substantial number of trained professionals in this field who can support not only the gathering and the analysis of data but who can engage in a discussion on the relevance of quality data to inform planning, programming and policy making.

[12] Central Bureau of Statistics, The Population of the Democratic People's Republic of Korea: An Analysis of Data from the 2008 Census. Pyongyang

4) The Role of External Assistance

UN agencies provide a substantial proportion of external assistance to DPRK. In the period 2011-2015 UN agencies together expected to require a total amount of USD 288.3 million to accomplish the tasks identified in the strategic framework, excluding WFP operations.[13]

The UN agencies operating in DPRK, including the resident as well as the non-resident agencies, have in close cooperation with the Government of DPRK, NGOs, donors and other partners, developed a UN Strategic Framework (UNSF) for support. This concerns a less rigorous process than the UN Development Assistance Framework (UNDAF), for which the country circumstances were not yet considered conducive enough. UN assistance aims to support the Government to improve the quality of life of the people of DPRK, ensure sustainable development and achieve progress towards the Millennium Development Goals (MDGs). The support concerns development programming as well as addressing remaining humanitarian issues.

The UN Strategic Framework entails four strategic priority areas as well as a number of cross cutting issues, all of which are considered to be interdependent and required in order to ensure a sustainable development process (see box 1 below).

Box 1: Priorities of the UN Strategic Framework in DPRK for the period 2011 - 2015

Strategic Priorities

- Social Development (77% of indicative budgeted resources)
- Partnerships for knowledge and development management (9%)
- Nutrition (8%)
- Climate change and the environment (6%)

Cross-Cutting Issues

- Gender
- Sustained economic growth
- Availability of data
- Disaster risk reduction
- Improved access to international best practices and technical know-how

The UN Strategic Framework is based on a people centered approach with interventions addressing the needs of the civilian population, with capacity development focused on human resources. Support is especially meant to address the needs and rights of children and women, in particular pregnant women, young children, adolescents and populations in remote and underserved areas.[14]

[13] Source: *United Nations Population Fund, Final country programme document for the Democratic People's Republic of Korea,* July 2010 and *Country Programme Action Plan between the Government of the Democratic People's Republic of Korea and the United Nations Population Fund, 2011 – 2015.* June 2011.

[14] *Strategic Framework for Cooperation between the United Nations and the Government of the Democratic People's Republic of Korea, 2011-2015*.

UN support to social development includes support to health as well as education and though several MDG indicators in education have been reached, those for Infant and Maternal Mortality Rates remain high (as indicated above). Main constraint concerns the lack of access to quality reproductive health services, including family planning and new-born and child health services, with a lack of resources to expand essential service packages throughout the country. Moreover, limited information on international standards and best practices and inadequate capacities for monitoring and supervision hamper progress in terms of health indicators.

The focus on a partnership for knowledge and development management includes strengthening capacities for strategic management and for management of sustainable development. Support targets amongst other the establishment of a comprehensive database to measure progress towards achievement of the MDGs as well as improved management of external assistance, making use of project cycle management.

As part of the United Nations Reform agenda the agencies intend to pilot joint projects where appropriate and expanded collaboration on geographical coverage, monitoring and evaluation, reporting, resource mobilization (including the Central Emergency Response Fund or CERF) and advocacy. The UNCT has responded to the request from the government of DPRK to establish and pilot joint programming as a platform for a more harmonized and integrated approach to UN support to the government of DPRK. Four counties within three provinces for piloting joint programming have been selected and agreed between the government and UNCT. However, these four counties are outside the 11 focus areas where UNFPA provides support. UNFPA will collaborate with other UN agencies in the pilot implementation of joint programme in the selected county(ies) to the extent that additional resources are mobilized. Efforts will be made to implement activities, including joint monitoring and evaluation of effectiveness and efficiency of this initiative.

Seven theme groups have been established to enhance sector coordination and consultation, including groups for health (chaired by WHO, and co-chaired by UNICEF), Nutrition (chaired by UNICEF, co-chaired by WFP), WASH (chaired by UNICEF) and Monitoring and Evaluation (chaired by UNDP/co-chaired by UNICEF). While UNFPA used to be the lead of the theme group on data for development, it lost this position when the group was merged with the M&E theme group. With no international staff present in-country at the time, UNFPA was not in a position to disagree with his development and even less to oppose it. Collaboration and coordination of UNFPA with other UN agencies are meant to be strengthened through UNFPA's participation in the UN theme group on health and the group on monitoring and evaluation as well as the UN task force on HIV and AIDS. The theme groups bring together all stakeholders and partners, including Government of DPRK, resident and non-resident agencies, bi-lateral and multilateral donors and international NGOs. UNFPA has regularly attended these meetings and plays a quality role in the debates.

CERF funds play a pivotal funding role in supporting humanitarian activities in DPRK. This is due to inconsistency in donor contributions, with UN agencies consistently facing critical funding shortfalls. In 2011, the DPRK UN Country Team received two rounds of grants from the CERF (from the Underfunded Emergency window in March and from the Rapid Response window in May 2011). The application processes were driven by the UN Country Team and involved consultations with humanitarian partners and government

counterparts. In 2013 the UNCT received CERF support in response to the flash floods which affected 41 counties in 7 provinces.[15] UNFPA received CERF funds in 2014 as well.

Apart from UN agencies a number of International Non-Governmental Organizations (INGOs) are resident and active in DPRK including Premiere Urgence - Aide Medical Internationale, Save the Children International, Concern Worldwide, Deutsche Welthungerhilfe, Triangle Generation Humanitaire and Handicap International. Moreover, IFRC and ICRC, of the Red Cross Movement, are active in DPRK as well as a number of non-resident INGOs. Swiss Agency for Development and Cooperation (SDC), Italian Development Cooperation Office and the French Cooperation Bureau are resident bi-lateral donors in DPRK.[16]

[15] Resident Humanitarian Coordinator, *Annual report on the use of CERF grants in DPRK 2011*; Resident / Humanitarian Coordinator, *Report on the use of CERF Funds Democratic People's Republic of Korea, Rapid Response, Flood / Hurricanes*, 2013.

[16] Source: http://kp.one.un.org/non-un-actors-in-dprk/

3. UNFPA Strategic Response and Programme

The response of UNFPA to the challenges and opportunities regarding reproductive health, including maternal health and family planning, in DPRK does not stand by itself but builds on the work conducted in the earlier four programme phases and the results achieved, and more in particular on the preceding fourth cycle.

1) UNFPA Strategic Response

The UNFPA strategic framework of 2008-2011 focuses at the goal level on population and development, reproductive health and rights and gender equality each with their own set of outcome level changes. In the Mid Term Review of the strategy, the three goals are brought together in one goal with seven outcome level changes to contribute to this goal. This overarching goal reads as follows:

> *To achieve universal access to sexual and reproductive health (including family planning), promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)*

These strategic dimensions are meant to be operationalized in line with national priorities related to ICPD goals with application of the principle of national ownership and leadership. Central to the approach is the development of national capacities, supporting systems and institutional development for governmental as well as civil society organizations. Special attention is meant to be placed on advocacy and policy dialogue, enhancing policy analysis and development. Effective dialogue is to translate in increased allocations of national and international financial resources for population and reproductive health programmes, positioned to reduce poverty and achieve the MDGs. This is to be done in multi-sectoral partnerships with other UN partners, international and national institutions and civil society. The strategy asks for more attention to results based management and knowledge sharing across the organization and with partners.

In DPRK the fourth country programme cycle (2007-2009, extended to 2010) focused on Reproductive Health and Population and Development as key programme components. Regarding reproductive health the fourth programme cycle focused on increased utilisation of quality RH information, counselling and services, including HIV prevention in programme areas. In terms of population and development the fourth cycle focused on increased availability and utilization of statistics for national planning, with a capacity building plan for the Central Bureau of Statistics (CBS).

An evaluation conducted at the end of the fourth programme cycle concluded that the RH and PD programme components had contributed to UNFPA's goals, to the ICPD goals, as well as to the realization of the MDGs in DPRK, in particular MDG 3 (promote gender equality and empower women), MDG 4 (reduce child mortality) and MDG 5 (Improve maternal health). The PD component had developed human resources of CBS, provincial statistical offices and key line ministries, improved facilities for statistical activities and supported the generation of a significant set of data, through the 2008 Population Census. The RH component succeeded in strengthening the policy environment and human resource capacity as well as selected health facilities, expanded informed choice of family planning methods, improved the national LMIS and strengthened preparedness for emergency RH services.

The evaluation recommended strengthening of the policy environment and in particular providing support to the finalization of the National RH strategy 2011-2015. Moreover, prioritization of the recommendations of several of the studies conducted was deemed

required as well as the need to address acute shortages of RH drugs. Though many trainings were conducted, selection of participants could be improved and follow-up provided in terms of assessment of use of learnings from training. Moreover, it was recommended to provide support in CP5 to scale up some of the initiatives that have been piloted in CP4, including the provision of Client-Oriented and Provider- Efficient services.[17]

The fifth programme cycle (2011-2015) followed up on the achievements made during the fourth cycle and focuses on a reproductive health component and a population and development component (see details below under 3.2). With no separate gender component in the CPD, gender would be considered to be cross cutting within these two components. Many of the recommendations of the evaluation appear to have been implemented including the inclusion of support to academic institutions, addressing the shortage of RH drugs and supporting the finalization of the RH strategy. As will be shown later, on the selection of participants for training remains a concern.

It is to be noted that the population directly served by UNFPA support under the country programme represents a small proportion of the total population. UNFPA focuses on 11 counties out of a total of 208 sub-provincial units including cities, counties, and districts of Pyongyang, or 5.3 per cent of these units in the country. The focus at the county level also means that the population covered contains a higher proportion of rural population compared to the average of the country.

2) UNFPA Response through the Country Programme

It is to be mentioned here that in the preparation of the country programme, UNFPA's Asia and the Pacific Regional Office (APRO) that was established in July 2008 in Bangkok, Thailand, provides a key link between UNFPA's organization-wide vision, strategies, policies and analyses and the needs of the region and programme countries. APRO provides leadership in positioning the agenda of the ICPD at the forefront of poverty reduction and development strategies, policies, and debates in the region. The regional office is comprised of teams of technical, programme, communications, security and operations staff rendering country offices with integrated support, and ultimately aiming to strengthen national and regional capacities. UNFPA in DPRK has received a variety of support from the regional office during the programme cycle period under review.

The Fifth Country Programme of Assistance to the DPRK was put together with support from APRO and approved by the Executive Board in July 2010, with two operational components and a third component of programme coordination and assistance. It was harmonized with the UNFPA Strategic Plan 2008-2011 (later extended till 2013) and aligned with the Strategic Framework of Cooperation of the United Nations in DPRK 2011-2015. Based on delays in programming in 2013 and 2014 related to the implementation of the sanctions imposed on DPRK, UNFPA together with UNDP and UNICEF requested a one year extension of the United Nations Strategic Framework. On 19 August 2014 the National Coordinating Committee of the Ministry of Foreign Affairs of the Government of DPRK agreed with this extension and the related CPDs till the end of 2016. At the time of the evaluation the CO was awaiting agreement of UNFPA Headquarters on the extension of the fifth programme cycle.

[17] Wilkinson, David and Rafiqul Huda Chaudhury, Evaluation of UNFPA's Fourth Country Programme of Assistance (2007-2010) to the Democratic People's Republic of Korea. February 2011.

Table 2: CPAP 5 Outcome and output level results and their indicators

REPRODUCTIVE HEALTH COMPONENT	
RH Outcome	**Indicators**
Increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care	➢ National reproductive health strategy is updated and implemented ➢ National programme on cervical cancer is developed, tested, and implemented ➢ National guidelines on RTIs/STIs are developed and implemented ➢ National unmet need for modern contraceptive methods is measured ➢ Maternal mortality ratio is further reduced
RH Output 1	**Indicators**
Improved availability of and access to essential, high-quality reproductive health information, counselling and services, including the prevention and treatment of reproductive tract infections and screening for cervical cancer, in programme areas	➢ Percentage of ri clinics in programme areas that provide at least two modern family planning methods as per national guidelines ➢ Number of county hospitals with the capacity for diagnosis and treatment of reproductive tract infections as per national guidelines ➢ Percentage of doctors and midwives in targeted areas that provide antenatal care as per national standards ➢ Number of county hospitals with the capacity to conduct visual inspections using acetic acid for cervical cancer as per national guidelines ➢ Number and percentage of deliveries in county hospitals and village clinics that have third-stage of labour managed as per national guidelines
RH Output 2	**Indicators**
Improved access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas	➢ Functioning logistics management information system (according to criteria to be developed) in the central medical warehouse and in 10 provincial medical warehouses ➢ Number of county hospitals and ri clinics with no stock-out of selected reproductive health commodities supplied by UNFPA in the past 3 months
POPULATION AND DEVELOPMENT COMPONENT	
PD Outcome	**Indicator**
Enhanced utilization of sex-disaggregated population data and research related to population and development for planning and policy formulation, including monitoring the MDGs, by line ministries and national institution	➢ National plans and policies that include population dynamics, reproductive health and gender equality
PD Output 1	**Indicators**
Strengthened capacity of academic institutions to teach and to undertake research on the linkages between population and social development	➢ Number of students who graduate specialized on demography/population studies ➢ Number of faculty members of Population Institute with a master's degree on population studies ➢ Revised curriculum on population studies implemented
PD Output 2	**Indicators**
Enhanced capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals	➢ Number of studies on the relationships between population, the environment, climate change, etc. ➢ Number of national planning officials trained on integration of population factors in development planning using Handbook on Integration ➢ Number of Sectoral Plans that integrate population ➢ 2015 Millennium Development Goal country report reflects analysis of progress of MDG5a and 5b ➢ Madrid International Plan on Population Ageing MIPAA + 10 National Report prepared ➢ ICPD + 20 National Report prepared ➢ Spatial database system established and functional

The Country Programme Action Plan

The CPAP 2011-2015 is the necessary companion of the Country Programme Document. Published in June 2011 after a consultative process with stakeholders, it contains a Result and Resources Framework, and a Planning and Tracking Tool. The outcomes and outputs and related indicators of the two programme components, i.e. reproductive health and population and development are presented in table 2 above.

Ways to achieve programme outputs

Improving access to reproductive health and services is meant to be achieved through support to the development of the national RH Behavioural Change communication strategy, the development of RH guidelines and the strengthening of capacities related to reproductive health. The latter include support to health facility assessments at ri and county levels on availability and proper utilization of RH supplies, capacity building of the midwifery training system, and capacity building of national counterparts and eleven county hospitals. Through several pilot initiatives, support to the development of new initiatives is provided, including the development of a maternal death review system and the cervical cancer screening and treatment system, with the latter piloted in seven counties located in two provinces.

Access to essential reproductive health commodities is enhanced through the procurement and distribution of contraceptives to health facilities in UNFPA programme areas, capacity building on KLMIS, training on warehousing, RHCS and LMIS and piloting of the "pull" system for commodity management and forecasting in one province.

In the PD component of the programme the capacity of academic institutions focuses on the building of capacities of the Kim II Sung University and the Population Institute. The capacity of line Ministries in evidence based planning and policy formulation is built through support to the S-DHS and the preparation of census monographs which enhances the information base for planning and policy formulation. Moreover, support is provided to the improvement of the statistical system for monitoring MDG and RH indicators at national and sub-national levels, UNFPA advocates for support to the needs of special groups, in particular the elderly, through disaggregation of data and special studies.

In addition to initiatives at the national level UNFPA supports activities in 11 counties located in 4 provinces of DPRK. An overview of these counties is provided in table 3 below. The population of the UNFPA supported counties concern 13.2 per cent of the total population of the four provinces and 6.1 per cent of the civilian population of the DPRK. The geographical location of the 11 supported counties is identified in map 2 below.

Table 3: Details on the counties supported by UNFPA in the fifth Programme Cycle in DPRK

Province	Population of Province	No of Counties supported by UNFPA	Counties supported by UNFPA	Population in UNFPA supported counties
South Hamgyong	3,066,013	4	Rakwon, Hamju, Hongwon, Pukchong	506,613
Kangwon	1,477,582	3	Kosan, Anbyon, Tongchon	290,667
South Phyongan	4,051,696	3	Pyongwon, Mundok, Usan	543,527
North Hwangae	2,113,672	1	Yontan	74,027
Total	10,708,963	11		**1,414,834**

Map 2: Location of the 11 Focus Counties to which UNFPA provides support in DPRK

Legend: UNFPA focus counties are orange coloured

Annual work plans and Country office reports

Annual Work plans for the UNFPA CP5 have been prepared ahead of the respective years of implementation, taking into account objectives concerned as well as achievements so far, resources, policies and programmes of government and partners, and the changing environment. A Country Office Annual Report (COAR) is prepared at the end of each year of CP implementation. There are, moreover, annual progress reports for sectoral activities and the presentations made at Annual Review Meetings with stakeholders.

The Country Programme Financial Structure

UNFPA planned to allocate USD 6 million from regular resources, subject to availability of funds, to implement the Country Programme Action Plan from 2011 to 2015. In addition, UNFPA planned to mobilize USD 3.7 million from other resources, subject to donor interest, for implementation of Reproductive Health ($3.2 million) and Population and Development Programme ($0.5 million) for the same period, amounting to a total of 9.7 million USD for the entire programme period. See details in table 4 below.

Table 4: Financial structure of the UNFPA Fifth Country Programme in DPRK in million USD

	Regular resources	Other resources	Total
Reproductive health and rights	4.0	3.2	7.2
Population and development	1.5	0.5	2.0
Programme coordination and assistance	0.5	0.0	0.5
Total	6.0	3.7	9.7

Under the new United Nations Strategic Framework 2011-2015, the total projected value of UN assistance to DPRK over the period 2011-2015 was estimated at USD 288 million, excluding WFP operations. Thus the UNFPA budget represents about 3.4 per cent of the total UN budget.[18]

[18] Source: *United Nations Population Fund, Final country programme document for the Democratic People's Republic of Korea,* July 2010 and *Country Programme Action Plan between the Government of the Democratic People's Republic of Korea and the United Nations Population Fund, 2011 – 2015.* June 2011.

4. Evaluation Findings

The evaluation findings are presented and analysed in line with the evaluation criteria as provided in the TOR. Some of the evaluation questions were slightly adapted in the Design Report and as part of the evaluation matrix, assumptions to be assessed were developed. Nevertheless, once in the field the specific context of the DPRK required the evaluation team to interpret these questions and assumptions in the particular circumstances of the development process in the DPRK, including the constraints to international support given that the UN and US sanctions applied to the country. The full bearing of the importance of the context and the ways in which it has affected UNFPA's on-going programming as well as the ways in which it can be expected to affect future programming opportunities became most apparent to the team during the country visit. Rather than adapting the evaluation questions and the assumptions as part of the evaluation framework, the team decided to leave the questions and assumptions but analyse and interpret them in the specific context of the DPRK. Therefore in the presentation of the evaluation findings below, aspects of the context in which UNFPA operates are provided as needed for a thorough understanding of the assessment of the evaluation criterion concerned. These contextual aspects are part of the constraining and at times enabling factors for programming and the details of these contextual aspects are part of the findings of the evaluation.

1) Relevance

To what extent is the UNFPA CP5 for DPRK

(i) adapted to the needs of the population, including vulnerable groups, women and young people?

The needs for support in reproductive health in DPRK remain substantial. Several of the key indicators for maternal and new-born health are below target, including maternal mortality ratio at 87 (per 100,000 births) with a target of 50.0 for 2015 and infant mortality rate at 19.3 with a target of 12.0 for 2015. The RH programme addresses multiple issues, relevant in the DPRK context including RTIs/STIs, cervical cancer control, EmONC, promotion of midwifery. One of the issues not yet addressed concerns breast cancer.

It remains unclear to what extent vulnerable groups such as adolescents, women with low-incomes, women in isolated areas, single parents, and women with unwanted pregnancies have free and easy access to quality reproductive and sexual health services. Moreover, it remains very difficult to affirm that all women in DPRK have access to and utilise services of similar quality and with similar levels of satisfaction. Monitoring of UNFPA at the sub-national level is limited to the eleven counties to which it provides support and it remains very difficult, if not impossible, for UNFPA to access remote areas and assess the availability and quality of SRH outside of these 11 counties. An exception concerns the SDHS which covers the whole of the country and which will for the first time after the MICS of 2009 provide country wide details on reproductive health issues.

The awareness rate of family planning is limited at 61.6 per cent (2010) with a national target for 2015 of 90 per cent[19] and the choice of contraceptives is limited to one permanent and one long term method. Only in the 11 counties supported by UNFPA, women can access 4 methods. There has been so far no evidence of the expansion of FP methods in the rest of the country.

[19] CBS, MDG Report 2011.

Another important need in DPRK that the programme caters to is the need for and the use of population data. There is a scarcity of data on population, in particular of data disaggregated by geographic location, gender, socio-economic status and criteria of vulnerability. Though DPRK government does avail of administrative data, most of those data are not made available and cannot be accessed or used by UNFPA, other UN agencies and civil society organizations. The census of 2008, which was supported by UNFPA in CP4, was the first census following international recognized quality procedures and provided access to basic population data.

A severe limitation in terms of addressing needs is the lack of a comprehensive needs assessment at the sub-national level. This goes in particular for the identification of vulnerable groups and their specific conditions and requirements. Data are not disaggregated along socio-economic indicators or other aspects of vulnerability and are also not geographically specific below the provincial level. Nutrition data from nutrition surveys supported by WFP and UNICEF are available but provide information at the provincial level only. Moreover, data on Knowledge Attitudes and Practices (KAP) and Reproductive Health surveys are available but the small sample sizes, the geographic limitations of the households surveyed and the absence of socio-economic details of households surveyed limit the interpretation of the findings. No vulnerability mapping has been conducted or is likely to occur in the near future.

The lack of data on the conditions of different socio-economic groups and their specific needs, as well as the needs of particularly vulnerable groups and the location of these groups, makes it impossible for UNFPA to target vulnerability in any specific way, apart from a more generic focus on women of reproductive age.

The lack of disaggregated data on needs and vulnerabilities relates to the socialist character of the DPRK in which basic social services, including both health and education services, are provided for free. Universal provision and access is supposed to lead to universal use and thus there are considered to be no vulnerable groups or groups left behind in terms of access as well as use of social services. Therefore the Government incentive to identify vulnerability is minimal if not absent.

The Social Demographic and Health Survey (SDHS) supported by UNFPA,, for which canvassing started on the first of October 2014, during the field visit of the evaluation mission, will provide some opportunity to disaggregate data on socio-economic criteria through the use of proxy indicators. Moreover, this survey will provide an overview of reproductive health needs country wide and specify the needs in smaller geographical areas in the 11 counties in which UNFPA has been providing support. The results of the SDHS will be important for informing the strategizing and targeting of the next programme cycle.

To what extent is the UNFPA CP5 for DPRK

(ii) in line with the priorities set by international, national and sub-national policy frameworks, including an adequate reflection of CPAP goals?

The fifth programme cycle appears to be in line with the ICPD programme of action (PoA), which includes universal and free access to RH services for all women, making pregnancy and childbirth safer, and investment in population knowledge and its use. The PoA is referred to in the preamble of the National RH Strategy.

Moreover, the programme can be expected to contribute to the Millennium Development Goals, in particular goal 5 on the improvement of maternal health, including target 5A aiming to reduce maternal mortality ratio as well as target 5B aiming to achieve universal access to reproductive health. The Monitoring and Evaluation components of the PoA, however, are not in place. CBS developed a first monitoring report for DPRK in 2011 though

several of the indicators are DPRK specific and not in line with the MDG framework. Limitation of any assessment of contribution of the fifth programming cycle to these broader development goals is that data on outcome level indicators are not yet available. Information of those indicators that are included in the SDHS will only become available in the first half of next year with limitations in the access to the raw data for independent analysis.

Alignment with the national and sub-national policy frameworks is difficult to assess, as such policies and their documentation are not in the public domain. This includes the DPRK policy on population, of which UNFPA is not informed and it does not have access to any written document that states government policy on population issues. Some sector level strategies are available and have been supported by UNPFA. This includes the Medium Term Strategic Plan for the Development of the Health Sector. In this document universal access and use of RH services is stated as a national principle. The UNFPA RH component does align with the Health Sector Strategic Plan.

In general UN agencies in DPRK have not had access to the policy level in the country and have thus not been engaged in a policy dialogue with the Government. Therefore the possibilities of UNFPA to align its programming explicitly with national priorities remain limited. In an opaque policy context as present in DPRK, the only viable option seems to be to advocate for international goals and frameworks as the MDGs and the ICPD, which is what UNFPA does in practice and by default due to lack of other options.

Regarding sub-national aspects of the fifth country programme, UNFPA focuses on 11 counties located in four different provinces (for details see map 2 below). The rationale for the selection of the 11 counties has never been made explicit. The assignment of counties by the Government of DPRK did not allow for prioritization from UNFPA side and alignment with national and sub-national polices and priorities remain unclear. One of the DPRK government's reasons for selection appears to have been the vulnerability of the districts concerned to disaster, in particular flooding. Other UN agencies have been assigned other counties, though that does not mean that the whole of the country has been subdivided and that all counties have been covered by different agencies. There has been less access to provinces and counties in the North of the country. With their more remote geographical location, these are likely to concern more vulnerable areas.[20]

Attempts of the UNCT to focus the UN Strategic Framework in DPRK on four selected counties, in the Southern and Western part of the country, did not materialize. During the past few years the conditions and the vulnerabilities in the eleven counties, as well as in not-selected counties, could well have changed, calling into question the necessity of maintaining the focus on these counties for the next country programme cycle.

When compared to the CPAP goals, programme implementation appears to adequately reflect the goals and strategies of the action plan, including reproductive health as well as population and development components.

(iii) In line with the mandate and priorities of UNFPA?

The UNFPA programme in the fifth cycle is in line with UNFPA Strategic Plan 2008-2011 (extended till 2013) for the goals of universal access to quality RH services, humanitarian assistance, and population and development. This is, however, much less the case for the cross-cutting issues such as women's empowerment. The programme lacks a specific focus on HIV/AIDS prevention and does not target youth and marginalized people as the

[20] WFP appears to be the only UN agency with a more widespread access including areas in the North and Northeast of the country.

Government does not acknowledge that these issues are of particular concern to DPRK society.

The UNFPA programme in the fifth cycle appears in line with UNSF 2011-2015, in particular with the strategic priorities of Social Development in terms of the reproductive health component of the programme and aligned with the partnership for knowledge and development management strategic priority in terms of the Population and Development component of the programme. Moreover, the programme aligns with the cross-cutting issues of the strategic framework, in particular with gender, which is a cross-cutting issue across the UNFPA programme components and not a subject of specific activities, availability of data, which is one of the outcomes of the Population and Development component and improved access to international best practices and technical know-how, which is an aspect that is prominent in both programme components.

When comparing the UNFPA programme in DPRK with the mandate and priorities of the organization one can observe on the one hand that the issues covered by the programme are part of the mandate and priorities of the organization. On the other hand, however, several of the mandated issues and programmatic priorities of the organization are not incorporated in the UNFPA programme in DPRK. The following observations can be made:

- Support to the development and implementation of country population policy including aspects of family planning is usually a core issue for UNFPA at the country level but in DPRK the UNFPA programme could not be linked to the country's population policy, as it has not been shared with UNFPA. As a result, the attention to Family Planning in the programme is modest and limited to procurement and distribution of 4 types of contraceptives in 11 counties, with relatively less attention to IEC and BCC. The UNFPA programme is more successful in addressing RTIs/STIs and cervical cancer control than in advocating for a broad choice of contraceptive methods, for a higher quality counselling for contraception and for gaining support for FP by showing how it can save women's and infants' lives, help avoid morbidity and support women's rights and full participation in the work force.
- Youths and adolescents are core target groups of UNFPA's programming around the world. The focus of UNFPA's mandate is usually on the prevention of un-desired adolescent pregnancy and the capacity of youths and adolescents to control their sexuality[21]. Youth and adolescents are, however, not part of UNFPA's programme in DPRK, nor are they considered a main concern by the Government of DPRK. There is not much knowledge on the specific sexual and reproductive health needs of youth and adolescents in DPRK for lack of special studies about these groups. There is no known national policy or strategy to address their specific sexual and reproductive health needs. The issues of adolescent pregnancy, sexual harassment, rape, and unsafe abortion, are not just sensitive subjects in DPRK, but are considered alien to DPRK society. There appears to be no sex-education with a focus on life skills in schools. The issue of sexuality is included in secondary education, but focuses on the anatomy and physiology of the reproductive organs.
- In the UNFPA programme in DPRK there are no initiatives on Gender-Based Violence (GBV), unsafe abortion and adolescent pregnancy in spite of these issues being important focus areas for UNFPA worldwide, and part of the mandate of the organization. Government of DPRK considers these issues to be alien to DPRK society and thus not relevant to address.

[21] State of the World Population Report, 2013.

To what extent has the country office been able to respond to changes in the national development context, including changes in development needs and priorities?

In the particular context of DPRK, with an opaque policy environment and a lack of data on needs and changes in needs at the sub-national level, it has been difficult for UNFPA to assess changes in the context in order to adapt to those changes. The consistent focus on data, including data gathering as well as analysis of those data that do exist in the Population and Development component of the programme shows UNFPA's realization for the need and the use of data. Even with the UNFPA support provided In CP4 and 5, the amount of population data available remains limited. The SDHS data will provide a boost to the data availability in-country though access to the primary data set will remain limited as was the case with the census data to which UNFPA provided support in CP4.

In terms of the floods of 2012 and 2013 UNFPA responded to the emergency situation with the provision of reproductive health emergency kits, midwifery kits, hygiene kits and essential drugs, under the assumption that these items would be distributed to the worst affected areas by the Government of DPRK. Monitoring the distribution of the items provided was done in the 11 focus counties plus another 9 counties assigned to UNFPA for distribution of a small number of additional goods (in total UNFPA supplies were distributed to 20 counties, which represents 10 per cent of total number of counties). On the downside, the response time was slow as kits had not been pre-positioned at the time and were made available about 6 months after the flooding occurred, while the contents of the kits were standard for any maternity care. UNFPA decided to preposition stock for emergencies in the Central Warehouse in Pyongyang.

2) Efficiency

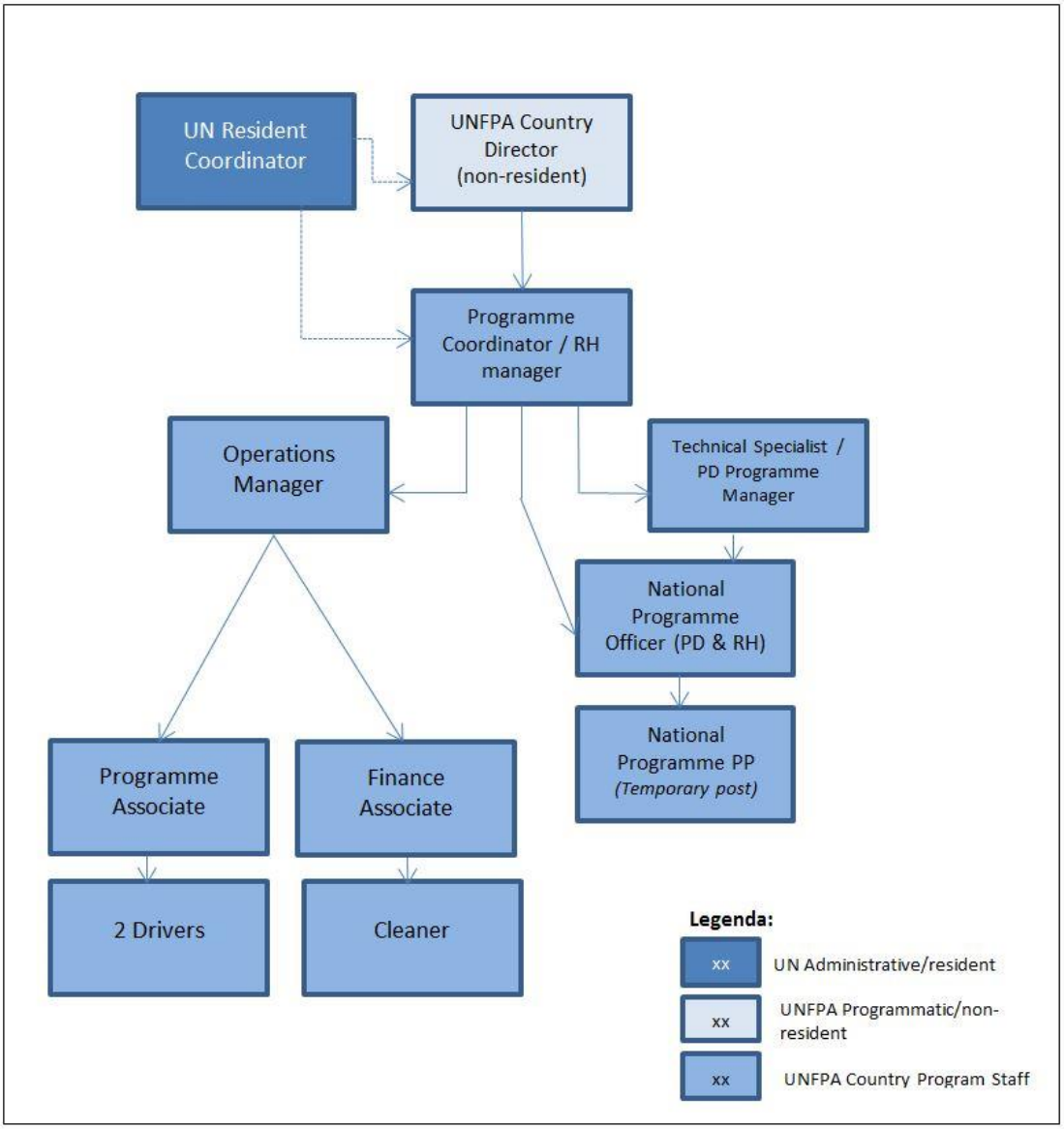
Has UNFPA made good use of its human, financial and technical resources, given the special environment (e.g. UN sanctions) in which it has to perform in DPRK?

At the time of the evaluation the Country Office had an adequate, small sized staff including three expats in-country and four seconded national professionals. The resident country programme staff included international MSc level specialists in Population Development and Reproductive Health as well as qualified national professionals. This has provided a staffing set-up in which it can be expected that programme planning and implementation is guided by the required level of technical expertise. For the organizational structure of the country office see figure 1 below.

During the fifth programme cycle the human resources have not always been as adequately covered as at the time of the evaluation and there have been substantial periods when PD and RH professional staff positions have been vacant. In various instances recruitment processes of international staff positions have taken a long time resulting in prolonged periods of under-staffing. During the tenancy of the previous programme coordinator, who was herself a specialist in PD, there was no specialist MSc level RH position in the country office, which proved to be a lack in terms of technical capacity on RH issues. It took ten months before the new International Programme Coordinator was in place after the previous one left in July 2013, with the replacement joining in May 2014. With the new Programme Coordinator a specialist in RH, the position of PD specialist was created and the newly appointed international staff joined in December 2013, which meant that there had been no PD specialist for over 4 months. A National RH specialist was temporarily provided and the position was filled from November 2013, to be withdrawn on a one-week notice in November 2014. Before that the National Programme Officer had been managing both RH and PD programme components and this would be the case again after November 2014.

A related issue concerns the high staff turn-over in international positions in the country office, which makes a smooth and timely process even more important. As recruitment of international positions is managed by the headquarters of UNFPA, it is beyond the management responsibility of the country team and is an issue that needs to be addressed at the headquarters level.

Figure 1: Organizational structure of the UNFPA DPRK Country Office updated July 2014



National staff members are seconded by the Government of DPRK and are not recruited as such by UNFPA. The seconded staff is under the Ministry of Foreign Affairs and has their career path within the Ministry rather than with UNFPA. Seconded staff usually spends two to three years with the organization after which they are moved to another position, which can be within the Ministry or with another UN or other international organizations. Though the seconded staff at the time of the evaluation mission proved to be capable professionals, this has not always been the case and there appears to be no guarantee which ensures that seconded staff has the required qualifications. The seconding system of national staff affects

the operations of UNFPA and limits the country office opportunities to get the right staff in place with allegiance to the organization.

In programmatic terms the country office is managed by the country director, who is non-resident, based in Beijing, China. In administrative terms the country office is under the UN Resident Coordinator. The country director pays regular visits to Pyongyang, on a quarterly basis and when required for specific reasons. In the absence of the country director, it is the UN Resident Coordinator who is the official representative of UNFPA in-country and who is the one that will be invited to attend official meetings of Government, UN organizations and otherwise. This means that the UNFPA programme coordinator, who in practice has to manage the implementation of the programme during the absence of the country director, misses out on many opportunities to liaise with Government, other UN organizations and bilaterals as the position of programme coordinator is not the official representation of UNFPA in-country. On the other hand the current UN RC has acknowledged that he is less able to represent UNFPA, and not well informed of the organization's mandate and modalities. This has resulted in UNFPA being less visible and less heard as would be desirable at the country level.

During the fifth programme cycle good use has been made of the technical assistance of the UNFPA Asia Pacific Regional Office, for technical assistance as well as for support in the identification of consultants to fill temporary technical support assignments. Such TA has covered issues in RH including LMIS and STI/STDs as well as PD.

Financial issues

Total programme expenditure including (estimated) expenses for 2014 amounted to 5.7 million USD. Major part of the expenses, up to 69 per cent concern the reproductive health component, while close to one quarter of the expenses, i.e. 24 per cent, were used for the population and development component of the programme. A bit over 7 per cent of the total expenditures were for country programme issues, above the level of each of the components. Within the RH component 65 per cent of the expenses were for output 1 on access to RH information and services with the remainder of 35 per cent for output 2 on access to health commodities. The distribution of resources over the components was almost equal in the population and development component with 49 per cent spent on output 1 on strengthening of academic institutions and 51 per cent on output 2 on enhanced capacity of Line Ministries (for details see table 5 below).

Table 5: Expenses of the Country Programme per Component and Output in USD and percentages

Part of Programme	USD	%
Country Programme		
Country Program	408,723	100.0
Sub-Total	**408,723**	**7.1**
Reproductive Health		
RH Output 1	2,559,790	64.8
RH Output 2	1,388,825	35.2
RH Sub-Total	**3,948,615**	**69.0**
Population and Development		
PD Output 1	662,602	48.6
PD Output 2	701,300	51.4
PD Sub-Total	**1,363,902**	**23.8**
TOTAL	**5,721,240**	**100.0**

Most of the funds, i.e. 71.4 per cent were from regular resources, with 28.6 of total spending from other resources. The importance of other resources has varied over the years from 17.6 per cent in 2012 to 42.3 per cent in 2014 with a peak for support to RH procurement (output 1) in that year. The RH component has benefitted substantially from the use of other resources varying from 23.2 per cent in 2012 to 64.2 per cent in 2014. This is in sharp contrast to the PD component, which only benefitted from other resources in 2011 at 32.9 per cent, leaving the overall percentage of other resources for PD at merely 9.3 per cent. The donor support for PD in 2011 was used for output 2 and concerned overseas and local training as well as printing of monographs and the atlas. No funds from other resources were used in output 1 of the PD component on strengthening of academic institutions (for details see table 6 below).

Table 6: Regular and Other Resources for each of the Programme Components in percentages

Type of Resources	Year(s)				Total
	2011	2012	2013	2014	
All Programme Components					
Regular Resources	72.4	82.4	80.6	57.7	71.4
Other resources	27.6	17.6	19.4	42.3	28.6
Reproductive Health Component					
Regular Resources	71.5	76.8	74.5	35.8	61.8
Other resources	28.5	23.2	25.5	64.2	38.2
Population and Development Component					
Regular Resources	67.1	100.0	100.0	100.0	90.7
Other resources	32.9	0.0	0.0	0.0	9.3

Most of the additional resources concern CERF funding, both emergency funding as well as the underfunded window of CERF. An overview of funds received during the period under review is presented in table 7 below. In addition to CERF resources, in 2011 an amount of USD 131,868 was received from Swiss Development Cooperation (SDC) and USD 13,375 from the Global Fund for ATM. CERF funding represented 24 per cent of all humanitarian funding received by DPRK in the past 10 years.

Table 7: CERF funding to UNFPA during 5th Country Programme Cycle in DPRK in US$

Year	Funds received (equal to funds requested)	Funds disbursed and reported	Total CERF funds used in DPRK**
2011	*199,820*	*187,438*	15 million
2012	*250,000*	*241,377*	13 million
2013	*830,230*	*230,598*	15 million
2014	*250,004*	*819,950*	6 million
Total	**1,530,054**	**1,479,363**	**49 million**

An important challenge over the last few years in the DPRK concerns the receipt of funds in-country, which has been difficult given the restrictions on banking activities due to the UN and US sanctions that have been imposed on the country. UNFPA, as usual, has been making use of the services of UNDP for its banking, and therefore is affected by the inability of UNDP to transfer cash into the country. This situation was addressed by UNDP together with UNFPA and UNICEF and in coordination with WFP. An alternative option for fund transfer was found, which enabled the continuation of programming in 2014. Given the delays in implementation due to the difficulties with fund transfers, UNFPA together with UNDP and

UNICEF requested the Government of DPRK to extend the present fifth programme cycle including CPD and CPAP with an additional year. In August 2014 Government of DPRK agreed with this request, which meant that the present programme cycle will end in 2016 rather than 2015. A contingency plan was developed in order to plan for programme implementation and staffing under continued fund transfer constraints for the period August 2014 until May 2015. A Monitoring Tool was developed to indicate which parts of the programme activities had been suspended and which were continued.[22] This provided an adequate response to the situation, though the threat of further difficulties in cash transfers remains and continues to endanger uninterrupted programme implementation.

Has UNFPA used an appropriate combination of tools and approaches to pursue the achievement of the CP5 outcomes and outputs?

The toolkit that has been developed to facilitate the new UNFPA global strategy for 2014-2017 includes specification of the modes of engagements for UNFPA country offices. The identification of modes of engagements is based on the level support needed from UNFPA and the country's own ability to furnish resources to RH and PD issues. Each country is classified making use of four "color codes" to define their business model. DPRK has been classified as "orange" which means that the programme needs to focus on policy dialogue and advocacy, knowledge management, and capacity building in programme implementation and is not meant to make use of service delivery.[23]

At present the UNFPA programme does not fully comply with the new business model for UNFPA in DPRK, with several parts of the RH component of the programme concerned with direct service delivery.

This goes for the following RH output strategies:

- Procurement and distribution of essential RH drugs
- Development and printing of communication materials based on the BCC strategy
- Procurement and distribution of contraceptives for health facilities in programme areas

The approach to population and development has been adapted in CP5 compared to CP4. During the last programme cycle support focused on the enhancement of available statistical population data (including support to the first modern Census of Population and Housing), capacities to gather data and the use of those data to inform policy-making and programming. In CP5 the strengthening of the capacities of academic institutions to teach and to undertake research on the linkages between population and social development was added. This was in line with the recommendation of the Evaluation Report of the fourth programme cycle.[24] As part of this added output in CP5, the capacities of the Population Institute have been developed to provide an under graduate course in demography and the capacities of the Population Centre under the Ministry of Health have been built. These additions for development of capacities of education institutes that will deliver the future professionals in the field of demography and population data, appears to be a useful approach and complementary to the support to CBS and line ministries in the gathering and use of population data.

[22] Contingency Plan UNFPA DPR Korea Programme, August 2014 and UNFPA DPRK Annual Workplan Monitoring Tool, September 2014.
[23] UNFPA Programme Division, *Aligning to the strategic plan, 2014-2017: Toolkit for UNFPA offices*. New York, June 2014.
[24] Wilkinson, David and Rafiqul Huda Chaudhury, *Evaluation of UNFPA's Fourth Country Porgramme of Assistance (2007-2010) to the Democratic People's Repulbic of Korea*. *Report prepared for UNFPA DPRK Country Office*. February 2011.

In the reproductive health component of the country programme, use has been made of surveys before providing support to the development and implementation of national approaches and strategies. This includes support to the development of the Reproductive Health strategy, prior to which assistance was provided to the development and implementation of the Reproductive Health Survey. Before the development of the STIs/RTIs Guidelines, UNFPA provided support to the STIs/RTIs assessment which information was used in the development of the guidelines. The same goes for the EmOC needs assessment, which was conducted before support was provided to the Quality of Care training. This approach to gather data to inform capacity development initiatives is a useful and very much needed approach in the data scarce context of the DPRK, where no data are readily available on many of the programming priorities of UNFPA.

Some recipients of UNFPA support indicated that it was provided late, or was inappropriate or of insufficient quality, this includes some recipients of RH and midwifery kits, and the KFP-MCHA and the Health Education Institute for respectively general equipment and video equipment received.

Has UNFPA adequately adapted its support and target areas in accordance with the resources available?

The support to population and development has been focused primarily on three agencies, including Central Bureau of Statistics, Population Institute of Kim Il Sung University and the Population Centre of the Ministry of Health. This was a focused support effort on a limited amount of key agencies, concerned with the generation and use of statistical data on population and development issues. In terms of data gathering, focus has been on key inquiries, including the census in CP4 and the SDHS in CP5 as well as smaller surveys and studies on selected topics.

The programme activities of the reproductive health component have been more dispersed, both in term of topics and in terms of the geographical spread of the sub-national programme activities implemented. In terms of topics the RH component has included antenatal and post natal care, new-born care, emergency obstetric care, family planning, procurement, commodity security, STIs/RTIs, cervical cancer, IEC/BCC, quality of care and emergency supplies. Some of these issues have been dealt with more thoroughly, while others have been touched more superficially.

In geographical terms the RH programme has focused on 11 counties located in 4 provinces spread out over the east, middle and west of the country. This has resulted in inefficiencies in terms of programme implementation, with relatively small programme activities in the various counties requiring much travel in order to provide services and to monitor the implementation of the various components. The linkages between provincial and county level were not always included within the RH programme which limited the opportunities to support referral from county to provincial hospital. The latter was the case in Kangwon province, where support to the provincial maternity hospital was not included, while this was included in South Hamgyong province.

The present spread of the RH programme both in terms of topics covered as well as in terms of geographical distribution does not seem to be in line with the limited programme budget of the RH programme in the fifth programme cycle. Both the coverage of topics as well as the inclusion of sub-national interventions and their geographical spread will need to be reconsidered, in particular if the funds available would remain limited as has been the case during the first part of CP5.

Did the intervention mechanisms foster or hinder the achievement of the programme outputs?

All programme components have made use of direct implementation mechanisms, which means that funds flow through the UNFPA country office and no use is made of DPRK financial systems. This appears suitable for the context in DPRK.

The country programme results framework provide details on outcome and output level changes with indicators identified at both levels. Though the outcome and output level changes are adequate, the indicators are often not satisfactory. Many of the indicators are not specific enough like *number of sector plans that integrate population* (PD component, output 2) as it is not clear what level of integration is required and what kind and amount of population issues would be sufficient. Some of the indicators are in fact sub-objectives rather than indicators that measure progress towards the outcome level result, like one of the indicators for the RH outcome level change which reads: *national programme on cervical cancer developed and implemented*. Some of the indicators are not measurable in practice, like the deliveries that have third-stage labour managed as per national guidelines, an indicator at the level of output 1 for RH component. Five of the total of twelve indicators of the reproductive health component do not have baseline data so that the level of difficulty to reach the target is not known.

Work planning was adapted to the situation arising from the inability to transfer cash into DPRK. As a result monitoring visits and other activities were postponed and staffing positions had to be reconsidered. As temporary solutions to the fund transfer issue were found at different stages, with funds transferred through alternative channels, international staff could be retained.

Resource mobilization for regular programme has been very limited, with only US$ 145,000 mobilized from the Swiss Development Cooperation and the Global Fund. Very far from the US$ 3.7 million announced in the CPD5. Important background to this is the decreasing interest of donors to fund project and programmes in DPRK. Mobilization of additional resources through the CERF in response to the two natural disasters (floods of July 2012 and July 2013) and from the underfunded window, has been critical not only for emergency response but to implement the RH programme with 38% of funds primarily from CERF resources. The total mobilized from CERF between 2010 and 2014 has been nearly US$ 1.5 million. It would have been very problematic indeed to implement the programme if these CERF funds had not been available. Nevertheless, this amount remained far below the funds that the country office had hoped to mobilize.

Programme Monitoring

Regular monitoring has been conducted by international and national staff members in order to assess the progress of programme implementation, in particular in terms of activities conducted and outputs achieved. Monitoring formats were developed for the RH component to gather data on a regular basis and monitoring reports have been used to record the findings of the visits. For the monitoring of the SHDS implementation formats were developed and a schedule arranged so that senior level staff visited all of the canvassing teams and most of the sampled sites at least once. Progress on RH and PD has been presented to key stakeholders in annual meetings. These discussions have informed the annual planning process. The formats and level of analysis of the annual overviews appear to differ over the various years and the approach to annual reviews could be improved, structuring the reviews in a way that would enhance comparison across the years. Country Office annual progress reports (COAR) were mostly geared towards the indicators of the UNFPA Strategic Plan, with country offices responding to global questionnaires, rather than aligned with the CO specific results matrix.

Monitoring has been constrained by regulations concerning access of in particular international staff members to the eleven counties supported by UNFPA and the inability to make assessments outside these counties for comparison. Every monitoring visit has to be announced and authorized at least one week before the due date. Moreover, some opportunities for monitoring and evaluation have been missed out, including evaluation of training and baseline and end line data collection on a variety of indicators in the results framework. In terms of some of the end line data, the SDHS is expected to partly fill this gap, but only if UNFPA is able to access the raw data for analysis or at a minimum able to guide the analysis of the data.

3) Effectiveness

To what extent have the CP5 CPAP outputs been achieved and how did these outputs contribute to the achievement of the CP5 CPAP outcomes?

In order to assess the achievements of the UNFPA programme in its fifth cycle, the monitoring framework of the CPAP was used, in particular the CPAP Planning and Tracking tool 2011-2015, which includes indicators at the level of programme outcomes and outputs of both the reproductive health and the population and development components of the programme.[25] In order to assess the levels of achievements, use was made of the data from the monitoring system, interviews with UNFPA staff and partners, annual progress reports and review of other secondary data as part of the desk review. The findings were triangulated with the data gathered during the field visits in South Hamgyong and Kangwon province. A rating system with four levels, two in green which signify sufficient achievements and two in orange/red, which signify insufficient achievement so far was evolved. Details on the specific meanings of the four ratings are provided in box 2 below.

The level of achievement of the components of the country programme is presented, starting with the outputs of the reproductive health component, followed by the outcome of the RH component. Then the outputs of the population and development component are presented, followed by an assessment of achievement of the outcome of the component. Details on the RH components are presented in tables 9 to 11 while specifics on the PD component are presented in tables 12 and 13 below.

Box 2: Color Codes indicating level of effectiveness and their specification

Dark Green: **Fully achieved** – *for those indicators of the CPAP for which the targets have already been fully achieved*

Light Green: **Expected to be fully achieved** – *for those indicators of the CPAP for which the targets have not yet been achieved but are likely to be achieved with a continued level of inputs*

Orange: **Unlikely to be fully achieved** – *for those indicators of the CPAP for which the targets cannot be expected to be achieved with the present level of inputs but for which achievement could be enhanced with additional inputs*

Red: **Expected to remain fully unachieved** – *for those indicators of the CPAP for which the targets can for various reasons not be achieved at all*

[25] UNFPA, *Country Programme Action Plan between the Government of the Democratic People's Republic of Korea and the United Nations Polupation Fund, 2011-2015*. Pyongyang, June 2011.

Reproductive Health Component - Output 1: *Has availability of and access to essential, high-quality reproductive health information, counselling and services, including the prevention and treatment of reproductive tract infections and screening for cervical cancer, in programme areas improved?*

The percentage of ri clinics in the UNFPA programme area that provide at least two modern family planning methods as per the national guidelines has been achieved and it is 97 per cent according to the programme monitoring system. During the field work all the ri-clinics visited supported at least two FP methods, while most of them, with support from UNFPA, were actually able to offer 4 methods. However, women not necessarily had sufficient information to allow for a free choice of methods. This is likely to apply to the majority of the clinics outside the eleven focus counties. In case of antenatal care services, the coverage was almost universal and as observed in RHS, 2010 most of the deliveries took place at institutions. Moreover, it was informed by service providers that appropriate RH counselling is provided to clients and follow-up visits are closely monitored. Given that it was difficult to interact with clients, it could not be verified.

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 but no country wide survey has been conducted so no data is available on capacities beyond these 11 counties. There did not appear to be plans of Government nor of UNFPA to scale-up the pilot beyond the 11 counties. It will be very difficult in any case to evaluate the benefits of the cervical cancer programme even in the pilot provinces since there is no cancer registry available and the quality of cancer-related data making use of visual inspection is not guaranteed.

As assessed in programme monitoring visits, all of the county hospitals supported in the 11 focus counties of UNFPA have the capacity for diagnosis and treatment of reproductive tract infections as per national guidelines. Limitation is that no country wide survey has been conducted to assess to what extent this capacity exists beyond these 11 counties.

Two of the indicators of the monitoring framework are difficult to assess in practice as mentioned above when reviewing the country programme results framework. This concerns *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.* There is no assessment mechanism in place for these indicators as it would require data for each of the doctors and midwives concerned and each of the deliveries. Assessment in selected instances through monitoring visits and repetition of EmONC needs assessments would be useful in this respect.

Reproductive Health Component - Output 2: *Has access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas Improved?*

For the second output of the reproductive health component both indicators have been achieved, i.e. the LMIS is functioning and the county hospitals and ri clinics have no reported stock-outs. This though is not sufficient to reach a *'pull system'* for commodity management in which deliveries of inputs are guided by the specific needs of the clinics and health centres concerned rather than by a set regular type of provision from the central warehouse. The extension of the LMIS to other drugs and equipment was started but has not received full agreement of all parties concerned so far.

The piloting of the previous version of KLMIS was successful, and the offer by UNFPA to update the software and extend its use to all provinces has obtained positive reception. The

limitation of the use of the software to national and provincial level, however, will not allow for the promotion of a pull strategy, until the software is developed for and applied down to the county and ri levels. More work is needed to get a pull system in place and operational. On the whole, the expected results have been achieved and trend analysis of annual monitoring records and programme assessment reports do indicate that maternal deaths have come down, which is reinforced by the UN publication on Global Mortality Estimates, 2014.

Reproductive Health – Outcome Level: *Has utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care increased?*

Results have been achieved at sub-national level in the targeted areas concerned as detailed in the annual programme monitoring data shared officially by MoPH and assessed/reconciled during field visits of the evaluation team. However, access of vulnerable groups is less clear and the target population of RH activities at the level of the eleven counties remains too small to make a difference country wide in any of the indicators concerned.

UNFPA has ensured appropriate integration of RH/FP into the Medium-Term Strategic Plan for the Development of the Health Sector 2010-2015 and the National RH Strategy of 2011-2015 as well as in the UNCT Strategic Framework of Cooperation 2011-2015. However, this inclusion of RH/FP issues was limited to the strategy level. Without access to policy development and policy discussions, particularly on the legal aspects, it has been difficult for UNFPA to contribute to health policy development. However, UNFPA was invited to contribute to the National RH Strategy development, including the disease management protocols.

However, while this integration at the strategy level as such was appropriate, it is very difficult to show whether the national health system has modified guidelines, procedures, and protocols in all RH aspects. For example due to lack of access to policy documents it is not possible to assess whether the national RH programme integrates multiple choice of contraceptives, IEC for FP, and management of side effects of contraceptives. Similarly it is difficult to assess whether the use of magnesium sulphate and oxytocin have been appropriately introduced as routine in the management of complicated cases. More encouraging are the results of pilot interventions such as cervical cancer control, STIs/RTIs screening and management. One cannot assume that making RH information and services available at no cost at the local level (i.e. county and ri-level) means that everyone can access and use information and services, including in particular, vulnerable groups. Though monitoring data it is shown an increase in utilization of services, in the absence of disaggregated information, it is not clear to what extent vulnerable groups are able to use RH services. In DPRK adolescents and other vulnerable groups have not been identified as priorities by the Government and their needs have not been assessed. Thus it is difficult to gauge actual access to RH information and services and it cannot be confirmed that all groups have been reached and that availability of SRH services has improved across the board in the 11 counties. It should be noted that at least in the counties visited by the evaluation team the network of health facilities proved dense and key informants interviewed invariably commented that patients do not have to travel far to reach facilities.

The information provided to the ET on monitoring maternal health and reproductive health service use in the 11 counties during 2001 and 2012 shows a slight increase in overall births recorded but a marginal decrease in county hospital deliveries (34 per cent in 2011 to 33 per cent in 2012). It shows that abortion was performed on less than a per cent of women of reproductive age (WRA) and 10 per cent of all pregnancies, that cervical cancer screening by

VIA increased from 3.3 per cent in 2011 to 4.1 per cent of WRA in 2012, that the number of women treated for RTIs/STIs jumped from 2.5per cent of all WRA in 2011 to 39 per cent in 2012. It can be concluded that the introduction of two new screening and treatment procedures, i.e. for RTIs/STIs and for cervical cancer, have had success, at least in the short term. The ET was not provided with the data for subsequent years, and the data were not provided by age groups of the clients, therefore making impossible the determination of any focus on adolescents.

The work with CBS has enhanced some of the opportunities as part of the enabling environment for RH, particularly the preparation of surveys (RH Survey, KAP Survey on RH, EmOC NA, and now SDHS) has allowed addressing specific issues that required government approval. Data on access and use of RH services are now accessible to UNFPA on a sample basis. The results of the SDHS in 2014 will be important to monitor access to RH information and use of RH services.

Training of midwives has proved an important addition to the CPAP. The revision of the curriculum for the education of midwives according to international standards (International Confederation of Midwives), and the start of the new curriculum in the Pyongyang Medical College provided an important step to the future expansion of the role of midwives in maternal and new-born health as well as reproductive and sexual health.

UNFPA invited several staff of DPRK Government agencies to international workshops and meetings during the 5th CP, with the intention to build their capacity and expose them to international concepts and good practice. However, the selection of participants was not necessarily guided by technical development capacity needs, as these were at times overshadowed by political or institutional concerns.

The RH KAP survey was limited to the 11 UNFPA focus counties, while the EmOC needs assessment and the cervical cancer pilot were applied in part of the focus counties. Monitoring visits have been conducted in the eleven focus counties as well as in areas where UNFPA has provided emergency support. The SDHS covers the whole of the country and is an exception in this respect. An overview of the reach of the various RH assessments is presented in table 8 below.

Table 8: Details on UNFPA activities implemented in Provinces of DPRK

Province	Population 2008	MMR 2008	UNFPA Counties	RH KAP Survey	Cervical Cancer Pilot	EmOC Needs Assessment	No of Monitoring visits	SDHS
Ryanggang	719 269	105.1						X
N. Hamgyong	2,327,362	86.5						X
S. Hamgyong	3,066,013	84.8	4	X	X	X	11	X
Kangwon	1,477,582	96.9	3	X		X	6	X
Jagang	1,299,830	89.3					1	X
N. Phyongan	2,728,662	85.7					1	X
S. Phyongan	4,051,696	79.8	3	X	X	X	10	X
N. Hwangae	2,113,672	93.1	1	X			4	X
S. Hwanghae	2,310,485	88.9					2	X
Pyongyang	3,255,288	70.6						X
Total	**23,349 859**	**85.1**	**11**	**4**	**2**	**3**	**35**	**10**

Provinces with UNFPA supported counties; CERF related monitoring visits

Population and Development Component – Output 1: *Has capacity of academic institutions to teach and to undertake research on the linkages between population and social development been strengthened?*

The curriculum for the graduate course in demography was revised and endorsed by the Education Commission. It has been used in the course from 2014. So far 25 students have enrolled in the course and the Population Institute wishes to increase the number of students for the course. Two of the faculty members of the Population Institute have been trained abroad and obtained certification in population studies. This remained behind the target of 4 and is unlikely to be met within the remaining two years period as such a study would take longer to finish. In the past English requirements were not sufficiently included in the selection process and a TOEFL or an equivalent level of English capacity seems required for participants to successfully conduct a Master's study abroad. (See for details on achievements of output 1 table 12 below).

Population and Development Component – Output 2: *Has capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals been enhanced?*

Targets on several indicators have been achieved including 4 monographs developed on the population of DPRK, Women in DPRK, the Elderly in DPRK and the Economically Active Population in DPRK and the Atlas prepared.[26] Moreover, a total of 31 officials of CBS and SPC trained and workshops on population projection and geospatial analysis conducted. Support was, moreover, provided to the development of the ICDP +20 report and to the development of the Madrid International plan on population ageing. The CBS produced the MDG report in 2011 which included details and limited analysis on MDG targets 5A and 5B concerning maternal health and family planning. Provincial disaggregated data for MMR were provided and elements of a supportive environment as well as shortcoming and challenges for both reduction of MMR and universal access to reproductive health identified.[27] The development of the report was initially supported by UNDP, which agency was provided with the global role of MDG scorekeeper. UNDP, however, did not endorse the report because the data presented could not be verified and UNDP was not granted access to the original primary datasets concerned. The target of two sectoral plans that integrate population data might not be reached as presently only the Health Sector strategy has been supported in this respect and there is limited access of UNFPA in terms of policy discussion and support to other Line Ministries.

Finally the SDHS which was prepared during 2014 and which canvassing started the first of October 2014 can be expected to provide relevant data on population and more in particular on reproductive health data as well as data on the elderly. As the survey is implemented nationwide the SDHS will be able to provide representative data at the provincial level as well as county level data for the focus counties of UNFPA. This will be an important contribution to the population data in DPRK which can be used for national planning as well as for development programming and programming in case of an emergency. There is one caveat which concerns the access of UNFPA to the raw data set. This has been limited for the

[26] Central Bureau of Statistics, *The Population of the Democratic People's Republic of Korea: An Analysis of Data from the 2008 Census*, Pyongyang 2010; Central Bureau of Statistics, *Women in the Democratic People's Republic of Korea*, Pyongyang; Central Bureau of Statistics, .*The Elderly Population of the Democratic People's Republic of Korea, An Analysis of Data from the 2008 Census*, Pyongyang; Central Bureau of Statistics, *The Economically active Population of the Democratic People's Republic of Korea, An Analysis of Data from the 2008 Census*, Pyongyang.

[27] Central Bureau of Statistics DPRK, *MDG Progress Report DPRK,* 2011.

census though could be addressed by joint analysis of data with CBS. Such an approach could also be useful for the SDHS data.

Population and Development Component – Outcome Level: *Has utilization of sex-disaggregated population data and research related to population and development for planning and policy formulation, including monitoring the MDGs, by line ministries and national institutions been enhanced?*

The indicator for the PD outcome concerns national plans and policies that include population dynamics, reproductive health and gender equality. With the limited access that UNFPA has to the policy level, including policy discussion and planning (apart from limited access in this regard to the Ministry of Health), the outcome appears unsuited to the present context of the DPRK. It is not only difficult or even impossible for UNFPA to directly influence policy making, given very limited access to the level of policy makers, but it is also difficult (if not impossible) for UNFPA to verify contribution of data use to policy-making in the DPRK, with policies and their development not in the public domain and results neither shared with UNFPA, nor with other UN agencies.

More realistic would be to expect agencies like CBS and Population Center first of all to gather and publish sufficiently disaggregated data on relevant population issues and second for them to analyse such data and to produce studies and monographs on selected population issues. The latter is in the present framework an indicator at the output level, but is actually at a higher level in the daily reality of the DPRK. Especially when genuinely produced by the agencies concerned, with UNFPA in a supportive role, this is something that is beyond the management control of the country office and thus at a higher level than an output.

In terms of use of population data and information it will be useful to look at the use by other development partners including other UN agencies, bi-lateral donors and International NGOs. In order to inform the design of their programming as well as the underpinning strategies all these organizations need population data and the gathering and publishing of such data is important to all of them. In the discussions with development partners they appeared to appreciate the data gathering supported by UNFPA so far and were eager to get informed on the SDHS and the data that it will produce. In the present context of DPRK the use of data by development partners is an important added value of the programme.

Table 9: Achievement of Results in Reproductive Health: Outcome level

Result	Indicator	Means of Verification	ACHIEVEMENT	COMMENTS
RH Outcome 1: Increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care	National reproductive health strategy is updated and implemented	Strategy document approved by MoPH; Annual reports by MoPH	National RH Strategy2011-2015 approved (2011)	
	National programme on cervical cancer is developed, tested, and implemented	Strategy document approved by MoPH; Annual reports by MoPH	National Program on Cervical Cancer Control (2012), approved and tested in 2 provinces	Equipment for confirmation and treatment missing. Review mission of pilot planned.
	National guidelines on RTIs/STIs are developed and implemented	Guidelines approved by MoPH; Annual reports by MoPH	Guidelines approved and tested RTI/STI Prevalence Survey in 2010 Assessment by Int'l consultant 2013, facilitators trained (2013)	PCR technique delayed by absence of test kits No survey planned end of programme period, to assess changes
	National unmet need for modern contraceptive methods is measured	RH surveys	Unmet demand not measured so far after baseline but included in SDHS 2014 with results expected mid 2015	RH Survey (2010) and KAP Survey on RH (2011) conducted
	Maternal mortality ratio is further reduced	System for Maternal Death Review established	MMR not measured after Census (will be measured by SDHS)	Reluctance to conduct MDRs, only one Meeting of CTC 2013, Progress includes MDR training in Malaysia, guidelines issued, staff trained in S.Hamgyong (pilot province)
	Utilization of RH services is increased	*Surveys conducted and guidelines developed*	*Utilization of RH services to be measured in the SDHS 2014*	*Progress includes: Guidelines for IEC/BCC in RH published in 2013, IEC/BCC material produced with Health Education Institute, Information on KAP through Survey conducted on RH*

Table 10: Achievement of Results in Reproductive Health: Output 1

Result	Indicator	Means of Verification	ACHIEVEMENT	COMMENTS
RH Output 1: Improved availability of and access to essential, **high-quality** reproductive health information, counselling and services, including the prevention and treatment of reproductive tract infections and screening for cervical cancer, in programme areas	Percentage of *ri* clinics in programme areas that provide at least two modern family planning methods as per national guidelines	Assessment report on availability of RH supplies; Monitoring and supervision field visits based on checklists	Monitoring system reports 97 per cent	Assessment of quality of RH care in 2010 EmOC NA 2013-4; Quality not assessed at PHC level; EmOC did include partograph review, C-section review, and MDR, indications of quality, and concluded with policy recommendations to improve QoC
	Number of county hospitals with the capacity for diagnosis and treatment of reproductive tract infections as per national guidelines	Assessment of quality of RH care Monitoring and supervision field visits	UNFPA Monitoring system reports 100 per cent in the 11 counties	No assessment was conducted of PHC facilities country wide at county and Ri levels
	Percentage of doctors and midwives in targeted areas that provide antenatal care as per national standards	Monitoring and supervision field visits based on competency checklists	No survey of service providers at PHC level was performed in UNFPA focus counties	No baseline data available Indicator not feasible to assess
	Number of county hospitals with the capacity to conduct visual inspections using acetic acid for cervical cancer as per national guidelines	MoPH annual reports; Monitoring and supervision field visits based on competency checklists	Increasing coverage in targeted areas of pilot provinces	Only possible in the counties supported by UNFPA pilot, no plan nor resources to scale up beyond pilot provinces, screening proved acceptable but limitations in validation and case management during field visits
	Number and percentage of deliveries in county hospitals and village clinics that have third-stage of labour managed as per national guidelines	Monitoring and supervision field visits based on competency checklists		No baseline data available Indicator not feasible to assess
	No indicator proposed by the CPAP on midwifery training		Curriculum for the training of Midwives developed	In PYMC first, then expected to be extended to provincial Medical College

Table 11: Achievement of Results in Reproductive Health: Output 2

Result	Indicator	Means of Verification	ACHIEVEMENT	COMMENTS
RH Output 2. Improved access to essential reproductive health **commodities** to reduce the maternal mortality ratio in programme areas	Functioning logistics management information system (according to criteria to be developed) in the central medical warehouse and in 10 provincial medical warehouses	Monitoring and supervision field visits; MoPH annual reports	-KLMIS guidelines published in 2012. -Staff trained on KLMIS in 2013 -TA provided by APRO -Essential equipment for obstetrics and emergency drugs provided on a regular basis for 11 counties -Upgrading of KLMIS to other supplies for MoPH on-going (no baseline data available)	-KLMIS limited to Central and Provincial Medical Warehouses. Nothing computerised below that level which limits the pull aspects of the system. -Lack of computers to expand training and sanctions have impacted procurement
	Number of county hospitals and ri clinics with no stock-out of selected reproductive health commodities supplied by UNFPA in the past 3 months	KLMIS reports; Monitoring and supervision field visits	Monitoring system reports 11 county hospitals without stock-outs (no baseline data available)	-KLMIS does not indicate stock-outs – Need to install a “pull system” to take needs into account. -No data on ri clinics / hospitals

Table 12: Population and Development: Outcome level and Output 1

Result	Indicator	Means of Verification	ACHIEVEMENT	OBSERVATIONS/ CHALLENGES
PD Outcome: Enhanced utilization of sex-disaggregated population data and research related to population and development for planning and policy formulation, including monitoring the MDGs, by line ministries and national institutions	National plans and policies that include population dynamics, reproductive health and gender equality	Plans/policies translated in English	Not possible to assess	-Given the opacity of the policy environment this indicator is not possible to assess with no published population policy nor other policies and very limited possibilities for contact with ministers, making policy dialogue almost impossible; no means of verification of contribution of population data to policy debate
PD Output 1. Strengthened capacity of academic institutions to teach and to undertake research on the linkages between population and social development	Number of students who graduate specialized on demography/population studies	Enrolment Report	55 (with a baseline of 30 and a target of 100)	PI wishes to have more students in the field of population studies and introduce Master's Programme but has limited teaching capacity
	Number of faculty members of Population Institute with a master's degree on population studies	University Diploma	2 with target set at 4	Requirement for TOEFL level English capacity
	Revised curriculum on population studies implemented	-Annual Report of Kim Il Sung University -Curriculum document	Revised curriculum endorsed by Education Commission	

Table 13: Achievement of Results in Population and Development: Output 2

Result	Indicator	Means of Verification	ACHIEVEMENT	COMMENTS
PD Output 2. Enhanced capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals	Number of studies on the relationships between population, the environment, climate change, etc.	Final Report of Studies in Korean and English	-4 Monographs in 2011 (Pop of DPRK, Women in DPRK, Elderly in DPRK, Economically active population in DPRK + Atlas	Need to include RH and the elderly as part of the indicator -No focus on Climate Change
	Number of national planning officials trained on integration of population factors in development planning using Handbook on Integration	Training Report	-31 officials of SPC and CBS trained in 2012 with a target of 100 -Staff of SPC, CBS, KISU, PC trained on population projection -Staff trained on geospatial analysis of census	Unclear whether target set at 100 has been achieved yet, but could be reached given programme extension
	Number of Sectoral Plans that integrate population	Sectoral Plan in English	Medium-term SP for the development of Health Sector	Target of 2 might not be achieved
	2015 Millennium Development Goal country report reflects analysis of progress of MDG5a and 5b	MDG Report in English	MDG Report issued by CBS but issues on quality of the report and the data concerned	UNRC/UNDP did not endorse MDG report, RC not able to recruit M&E specialist
	Madrid International Plan on Population Ageing MIPAA + 10 National Report prepared	National Report in English	Report completed	
	ICPD + 20 National Report prepared	National Report in English	ICPD beyond 2014 questionnaire completed; Participation in the 6th APPC	
	Spatial database system established and functional	Sample Database reports	No access of UNFPA to dataset but Atlas produced based on 2008 Census	
	No indicator identified in the CPAP	SDHS implemented	-SDHS implemented in the last quarter of 2014 by CBS	-TA by International technical Specialist -Sampling supported by UNFPA -Important data on population, RH and elderly for future use

4) Sustainability

The activities in which UNFPA has engaged during programme cycle 5 have ranged from activities in emergencies to those supporting direct needs, and initiatives contributing to longer term development objectives. Sustainability of results are relevant to initiatives that address longer term development objectives rather than to those related to emergency response or targeting immediate needs in the present context of DPRK

Table 14 below shows where the initiatives supported by UNFPA in the fifth programme cycle are located between "responses to immediate needs" and "responses to longer term development requirements". Reproductive health activities, including the emergency response as well as procurement of contraceptives for the 11 focus counties and procurement of two obstetric emergency drugs for distribution country wide are under the "response to immediate needs". The curriculum revision for midwifery training and, in particular, the cervical cancer control and case management are RH initiatives are on the other hand, under the "response to longer term development requirements". Most of the other RH activities are in-between these extremes.

Many of the initiatives supported under the population and development component of the country programme are more located towards the middle and right of the middle on the continuum, including the study tours for demography teachers of the Population Institute and training of staff members of CBS and Population Centre. Support to the organizational capacities of CBS and the Population Institute are even more located towards longer term development requirements. The questions on sustainability are less relevant for emergency response and initiatives focusing on immediate needs.

The evaluation questions for sustainability included: 1) whether UNFPA has been able to support its partners and the beneficiaries in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects and; 2) to what degree the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies? To answer these questions the analysis focused on ownership of results and capacities built in each of the two programme components.

Table 14: UNFPA supported initiatives on a continuum from response to immediate needs to long-term development requirements

Reproductive Health				
Response to immediate needs	→	→	→	**Response to long-term development requirements**
Provision of Emergency RH equipment, midwifery kits and hygiene kits during floods				
RH services to 11 counties	RH-EmOC training In 11 counties	Quality improvement training (COPE)		
Procurement of Contraceptives for 11 counties	FP training (method mix) in 11 counties			
Equipment for New-born Care in 11 counties	Training for New-born Care 11 counties			
	Training on Minimum Integrated Service Package for RH in emergency in 20 counties			
Procurement of two obstetric essential drugs (entire country)		Technical Support to EmOC Needs Assessment, 2013		
		Support to IEC/BCC for RH National Strategy 2013 and IA Working Group	Support to HEI for IEC/BCC material	
		RTI Report 2010 - RTI Prevalence Survey	Support to National Guidelines for RTIs/STIs; training in RTIs/STIs	Case management
		Study tour on MDR Malaysia	Training in MDR and Piloting in 1 province	
		RH Survey 2010	RH KAP Survey 2011 (in 4 prov)	
			SDHS 2014 (RH component) in 11 provinces	
			Commodity security, IT equipment and training (LMIS)	Advocacy for PULL strategy
			Support to KFP&MCHA	
			Cervical cancer control : equipment training and screening in 2 pilot provinces	Cervical cancer: case management (Pilot)
			Curriculum revision and adoption for Midwifery training	
			Support to development of National RH Strategy	

Population and Development				
Response to immediate needs	→	→	→	**Response to long-term development requirements**
		Data exploitation of Census 2008	Publication of 4 Monographs using Census 2008	*Ideally would be the use of census data and monographs for population policies*
	Procurement of teaching equipment for KISU-PI-Lab	Study tours for demography teachers at KISU-PI	Support to Kim Il Sung University PI (Demography training)	
	Procurement of IT equipment for CBS	Training of CBS staff	Support to CBS (Cap building) Household list 2013	
	Procurement of IT equipment for Pop Centre	Training of Population Centre staff	Support to Pop Centre (Capacity Building)	
		Preparation and realization of SDHS	Analysis of SDHS data and publication for use	

UNFPA has successfully ensured ownership and durability of developed capacities and mechanisms for improving RH/FP both in terms of supply and demand side issues.

Some of the activities in the RH component have been in response to emergencies and support to immediate needs. These include the kits delivered during floods and the procurement of contraceptives for 11 counties and the procurement of two essential drugs for obstetric emergencies for the entire country. These initiatives were not meant to create sustained results, but were meant to supply needs in acute situations, such as flooding. In practice the on-going procurement of two essential drugs for obstetric emergencies for the entire country can be considered to have created dependency on UNFPA as has procurement of contraceptives, though the latter on a more limited scale for the 11 counties supported by UNFPA. This means that the results concerned cannot be regarded sustainable as they depend on future UNFPA support.

For RH activities more aimed towards longer term development requirements, ownership has been achieved for the various guidelines developed together with partner agencies including those on IEC/BCC, Cervical cancer and RTIs/STIs as well as the Midwifery curriculum revision. All these subjects have seen a national document published under the auspices of the MoPH and their usage will be important in order to expand and enhance quality of services provided not only in project areas but even in rest of the country.

Regarding cervical cancer pilot initiative, the ownership appeared to be high in the provincial and county hospitals and ri clinics visited by the evaluation team and as stated in interviews by key stakeholders and the initial results prove promising. However, staff capacities and equipment are still limited, and as such, the initiative does not seem sustainable as of now. As a pilot, the initiative will need more capacity development in terms of staff capacities and equipment before being scaled up and a strategy for this will need to be put into place.

Organizational and staff capacities for the production and use of sex-disaggregated population data and population research are in place.

For Population and Development initiatives ownership is relatively high for the results achieved through support to the CBS, Population Institute and the Population Centre. The SDHS is a good example of an initiative owned by CBS while technically and financially supported by UNFPA. The issue of ownership of the SDHS includes the level of access of UNFPA to the raw data for analysis, something which can be done together with CBS, building capacities in the process. Overall, it can be observed that organizational and staff capacities have been enhanced in the three institutes, which will contribute to the sustainability of results. However, further technical support is required in order to ensure the quality of data gathering and data analysis – especially, with regard to qualitative data, which are essential for informing utilization of data for decision making. Such capacity development could moreover, emphasize the use of mixed methods.

Partnerships with CBS, Population Institute and Population Centre have become longer term relationships with enhanced levels of cooperation and trust over time. In particular the relationship with CBS provides UNFPA with a unique opportunity to support essential data gathering processes, where other organizations including UNDP (with support to MDGs) and UNICEF (with support to MICS) could not succeed. It is however, important for UNFPA to address the limitations concerned, in particular related to the access to the raw data and the use of the data. Moreover, it is important to include attention to ethical aspects of data gathering and management, including the anonymity of respondents in data gathering processes to ensure that they do not experience any adverse effects.

5) UNCT Coordination

To what extent has the UNFPA DPRK Office contributed to the functioning and consolidation of the existing UNCT coordination mechanisms in DPRK?

UNFPA is signatory of the Strategic Framework of Cooperation in DPRK 2011-2015. According to information collected from heads of other UN agencies in Pyongyang, UNFPA is seen as a valuable partner by all of the UN agencies, ready to coordinate and willing to cooperate with other UN agencies on shared interests. Even though UNFPA participates regularly in weekly inter-agency meetings and keeps other participants informed of any plans, achievements, and missions and its limited visibility with respect to its in-country representation has a negative effect on its ability to position itself within the UNCT and vis-à-vis the government, including the NCC. This was confirmed by several key informants, including NCC and UNDP, which expressed the need for UNFPA to have a full representative as a condition for greater impact within the UNCT.

UNFPA is also a member of thematic groups such as health, monitoring and evaluation (M&E) and the humanitarian response. These groups have not functioned well due to lack of adequate support from the RC office as well as the Government to enhance UN and donor coordination.

6) UNFPA's positioning

What are the main UNFPA comparative strengths in comparison to other development partners in DPRK – particularly other UN agencies working in similar areas? Are these strengths a result of UNFPA corporate features or are they specific to the country office features?

UNFPA's support to collection and analysis of population data through census and surveys, and organizational and staff capacity building is an important added value. This is of particular importance in the DPRK, where there is a clear lack of population data and UNFPA and other UN agencies have very limited or no access to population and administrative data from the Government. The data that are generated through the support of UNFPA, including the Census implemented in CP4 and the monographs derived from it during CP5 as well as the SDHS of which the results are expected early 2015, have started to fill-in some of the gaps in data although more work is needed to create a solid data base to inform future humanitarian and social development programming in DPRK.

The sensitivities of the Government of the DPRK around population and other data means that building capacities on these issues has to be done prudent and with patience, something in which the country office appears to have succeeded.

UNFPA's role is particularly valued in the promotion of RH generally, with a particular focus on Cervical Cancer control, RTIs/STIs, Midwifery and EmOC, though with limited reach at the sub-national level but all concerning components with a national scope.

The country office has a small team and placing its efforts in the procurement of medicines is not the best use of resources, in particular as other UN agencies such as UNICEF and WHO are already involved in large scale procurement and can do so more efficiently. With the exception of emergency situations, direct delivery and procurement of medicines is not the strength of the country office. UNFPA should instead focus on areas where it has comparative advantage such as capacity building and addressing issues of the enabling environment, including enhancing the availability of population data and support the development of strategies for reproductive health and related programmes.

5. Conclusions

STRATEGIC

1) UNCT Coordination

UNFPA is considered a valued member of the UNCT in DPRK, open to coordination of its programme with other UN agencies and willing to cooperate where it adds value. The main drawback for UNFPA has been its low visibility of the in-country senior management, with representation under the RC. This has negatively affected UNFPA's positioning in-country vis a vis other UN agencies as well as towards Government of DPRK and other development partners. Other UN agencies have encountered similar issues and have developed modalities which could be of use to UNFPA.

2) UNFPA positioning

UNFPA's presence in DPRK is justified by its added value in both RH and PD components and should be continued, in spite of challenges encountered in the specific context of the DPRK.

UNFPA's added value in DPRK has included support to the gathering and analysis of population data and to making use of these data to inform RH and FP oriented projects and programmes as well as the RH strategy and guidelines. Though data are gathered to inform planning and policy making, the use of data is not within the management control of UNFPA. This is in particular the case in DPRK, where UNFPA has few access to policy makers and does not participate in a policy dialogue with the Government (which goes for all UN agencies). The support to the Population Institute of the Kim Il Sung University including institutional as well as individual capacity development, has meant the addition of a useful approach to the programme compared to CP4, through a focus on establishing a generation of demographers in DPRK to gather and analyse population data.

UNFPA's support in RH has been strategically oriented towards enhanced access and use of reproductive health information and services, with specific focus on EmONC, RTIs/STIs, cervical cancer control and the promotion of midwifery. The approach to RH made use of focused surveys and studies to inform programme initiatives, which has resulted in tailored designs for the context of the DPRK. The success of UNFPA's approach is evidenced by the inclusion of the supported issues into the national RH strategy of DPRK.

What has proved less of an added value of UNFPA in DPRK is the direct delivery approach of medicines and contraceptives, procurement of which is more efficiently handled by resident UN agencies already involved in large scale procurement, such as UNICEF and WHO or by Government of DPRK. There is a need to adapt the modes of engagement of the UNFPA country programme, concentrating on capacity development and advocacy, which is in line with the requirements of the new strategic plan. The programme needs to move away from service delivery, except in case of emergencies and making use of the opportunity to present 'business cases' for other crisis situations. It needs to be borne in mind though that given the limitation in terms of access to policy makers and policy debate, the opportunities for policy advocacy will be limited. With the extension of the fifth cycle until 2016 the programme will have time to phase out of service delivery at the local level after handing over responsibilities to Government or to other UN agencies, in particular UNICEF and WHO,

who are involved in similar issues. The procurement of contraceptives will need to be transferred to the MoPH-Pharmacy Department-Central medical warehouse.

UNFPA's focus at the sub-national level on 11 counties appears a less strategic way of working, with the selection of the counties not sufficiently underpinned by a focus on vulnerable areas or groups, nor justified otherwise.

PROGRAMMATIC

3) Relevance

UNFPA's programme in its fifth cycle is at the international level in line with the MDGs and the ICDP. The programme responds to existing needs in DPRK, which remain substantial in terms of reproductive health and family planning. Moreover, the needs for population data are high with few disaggregated data sets available and accessible to UNFPA, other UN agencies and development partners. Alignment of the programme with national policies is less clear as those policies remain largely unknown to UNFPA, including the population policy. The same goes for the needs of vulnerable and marginalized groups, on which no data to inform decision making are available.

The programme is in line with the UNSF 2011-2015 and largely in line with the UNFPA strategy and mandate. The programme misses out on some critical aspects of UNFPA's mandate, including linkage with the country's population policy, sufficient attention to family planning, targeting youth and adolescents, addressing gender-based violence, HIV/AIDS, adolescent pregnancy and unsafe abortion, mostly due to the lack of Government's acknowledgement of a need to respond to these issues.

Apart from the programmatic relevance, the isolated condition of DPRK within the international context provides additional relevance to UN and UNFPA presence in-country, which is acknowledged by many parties. It has been difficult for UNFPA as well as other UN agencies to assess and respond to constraints in the context of the DPRK environment as the policy situation in the country remains opaque and opportunities for engagement at the policy level are few.

4) Efficiency

The present business model as applied by UNFPA in DPRK does not align with the recently developed country classification of UNFPA headquarters, as part of the implementation of the global UNFPA strategy 2014-2017.

Human resources to implement the programme have not always been adequate during the implementation of the fifth programme cycle. Several of the international positions have remained vacant for months in a row, which negatively affected programme implementation. Human resource issues and in particular recruitment processes need to be addressed at the HQ level as these are beyond the management of the country office. The system of the deputation of national staff members has affected the programme, as there is no guarantee that staff appointed has the required qualifications and experience necessary for the work and staff turnover is high. This is a constraint faced by all UN agencies and could only be addressed jointly. Good use was made of support from UNFPA's regional office in Bangkok.

Though the RH component at the sub-national level was limited to 11 counties, in geographical terms the counties were spread out over a large geographic area of four provinces which made programme implementation less efficient. Given the limited

resources of the UNFPA programme, review of the geographical focus of the RH component of the country programme will need to take efficiency issues into account.

Programme monitoring has made use of a results framework, though with several limitations in particular in terms of the quality of the indicators at outcome and output levels and baseline data on several indicators missing. Focus has been on activity and output monitoring, which has been hampered by limitations of international staff access at the sub-national level, with attention to outcome level changes in the later stages of programme implementation, when such changes became more likely to occur. The weakness of the indicators in the results framework has limited the ability to make use of monitoring data to inform programme implementation. The SDHS is expected to fill some of the outcome level data gaps, in particular in terms of the changes in access to and use of RH services.

The difficulties in transfer of funds into DPRK has been a severe challenge and continues to be a threat to programme implementation. The country office has been able to put in place a contingency plan, responding to the constraints that this situation poses, which has enabled a prompt response and has identified reactions to different scenarios that could emerge and to mitigate the effects of the inability to receive funds for the programme. Together with UNDP and UNICEF, the country office has been able to get approval of the Government of DPRK to extend the programme period till 2016, in order to compensate for the time lost in programme implementation which will make it feasible to achieve most of the objectives of the programme by the end of 2016.

Mobilization of resources has remained far behind the requirements identified at the start of the programme cycle. Access to CERF funding, both from rapid response and underfunded windows, has filled part of this gap. Resource mobilization remains a critical issue for continuation of the programme with fewer donors willing to provide support to DPRK in the present context.

5) Effectiveness

Review of the available monitoring data and programme related studies on indicators in the results framework at output and outcome levels has shown that overall a relatively high number of outputs and outcomes was achieved in the RH component of the country programme, this with the exception of reduction of MMR making use of the establishment of a system of maternal Death Reviews to which there proved to be much resistance. Capacities of service providers have been built in pilot interventions of cervical cancer control and STIs/RTIs screening and management. The use of service delivery in some of the programme activities has limited building of capacities at local and national levels.

Progress in availability and use of RH services at the level of the 11 focus counties have been noteworthy during the field visits. The number of counties is, however, too limited to have any substantial effect at the national level. Changes in enhanced use of RH services in the whole of the DPRK, a key outcome of the RH component, remain unclear as data concerned will only become available in 2015 as part of the SDHS data, for both the 11 counties supported by UNFPA as well as for the entire country.

The proposed output targets in CPAP seems to be ambitious and has therefore undermined its achievement of outputs in the PD component of the programme, though it has moved in the envisaged direction. There have been in particular important achievements in terms of capacities built of the CBS, PI and PC. The component has, on the other hand, seen a mayor addition to the CPAP in the support

to the development and implementation of the SDHS, which is expected to provide key population and reproductive health data in the inter-census period. The outcome level change of the component, i.e. the use of population and development data by line ministries and national institutions for planning and policy formulation, cannot necessarily be achieved due to the limited access of UNFPA (as well as other UN agencies) to the policy debate in DPRK.

The results achieved in both programme components are considerable, in particular given the gaps in staff recruitment for senior management positions on the one hand and the delays related to the difficulties to transfer funds into the country during periods of 2013 and 2014, on the other. An important aspect of the achievements is the high level of ownership of the various initiatives which are in line with DPRK government policies.

6) Sustainability

Sustainability can only be expected from those activities that address longer term development requirements at the exclusion of emergency response supported by UNFPA and activities focused on immediate needs in the context of DPRK.

Ownership of the PD initiatives and their results has been relatively high with capacities built both at organizational and staff levels. However, capacities are still varying across the different Departments and Agencies and support remains needed in particular in the analysis of the SDHS data and for the preparations of the census in 2018.

Ownership of RH initiatives varies as does the level of capacities developed at the provincial, county and ri levels. The future focus on RH will need to shift away from service delivery to enable an enhanced focus on capacities of a more limited number of RH issues at national and sub-national levels.

With no explicit rationale for the selection of the 11 focus counties there is no clear approach on scaling-up of the sub-national initiatives beyond the present 11 counties and it is not certain whether these initiatives will be adopted by government in other areas. In this regard there is a need to review UNFPA's approach at the sub-national level in terms of RH initiatives.

6. Recommendations

1) UNFPA's Presence in DPRK

- UNFPA's presence in DPRK should be continued, in spite of challenges encountered in the specific context of the DPRK with UNFPA a part of the overall UN mandate of assistance to DPRK as a member state
- For UNFPA to become a full partner in the international support effort to DPRK and to enhance UNFPA's visibility, it is important for the country office to have an independent representation. The set-up of FAO in DPRK with a Deputy Representative in Pyongyang and a Representative in Beijing could provide a model for this

2) Strategic Positioning

- UNFPA CP should continue to prioritize its involvement in programme areas such as RTI/STIs, cervical cancer control, EmONC and promotion of midwifery, that are recognized as relevant by and have sufficient support from Government, rather than areas such as adolescent reproductive and sexual health, broad method mix for FP, violence against women and prevention of HIV, which the government so far does not support
- UNFPA CP should shift its focus to capacity development at the national and sub-national levels, complemented by attention to promoting an enabling environment. With capacity development as a major means of engagement, sufficient attention will need to be paid to capacity assessments at the level of organizations and individuals concerned, to inform the process. As such there is substantial scope in capacity building and the initiatives identified in the current country programme such as introduction of new midwifery curriculum, RTI/STI and cervical cancer screening, demography course, quantitative and qualitative research should be pursued and institutionalized in line with the Strategic Plan (2014-17).
- UNFPA CP should review the approach to sub-national programming and align selection of provinces and counties in close cooperation with Government of DPRK, ensuring efficient access to the areas (options would include a focus on one province and covering all counties of that province or coverage of selected counties in adjoining provinces). Make use of the SDHS data to focus the programme on underserved areas and vulnerable groups with a high need for RH support. If government insists on the inclusion of service delivery as an approach, in spite of UNFPA's business model for the country office in DPRK under the new strategic plan, then there is a need to focus more on Operations Research perspective e.g. improvement of quality of care
- UNFPA CP should advocate with key policy decision makers such as NCC and MoPH for future inclusion of those aspects of UNFPA's mandate that are presently not included in the programme and which are not yet viewed as problematic and/or prioritized by the Government of DPRK. Ways to achieve this include the provision of data and evidence on neglected issues and making use of these in advocacy and awareness raising of government stakeholder at the national level together with other UN agencies and bilateral development partners and INGOs

3) UNFPA Country Office Management

- UNFPA, in particular at the level of the headquarters and the regional office, needs to bring its HR processes in line with the requirements of the CO and avoid long gaps in international senior management and technical support recruitments otherwise risking continuity of the programme as well as agency credibility in-country
- UNFPA should proactively participate in negotiations with UNDP, UNICEF, and WFP to find a solution to the financial transfer problem, which threatens the continuity of UNFPA's programme in DPRK. In case no solution can be found at the level of the country based UN organizations, the issue will need to be addressed through the involvement of the headquarters of UNPFA and sister UN agencies, in order to enable continued UN support in DPRK
- Improve in-country visibility of UNFPA's work. This needs to be done through multiplying events, seminars, capacity building workshops, invitations to attend openings and closings of seminars, presence at RH and PD related meetings, celebrations of international days, invitations for donor agencies to participate as well as by sponsoring, and the use of flags, stickers, flyers and posters
- UNFPA should invest in resource mobilization, including the development of a resource mobilization strategy. Make use of the forthcoming SDHS data as well as the census monographs prepared to present evidence-based data on programme results and short-comings. In this way, increase donor interest in RH and PD initiatives in DPRK. Make use of these materials in visits to donor agencies and meetings with donor representatives when they visit the country, organize visits in donor countries and actively promote UNFPA activities

4) Programmatic Focus

Reproductive Health Component

- Negotiate with WHO and UNICEF the handing over of the service delivery and commodity procurement aspects in the current 11 counties and beyond in order to phase out this activity from the UNFPA programme, while maintaining continuity of service delivery and commodity procurement at the national level. With the programme cycle extension till December 2016 this will mean that the CO has a transition period of nearly two years before the start of the next CP, when these aspects should no longer be part of the business model of UNFPA in DPRK
- Advocate, through the provision of data and evidence, involvement of experts, and raising of international attention, for those issues of UNFPA's mandate for which support is not yet considered relevant by Government of DPRK, including MDR, HIV, GBV and a focus on adolescents and youth
- Invest in midwives: follow up on their new education curriculum and ensure that they also provide new-born care, while insisting on inclusion of quality of care. Advocate for a nation-wide support system to identify and address existing weaknesses
- Invest in proper handling of obstetric complications by obstetricians and midwives through capacity development including exercising and proposing mock cases for discussion. Support the re-activation of MDR at provincial and national levels in order to enable the identification of causes of maternal deaths and to enable the instigation of corrective measures to further decrease the maternal mortality ratio

- Continue support to cervical cancer screening and treatment as an important part of RH and support scaling up with Government (MoPH) and other development partners. Assess opportunities to expand the piloting of breast cancer screening. This will need more equipment and training, to be provided through re-focusing of existing resources and mobilization of alternative resources
- Develop commodity security at national, provincial and county level (KLMIS) and implement a "pull-strategy" through provision of technical support. This will need enhanced collaboration with WHO, UNICEF and other international donors such as Global Fund
- Adapt the amount of emergency medicines distributed to the actual needs of the provinces and counties concerned through a better estimation of incidence of common obstetric and new-born complications. Advocate for inclusion of these medicines in the national procurement system
- Advocate to MoPH for universal provision of at least 4 contraceptive methods to women in all counties within the national FP programme. Hand over the procurement of contraceptives to WHO and UNICEF, if possible, or to Pharmacy Department of the MoPH while at the same time offering technical assistance through expert advice from the Global Programme for Reproductive Health Commodity Security

Population and Development Component

- Further develop the research capacity at national and sub-national levels, and particularly the analysis and utilization of both quantitative and qualitative data and development of information for planning sectoral strategies, through continued support to CBS as well as the Kim Il Sung University and selected Line Ministries, in particular MoPH
- Continue to invest in capacity development for teaching and data analysis in Kim Il Sung University so that higher level academic programmes could be established in future
- Provide technical support to CBS and other line ministries in strengthening a data management systems at national and sub-national levels for better use of data for planning, implementation and monitoring of key development indicators as well reporting on the MDGs.
- Support preparations for the 2018 census by building capacities and providing technical support in developing research proposals, as well as increasing the knowledge base of policy-makers and programme managers in the use of innovative technologies for data gathering and processing, and information dissemination

ANNEX 1:

Terms of Reference of the Evaluation of UNFPA/DPRK Fifth Country Programme 2011-2015/6

Introduction

The United Nations Population Fund (UNFPA) is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

UNFPA is a subsidiary organ of the United Nations General Assembly. It plays a unique role within the United Nations system: to address population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDG), in particular MDG 5.

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The United Nations Population Fund (UNFPA) has assisted DPRK since 1985, playing a catalytic role in introducing quality standards for a voluntary reproductive health approach in DPRK. As DPRK's largest multilateral source of assistance for population and development, and reproductive health, UNFPA supports the DPRK Government in fulfilling its commitments to ICPD and MDGs in the areas of population and development.

UNFPA is currently implementing its fifth country programme (CP5) over a five-year period (2011-2015) to assist the Government of DPRK in achieving its population and development goals, realizing the ICPD PoA and MDGs. CP5 is in line with the outcomes as formulated in the UNFPA's Strategic Plan (2008-2013)[28]. Based on the United Nations Strategic Framework for DPRK (UNSF) 2011-2015

[28] In September 2013, the Executive Board approved UNFPA new Strategic Plan (SP) for the period 2014-2017. While CP7 was designed according to the original SP 2008-2011, it later needed to be aligned in 2012 with the extended SP 2012-2013 and is at present running and being aligned with the new SP 2014-2017. While the three SP are focused on addressing the unfinished agenda of Cairo, with a particular concentration on sexual and reproductive health (SRH) and reproductive rights, this is more squarely the case with the explicit mention

and the Medium-Term Strategic Plan (MTSP) (2010-15), CP5 addresses some of the gaps that DPRK faces in achieving ICPD and MDGs. The financial budget of CP5 under evaluation is close to US$ 9.7 million (US$ 6 million from regular resources and US$ 3.7 from other resources).

The primary users of the evaluation are the decision-makers within UNFPA (DPRK Country Office, Asia and Pacific Regional Office, Headquarters) and the Executive Board, DPRK government counterparts, current and potential implementing partners in DPRK, and other development partners/donors.

Context

The national context in the year 2009 when the current CP5 was designed is captured as follows:

Achievements:

- The spirit of ICPD has changed the road-map of DPRK's population and development and has promoted national reform in the areas of reproductive health. Over the past two decades since ICPD, DPRK witnessed enormous changes and severe challenges to its health system and its population and national development had been severely under strain. Investments in health infrastructure improvement, provision of essential supplies and trained human resources have further strained delivery of quality of health care services. Thus, the country rather than to be able to show substantive improvements over the situation in 1990, was at least able to show comparable indicators in 2009.
- Despite the hardships and challenges it faced due to international and UN sanctions and issues related to cash flow for programme delivery, DPRK has recorded progress in many areas including: improvements in availability of population data (especially the population and housing census of 2008 supported by UNFPA), provision of quality reproductive health services that has resulted in better maternal health outcomes.
- The two programme components of reproductive health and population and development together have contributed to the Millennium Development Goals (MDGs), and in particular to goal 3 (promote gender equality and empower women); goal 4 (reduce child mortality); and goal 5 (improve maternal health).

Challenges:

- Experience in planning and implementing census/surveys of population is restricted to CBS and PC only and there are limited capabilities for data processing at provincial and county statistical offices;
- Sharing health and population data between MoPH, PC, CBS and international agencies is lacking and most of the government ministries work in vertical silos. Service statistics collected routinely is hardly shared with development agencies.

of the "bull's eye" in the extension of 2012-2013 and the new SP: the achievement of universal access to sexual and reproductive health, the realization of reproductive rights, and the reduction in maternal mortality.

- Health facilities lack basic amenities of power-supply, heating and running water because of which quality of care is impacted despite the fact that service providers are trained;
- Programmatically, there is complete denial of HIV/AIDS and reluctance to work with adolescents;
- Initial reluctance to adopt internationally approved standard related to adopting internationally approved quality of health care protocols and to implement activities to these standards;
- Local procurement is not feasible due to sanctions and delays implementation of planned activities

Nonetheless, in partnership with government entities, along with other UN agencies and INGOs, UNFPA CP5 supports two programme areas – i) reproductive health and rights and ii) population and development. CP5 has two outcomes and four outputs.

Reproductive health component:

Outcome 1 – Increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care

- **Output 1**- Improved availability of and access to essential, high-quality reproductive health information, counselling and services, including the prevention and treatment of reproductive tract infections and screening for cervical cancer, in programme areas

- **Output 2** - Improved access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas

Population and development component:

Outcome 2 – Enhanced utilization of sex-disaggregated population data and research related to population and development for planning and policy formulation, including monitoring the Millennium Development Goals, by line ministries and national institutions

- **Output 1** - Strengthened capacity of academic institutions to teach and to undertake research on the linkages between population and social development
- **Output 2 –** Enhanced capacity of line ministries in evidence-based national planning, policy formulation and the monitoring of national development goals, including the Millennium Development Goals

UNFPA supports interventions at both national and local levels in DPRK. At the national level, the programme aims at pushing for policy and procedural/regulatory changes, adaptation of training curricula, improvement of quality, availability and use of population data. At the local level, the projects are mainly designed to provide quality services to the people in a select number of provinces and Ri. CP5 is focusing on 4 provinces of South Phyongan, North Hwanghae, Kangwon and South Hamgyong covering a total of 11 county hospitals and 273 Ri clinics.

Objectives and scope of the evaluation

The overall objectives of the evaluation are: (i) an enhanced accountability of UNFPA for the relevance and performance of the fifth country programme in DPRK (CP5) and (ii) a broadened evidence-base for the design of the next programming cycle in DPRK.

Towards the achievement of these overall objectives, the specific objectives of the evaluation will be:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
2. To provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results;
3. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next country programme cycle in DPRK.

The CP5 Country Programme Document (CPD) and Country Programme Action Plan (CPAP) cover the period from year 2011 to 2015. However, the implementation of CP5 started when the CPAP was signed on June, 2011. Since the evaluation is undertaken in the penultimate year of CP5, the tendency of the achievements of the country programme results will be assessed based on the CP5 implementation from July 2011 to June 2014 and the planning for the planning for the remainder of year 2014 and 2015.

The evaluation will cover all activities planned and/or implemented during the period under evaluation including soft aid activities. Besides the assessment of the intended effects of the country programme, the evaluation also aims at identifying potential unintended effects.

Evaluation criteria and evaluation questions

The evaluation criteria shown below will be applied in assessing two evaluation components:

- Component 1 - The analysis of the programmatic area will be conducted according to four criteria: (i) relevance, (ii) efficiency, (iii) effectiveness and (iv) sustainability.
- Component 2 - The analysis of the strategic positioning will be conducted according to two criteria: (i) coordination with the UNCT and (ii) the added value of UNFPA.

The evaluation questions addressing the evaluation criteria[29] are proposed as follows:

Component 1 - The analysis of the UNFPA programme areas

Relevance:

1. To what extent is the UNFPA CP5 for DPRK (i) adapted to the needs of the population (in particular those of vulnerable groups), (ii) align with the priorities set by relevant national policy frameworks, (iii) in line with the mandate and priorities of UNFPA?
2. To what extent has the country office been able to respond to changes in the national development context, including changes in development needs and priorities?

Efficiency:

1. To what extent has UNFPA made good use of its human, financial and technical resources, given the special environment (e.g. UN sanctions) in which it has to perform in DPRK, and has it used an appropriate combination of tools and approaches to pursue the achievement of the CP5 outcomes and outputs?
2. To what extent did the intervention mechanisms (coordination mechanism, financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?

Effectiveness:

1. To what extent have the CP5 CPAP outputs been achieved and how did these outputs contribute to the achievement of the CP5 CPAP outcomes?
2. To what extent has UNFPA CP5 contributed to a sustained increase in the use of demographic and socio-economic information and data in the evidence-based development and implementation of plans, programmes and policies related to reproductive health/family planning, population dynamics and gender equality?

Sustainability:

1. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
2. To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Component 2 - The analysis of the strategic positioning

UNCT Coordination:

1. To what extent has the UNFPA DPRK Office contributed to the functioning and consolidation of the existing UNCT coordination mechanisms in DPRK?

Added value:

1. What are the main UNFPA comparative strengths in comparison to other development partners in DPRK – particularly other UN agencies working in similar areas? Are these

[29] The final evaluation questions will be defined and agreed upon during the evaluation design phase.

strengths a result of UNFPA corporate features or are they specific to the country office features?

Methodology and approach

Methods for data collection

The evaluation will use a multiple-method approach including (but not limited to) documentary review, individual interviews, group discussions, focus groups, as appropriate. Since each method has its unique strengths and weaknesses, the evaluators need to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others.

Methods for data analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based.

The triangulation techniques should be systematically applied throughout the evaluation process which means the evaluators must double or triple check the results of the data analysis by way of cross-comparing the information obtained via each data collection method (documentary review, individual interviews, group discussions, focus groups) and through different data sources (e.g. compare results obtained through interviews with government staff with those obtained from beneficiaries or from statistical data).

The evaluators should also establish the validation mechanisms including internal team-based reviews, regular exchanges with the CO programme managers and the reference group, and focus groups with a relevant audience.

Sampling of stakeholders and project locations

Considering the large geographic coverage and the wide range of stakeholders[30] of UNFPA CP5 for DPRK, the evaluation team will select a sample of stakeholders for data collection using specific selection criteria. The sample of stakeholders will reflect the variety of interventions in terms of subject matter and region.

Stakeholders' participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. Involvement may include participating in design (questions/objectives, methods, data collection instruments), data collection and analysis, developing recommendations, and other roles as appropriate for the evaluation. The stakeholders will be well defined and details of planned efforts to engage stakeholders should be provided in the evaluation team's design report.

[30] The stakeholders include government partners (ministries), implementing partners, other organization involved in implementation, beneficiaries, academia, UN organizations, etc.

Ethical considerations

The evaluation process should conform to the relevant ethical standards in line with UN Ethical Guidelines for Evaluation including but not limited to informed consent of participants, privacy, and confidentiality considerations. The relevant ethical standards will be identified and the mechanisms and measures to ensure that standards will be maintained during the evaluation process should be provided in the design report.

Evaluation process

The evaluation unfolds in five phases: (i) preparatory phase, (ii) design phase, (iii) field phase, (iv) reporting phase, and (v) management response, dissemination and follow-up phase. The main aspects to cover in each phase of the evaluation are summarized as follows:

1) Preparatory phase

This phase will include:

- Development of the Terms of Reference (TOR) for the evaluation in consultation with the regional office M&E advisor and send the TOR to the Evaluation Office for approval;
- Selection and recruitment of the evaluation team;
- Establishment of the reference group for the evaluation;
- Preparation of the background information and documentation on CP5 and its context;
- Preparation of the Atlas project list and the initial stakeholders mapping of the main partners relevant for CP5.

2) Design phase

This phase will include:

- Documentary review of all relevant documents available at UNFPA HQ and CO levels regarding CP5 and its context;
- Finalization of the stakeholder mapping – The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- Analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- Finalization of the list of evaluation questions;
- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase.
- Drafting of the design report, displaying the results of the above-listed steps and tasks;
- Quality assurance on the design report and finalization of the design report.

3) Field phase

- Undertake a two-week in-country mission including selected field visits to the programme sites for data collection and analysis by the evaluation team;

- Organization of the debriefing meeting on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and recommendations from the CO and key partners.

4) Reporting phase

- Continue the analytical work initiated during the field phase and prepare the draft version of the final evaluation report by the evaluation team, taking into account comments made by the CO at the debriefing meeting.
- Review and comment on the draft final report by the evaluation reference group and perform an evaluation quality assessment (EQA) of the draft final report by the CO ;
- Integrate relevant comments made by the reference group and produce the final version of the evaluation report by the evaluation team;
- Perform the EQA of the final evaluation report by the CO in consultation with the regional M&E advisor;
- Perform the EQA of the final evaluation report by the UNFPA Evaluation Office.

5) Management response, dissemination and follow-up phase

- Distribution of the final evaluation report to stakeholders in country, RO and UNFPA headquarters with a view to obtaining responses to the evaluation recommendations;
- Prepare the management response for the CP5 evaluation and upload it into the Management Response Tracking System (MRTS) within one month of accepting the evaluation report;
- Disseminate the evaluation report internally to UNFPA including posting the evaluation report together with the final EQA grid and management response on the evaluation database webpage[31] and the country website within 6 months.
- Disseminate the evaluation results externally to partners to inform decision-making and/or the public through various channels such as public websites, national and international meetings and conferences, journals and media briefs.
- Follow up of progress in implementing the evaluation recommendations.

Expected outputs/ deliverables

The expected outputs/deliverables of the evaluation include:

- A design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology with a detailed description of the data collection plan for the field phase;
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- A draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);

[31] http://www.unfpa.org/public/home/about/Evaluation/Database

- A Power Point presentation of the results of the evaluation for the dissemination events;
- A final report, based on comments expressed during the dissemination seminar.

All deliverables will be in English. The Power Point presentation for the dissemination events and the summary of the final report will be translated into Korean.

Work plan/ Indicative timeframe

Phases/Specific activities/milestones/deliverables	Dates
1. Preparatory Phase (March 15 to July 30, 2014)	
Prepare the draft Terms of Reference (TOR) of the CPE by the Evaluation Manager (EM) with support of the CO	March 15-21, 2014
Send the draft TOR to the APRO for clearance and the Evaluation Office for approval	March 25, 2014
Revise and finalize the TOR for CPE	May 4, 2014
Approval of the TOR by the Evaluation Office	May 10, 2014
Establish the evaluation reference group[32] and orient the group	By May 15, 2014
Launch the selection process of the evaluation team	May 20-May 30, 04, 2014
Identify the potential candidates and prepare the assessment table with the assistance of regional M&E adviser	May 26 to June 02, 2014
Share the short-listed CVs with ERG	June 03-07, 2014
Send the assessment table and CVs of the potential candidates to the Evaluation Office for pre-qualification-Team Leader and RH-**Team leader prepared and shared for transmission**	By second week of June, 2014
Contract with the evaluation team	End-July, 2014
Prepare the initial documentation for the evaluation team; Atlas; Stakeholder Mapping	Initiated
2. Design Phase (Mid-August to Third week September, 2014)	
Design the evaluation by the evaluation team[33]	Mid-August, 2014
Submit the draft design/inception report of the country programme evaluation (CPE) to the CO	End-August, 2014
Review the draft design report for quality assurance	By First week of September, 2014
Consolidate comments and share with the evaluation team	Mid-September, 2014
Finalize the design/inception report by the evaluation team	Mid-September, 2014
Final approval of the design report	Third week of September, 2014
3. Field Phase (Third Week September-First week October, 2014)	
Preparation for ETs field mission	Mid-September, 2014
Briefing meeting of CPE with CO and ERG	Third week

[32] **An evaluation reference group** is usually composed of the country office senior managers, M&E advisor of Regional Office, and representatives of national counterparts including government. They may also include representatives of the academia and of civil society organizations.

[33] **The main tasks of the evaluation team** include documentary review, stakeholders mapping, and analysis of the intervention logic of the programme, finalization of the evaluation questions, selection of the data collection and analysis methods, and development of the agenda for the field work.

	September, 2014
Re-define the Evaluation Matrix; if required	Sept 23, 2014
Conduct a two-week field mission for data collection and analysis	Sept 24-October 04, 2014
Conduct a debriefing meeting to present the preliminary findings, tentative conclusions and embryonic recommendations by the evaluation team to the CO and ERG	Oct 6, 2014 (at the end of field phase)
4. Reporting Phase (Mid-October to Mid-December, 2014)	
Finalize the Evaluation Matrix	Mid October, 2014
Prepare the first draft of the CPE report	Between Oct 16-30, 2014
Submit the draft of the CPE report to UNFPA CO	Nov 01, 2014
Review and comment on the draft CPE report by the CO, APRO and ERG	By Nov 10, 2014
Perform EQA for the draft report	By mid Nov, 2014
Consolidate comments and send to ET	Third week, Nov, 2014
Incorporate the consolidated comments into the final CPE report	By end Nov, 2014
Submit the final CPE report	First week of Dec, 2014
Review and approve the final CPE report by the CO	First week of Dec, 2014
Perform the EQA of the final CPE report	Second week of Dec, 2014
5. Dissemination and follow-up Phase (Third week December, 2014 to First Week January, 2015)	
To distribute the final CPE report to the stakeholders in country, Regional Office and UNFPA headquarters with a view to obtaining responses to recommendations	Third week of December, 2014
To prepare the management response to the CPE recommendations	By mid-January , 2015
Submit the EQA and the management response for uploading in the evaluation database	Third week of January, 2015
Dissemination of results of CPE	January last week, 2015

Composition of the evaluation team

The evaluation team will consist of one international expert as team leader and one international expert as team member as follows:

- One team leader with overall responsibility for the production of the draft and final evaluation reports. He/she will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. At the synthesis phase, she/he will be responsible for putting together the first comprehensive draft of the evaluation report, based on inputs from other evaluation team members. The team leader will also cover the population and development programmatic area of the evaluation. She/he will take part in the data collection and analysis work during the design and field phases and be responsible for drafting key parts of the design report and of the final

evaluation report, including (but not limited to) sections relating to the population and development.

- One team member (a sexual and reproductive health expert) will provide expertise in the sexual and reproductive health of the evaluation. The team member will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to the sexual and reproductive health.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Qualifications of the evaluation team

1. **Team leader**

- Advanced degree in demography, population and development studies, international development, social sciences, political science, economics or related fields;
- Experience leading evaluations in the field of development for UN organizations or other international organizations;
- At least 7 years of experience in conducting complex programme and/or country level evaluations including knowledge of evaluations methods and techniques for data collection and analysis;
- Experience in and substantive knowledge of demography, population and development related issues ;
- Experience in and good knowledge of Eastern Asia and DPRK in particular, would be advantageous ;
- Excellent leadership, communication ability and excellent report writing skills in English.

2. **Sexual and reproductive health expert**

- Advanced degree in social sciences with specialization in public health;
- Experience and substantive knowledge of reproductive health, family planning, HIV/STIs prevention, maternal health and adolescent reproductive health;
- Experience in conducting evaluations/research for UN agencies or other international organizations in the area of health;
- Excellent report writing skills in English and communication ability;
- Ability to work in a team.

No member of the evaluation team shall have had any prior involvement with the design, implementation, supervision, or financing of the programme. UNFPA's evaluation manager shall be

informed of any situation or circumstance that may be perceived as a conflict of interest for any member of the evaluation team.

Remuneration and duration of contract

Repartition of workdays among the team of experts will be the following:

- 40 workdays for the team leader who is also a population and development expert;
- 30 workdays for the sexual and reproductive health expert;

Workdays will be distributed between the date of contract signature and the end date of the evaluation.

Payment of fees will be based on the delivery of outputs, as follows:

- Upon satisfactory contribution to the design/inception report: 20%
- Upon satisfactory contribution to the draft final evaluation report: 50%
- Upon satisfactory contribution to the final evaluation report: 30%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

Management and conduct of the evaluation

Roles and responsibilities of the evaluation manager

UNFPA DPRK Office shall appoint an evaluation manager who will oversee the entire process of the evaluation, from its preparation to the dissemination of the final evaluation reports. The evaluation manager will:

- Launch the evaluation;
  - *Drafts the ToR*
  - *Establishes the evaluation reference group*
  - *Prepares initial documentation*
  - *Prepares list of atlas projects by CPAP output and Strategic Plan outcome*
  - *Prepares stakeholders mapping*

- Lead the process of selection and recruitment of the evaluation team;
- Supervises the work of the evaluation team and provides guidance throughout the entire exercise;
- Provide comments on the design report and inputs to the evaluation matrix;
- Manage the logistics for the field mission;
- Submit draft report to the Regional M&E Adviser, the ERG and other relevant stakeholders and requests for comments;
- Retrieve comments from RM&E Adviser, the ERG and other stakeholders and transmits the comments to the evaluation team;
- Ensure the final draft meets the UNFPA quality standards;
- Approve the final report in consultation with the ERG;

- Conduct the evaluation quality assessment on the draft final evaluation report (EQA);
- Submit the evaluation recommendations to the relevant services for the management response;
- Ensure the dissemination and outreach processes of the evaluation.

Roles and responsibilities of the evaluation team

- Carries out the evaluation based on parts 1, 2 and 3 of the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA;
- Produces the design/inception report;
- Produces the evaluation report.

Roles and responsibilities of the reference group

The reference group is made up of representatives from the UNFPA (Country Office in DPRK and Asia and Pacific Regional Office) as well as other relevant stakeholders (National government counterpart and other key implementing partners).

The main functions of the reference group will be:

- Provide input to the terms of reference of the evaluation;
- Provide input for selection of team of evaluators;
- Provide overall comments on the design report of the CPE;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection;
- Provide comments on the main deliverables of the evaluation, in particular the draft and the final report.

Brief outline of the quality assurance process

Quality assurance process applies to all phases of the evaluation which begins with the development of the terms of reference for the evaluation, involves the selection of the evaluation team, and finally, spans throughout the entire evaluation process, from its design to the finalization of the evaluation report.

The key quality assurance milestones during the evaluation process are as follows:

- Quality assurance during the design phase

Quality assurance during the design phase focuses on the design report which defines the scope of the evaluation and lays out the specific methodology. The design report will be checked in the following three main quality assurance questions: 1) Have the evaluators correctly understood why UNFPA is doing this evaluation? 2) Have the evaluators correctly understood what is being evaluated? 3) Have the evaluators convincingly illustrated how they intend to carry out the evaluation?

- Quality assurance during the field phase

Quality assurance during the field phase is an on-going process to ensure that evaluators gather data and information from an appropriate and balanced selection of sources (both documents and interviewees), at the appropriate level of detail. Quality assurance also consists in checking that the data and information are recorded in a consistent manner by the different evaluators.

- Quality assurance during the reporting phase

Quality assurance during the reporting phase focuses on the final evaluation report. The Evaluation Quality Assessment Grid (EQA) developed by UNFPA Evaluation Office (Annex 5) will be used to assess the quality of the final evaluation report.

Bibliography and resources

DOCUMENTS	STATUS
1. Programming Documents for CP5	
1.1 Common Country Assessment	Reviewed
1.2 Current UNSF (2011-2015)	---do---
1.3 CP5 CPD and CPAP	---do---
1.4 (a) Results and Resources Framework (b) Planning and Tracking Tools (c) Monitoring and Evaluation calendars	---do---
1.5. Relevant national policy documents for each programmatic area (RH and PD)	Policy as such was not available but reviewed National Strategic documents
1.6. UNFPA Strategic Plans (2008-11) and (2008-2013)	Reviewed
1.7. The mid-term review of UNFPA Strategic Plan (2008-2013)	---do---
1.8. UNFPA Strategic Plan (2014-2017)	---do---
2. Annual Work Plans and Standard Progress Reports for year 2011, 2012 and 2013	
2.1 AWPs and Annual Standard Progress Reports under RH component	---do---
2.2 AWPs and Annual Standard Progress Reports under PD component	---do---
2.3 AWPs and Annual Progress Reports for CERF	---do---
2.4 Country Office Annual Reports	---do---
3. List of Atlas projects and the stakeholders mapping for CP5	
3.1 List of Atlas projects	---do---
3.2 The stakeholders mapping table for CP5	---do---
4. Evaluation/ Reviews Reports in CP5	
4.1. Other evaluation reports (such as end-of-project evaluation or thematic evaluation)	No
5. Surveys and Studies	
5.1. Baseline and end line survey reports for CP5	No but RHS 2010 served as the baseline and was reviewed
5.2. Other studies/reports in Reproductive Health	Reviewed
5.3. Other studies/reports in Population and Development	Reviewed
6. Monitoring	
6.1 Field monitoring visits reports	Reviewed; and form basis of sample selection
7. Partners	
7.1. IPs: Reports assessing technical capacity of implementing partners	Reviewed
7.2. United Nations Country Team: Documentation regarding joint programmes (if any) Documentation regarding joint working groups, corresponding meeting agendas and minutes	Reviewed
7.3. *Other donors*: Documentation on donor coordination mechanisms: - List of donor coordination groups in which UNFPA participates - Corresponding meeting agendas and minutes - Co-financing agreements and amendments (e.g. CERF)	Reviewed

ANNEX 2: List of Persons met

Institution or Agency	Name	Title or function
Government of DPRK		
National Coordinating Committee (NCC)	Mr Rim Yong Chol Mr Ri Chol Song	Secretary General, NCC for UNFPA Coordinator, NCC for UNFPA
Central Bureau of Statistics	Mr Won Hyok Mr Paek Ki Chon Ms Han Ryu Gum	Director, Department of Population and Labour Statistics Director, Department of External Affairs Project Manager for UNFPA
Population Centre of Ministry of Public Health	Mr Yang Song Il Ms Jang Hye Sun	Chief of External Affairs Division Senior Officer for Scientific and Planning Division
Population Institute of Kim Il Sung University	Ms. Ri Ryon Hui Mr Pak Jong Chol and 4 lecturers	Head of Population Institute Researcher, Population Institute
Education Commission	Mr. Choe Tok Hun Ms. Ri Hye Ryon	Senior Officer Officer, Department of External Affairs
Pyongyang Medical College	Ms Choe Gyong Hui Ms Kim Chun Wol	President of PMC Head of Midwifery Education
Pyongyang Maternity Hospital	Dr Han Myong Gun Dr. Pyo Hye Suk	Deputy Director Chief of Women's Health and Care Department
Health Education Institute of the MoPH	Mr O Yong Chol Ms Kim Jin A Mr. O Song Guk Mr. Jong Won Nam	Vice Director Journalist Section Chief Video Section Chief Fine Arts
Civil Society		
Korean Federation for the Care of the Aged (KFCA)	Ms Ri Chol Hui Ms Pak Yong Hui	Vice Chairwoman Director of International Relations
Korean Family Planning and MCH Association (IPPF)	Mr So Hyon Chol Mr Jong Kyong Song Ms Choe Ryon Hwa	Executive Director Director of Planning Division Officer of Planning Division
Province South Hamgyong		
Hamhung : Health Department of the Provincial People's Committee	Mr An Yong Son Mr Ryu Hak Chol	Senior Officer Officer
Provincial Maternity Hospital	Dr Jon Kwang Chol Dr Sin Hye Ryon	Director Deputy Director
Tonghungsan District Hospital	Dr Tong Kwang Hak Dr. Pak Sang Hui Mr Pak Ui Yong	Director Chief of Ob/Gyn Department Director of Public Health Department of the District People's Committee
Hamju County Hospital	Dr Won Myong Ho Mr Han Chong Muk	Director Director of County People's Committee Public Health Dep
Suhung Ri Hospital	Dr Yu Ji Hum Ms	Director Ob/Gyn and Midwife
Province Kangwon		
Wonsan Provincial Bureau of Statistics	Mr Kim Hyong Hoe Mr Pak Chun Sok	Director Chief of Population Statistics Department
Wonsan Provincial Maternity Hospital	Dr Jo Mu Song Dr. Jin Myong Suk	Director Chief Gynecology

	Dr. Kim Un Hui Dr. Han Kyong Ok	Chief Obstetrics Chief Women's Health
Anbyon County Hospital	Dr Han An Jun Mr Kim Hong Ju Mr Pak Jong Min	Director Vice chairman, County People's Committee Director, County People's Committee Public Health Dep
Mopung Ri Hospital	Dr Pak Tong Jin Ms Kim Hui Son	Director Midwife
United Nations		
UN Resident Coordinator Office	Ghulam Isacsai Tareq Talahmeh (by Skype)	UN Resident Coordinator and UNDP/UNFPA Resident Representative Coordinator Officer
WHO (WR absent)	Dr Nazira Artykova Dr Martin Weber	MCH Technical Officer Consultant from Regional Office
UNICEF	Tim Schaffter	Representative
WFP	Dierk Stegen	Representative
FAO	Belay Derza Gaga	Deputy Representative
UNFPA-Country Office	Arie Hoekman Ulrika Rehnstrom Loi Sathyanarayana Kundur Bayaraa Ayurzana Ms Kim Nam Suk Dr Kim Kyong Ok Mr So Kwang Yong Ms Ryu Suk Yong Navchaa Suren (by Skype)	Non-Resident Country Director (Beijing) International Programme Coordinator Technical Specialist Operations Manager National Programme Officer National Programme Professional Personnel National Programme Associate National Finance Associate Former International Programme Coordinator
UNFPA Regional Office APRO-Bankgkok	Golden Mulilo Soyoltuya Bayaraa (by Skype) Anne Harmer (by Skype)	Desk Officer for DPRK in APRO Former Desk Officer for DPRK in APRO Regional Programme Coordinator
Bilaterals		
Sweden	Torkel Stiernlöf	Ambassador
United Kingdom	Felix Condry	First Secretary
Italian Development Cooperation	Matteo Vailati	Resident Coordinator
Bureau Francais de Coopération	Emmanuel Rousseau	Director
Swiss Agency for Development and Cooperation (SDC)	Thomas Fisler	Director of Cooperation
International NGOs		
EUPS Unit 3 Concern	Yousaf Jogezai	Country Director
EUPS Unit 7 Handicap International	Carla Vitantonio	Representative
EUPS Unit 5 Triangle	Grégoire Rochigneux Raphaèle Catillon	Representative KFCA Project Manager
EUPS Unit 5 German Agro Action	Karl Fall	Agriculture Project Manager
IFRC	Gopal Mukherjee	Health Delegate

The Evaluation Team would like to express sincere gratitude to all the persons above for their valuable inputs to the evaluation process.

ANNEX 3: METHODOLOGY and WORKPLAN:

The following tools will further inform data gathering and analysis:

Stakeholder analysis: Identification of the stakeholders and their relationship to the country programme and its two components. Stakeholders will be identified at the national as well as at the sub-national level.

Logical Framework: This framework provides a logical sequence between activities, their direct outputs, the more indirect outcome level changes and the impact that these have on people's lives. It concerns a people focused approach and provides a framework for assessing whether objectives are likely to be achieved through a stepped approach of monitoring of indicators identified on the various levels concerned. As the Country Programme has a logical framework which provides the basis of the monitoring and evaluation of the programme, this approach will be suitable for the country programme evaluation.

Table: Methodologies for Data gathering applied and key characteristics

Method	Description	Objective	Comments
Desk review	Study and review of selected documents relevant to the present evaluation	To get informed on the background and context as well as documented details of the country programme and its results through secondary resources	Main learnings from the desk review were used to develop this design report, which details the approach and methodology applied in the evaluation process
Review of the monitoring data gathered at a variety of levels	Assessment of the regular monitoring data gathered at the level of the UNCT, CPAP and individual projects	To assess the quantity and quality of monitoring data gathered at the various levels and to inform result level changes achieved	Review of monitoring data is meant to inform both the assessment of the monitoring systems as well as the results achieved at the various levels of programme implementation
Semi-structured interviews	Face-to-face interviews in Pyongyang and selected provinces, counties and ri's	To gather qualitative and quantitative data on the programme, including its design and implementation at national and sub-national levels	Topics for discussion informed by the desk review and guided by the evaluation framework
Focus Group discussions	Discussions in groups of selected participants on identified topics	To gather information at the sub national level including county and ri	Topics for discussion informed by the desk review and guided by the evaluation framework
Observation	Structured and unstructured observations in selected health facilities and statistics offices	To gather data on the actual practices and related capacities of staff and the use of equipment and facilities	Structured observation will be limited with the number of facilities to be visited being limited by the time frame of the country visit

Method	Description	Objective	Comments
Skype discussions	Interviews with selected stakeholders not present at site in DPRK	To include stakeholders that support the UNPFA country programme from APRO and UNFPA Headquarters	With selected stakeholders
E-mail communication	Focused e-mail messages	To address specific gaps in data and information to be obtained from specific persons and stakeholders	As needed

Outcome Mapping: focuses on outcomes achieved in those stakeholders that a project or programme works with directly (the 'boundary partners'), including changes in behaviour, relationships and actions. It acknowledges the use of qualitative information to identify the changes concerned

SWOT analysis: Looking at strengths and weaknesses in terms of internal capabilities of organizations concerned, while looking at opportunities and threats to highlight external factors. Strengths and opportunities can be used to assess aspects to be further developed and reinforced, while weaknesses and threats can identify those internal as well as external issues to address and mitigate against.

Ethical Considerations

The evaluation team is bound by and will abide by the ethical code of conduct for UNEG/UNFPA evaluations (attached as annex 3) as well as the UNEG Standards and Norms for Evaluation in the UN System. This includes the independence of the evaluators, the anonymity and confidentiality of individual participants to the evaluation, sensitivity to social and cultural context and acting with integrity and honesty in relations with all stakeholders. [34]

3) Identification of Stakeholders

Below a preliminary stakeholder mapping is provided based on desk review. As part of the country visit the stakeholder analysis will be further developed and detailed. This will be part of the initial discussion of the Design Report. Based on the stakeholder mapping, parties to include in the field visits will be identified.

1. NATIONAL GOVERNMENT

National Coordinating Committee (NCC) – coordinating body for implementation of UN assistance including UNFPA in DPRK

Ministry of Public Health (MoPH)

The Ministry of Public Health has, besides operational departments, a department for external affairs and a centre for population issues, i.e. the Population Centre

The MoPH coordinated in 2010 in a major inter-agency exercise called the Medium-Term Strategic Plan for the Development of the Health Sector in the DPRK 2010-2015, which

[34] UNEG, Standards for Evaluation in the UN System, April 2005; UNEG, Norms for Evaluation in the UN System, April 2005; UNEG, UNEG Code of Conduct for Evaluation in the UN System, March 2008.

remains the guiding document for health assistance. A first review of progress on the implementation of the strategy was made in 2011. A second review and planning meeting was held in early September 2014.

Central Medical Warehouse

Central Bureau of Statistics (CBS)

Education Commission, Ministry of Higher Education / Ministry of Primary and Secondary Education

Other relevant national agencies (identified during country visit)

2. PROVINCIAL AND COUNTY AUTHORITIES

Provincial and county authorities
Provincial CBS offices
Health administration, Provincial Medical Warehouse
County Hospital administration, doctors, midwives, Ri-clinic heads and staff
Village level officials
Target groups including vulnerable groups

3. UN Agencies

WHO supports the Ministry of Public Health since 1973. In 1997, a WHO Emergency and Humanitarian Action (EHA) office was established to deal with the deteriorating health and humanitarian situation. WHO has since participated in the annual UN Consolidated Appeals for DPR Korea. Resources through the UN Consolidated Appeal and other funding mechanisms have been instrumental to address major public health problems such as tuberculosis, malaria, polio eradication, blood safety, strengthening of EPI program and health care service at the community level, including Making Pregnancy Safer. WHO contributed with UNFPA to the publication of the State of the World's Midwifery Reports of 2011 and 2014, as well as the annual CERF Reports.

UNICEF is present in the country since 1996 and works in 9 out of 10 provinces, in the areas of Child and Maternal health, TB and Malaria, Nutrition, WASH, Education, and advocacy for Child Rights. UNICEF is, moreover, supporting the establishment of a comprehensive monitoring system of MDGs and Education for All in DPRK and the introduction and strengthening of Education Management Information System (E-MIS).

UNDP, present in DPRK since 1979, has programs in the areas of food security and rural development, environment and climate change, and plays the role of coordinator of the UN, in particular regarding the monitoring of the MDGs. The UNDP Resident Representative serves as UNFPA Representative, while the UNFPA Representative based in China serves as Country Director based on the agreement between UNDP and UNFPA on organizational arrangements of UNFPA Country Offices on 22 February 1996.

FAO is mostly concerned with support to agricultural production. Support includes the strengthening of food and agriculture information system. FAO works in geographical areas which overlap with the provinces in which UNFPA is active.

WFP is concerned with support to food security and acts as main supplier and coordinator of food aid, particularly in times of crises. Their programme on nutrition supports women and children and has acquired a geographical coverage with main concentration on the north eastern parts of the country.

CERF is a coordinating body of humanitarian assistance from emergency relief funds. CERF is still present and active in monitoring humanitarian aid in the country.

4. UNIVERSITIES, RESEARCH CENTRES, TEACHING CENTRES

Population Institute, department of Economics, Kim Il Sung University
Population Centre, MoPH
Pyongyang Medical College, Ministry of Higher Education
Pyongyang Maternity Hospital, MoPH

5. CIVIL SOCIETY

Korean Family Planning and MCH Association
Korean Federation for Care of Aged (KFCA)-
Health Education Institute (HEI)
Other relevant civil society organizations that UNFPA has worked with

6. DONOR AGENCIES AND INTERNATIONAL NGO'S

A small number of international donors have agencies and ODA programmes in the country, such as Switzerland, Sweden, Norway, Italy, Germany and France. A review of possible collaborations and contributions with UNFPA programme will be conducted in-country.

International NGOs such as Save the Children Fund, Handicap International, PU-AMI (French), Concern, DW and Triangle, also have programmes of assistance, mainly related to humanitarian emergencies, health and education. The Red Cross movement is present in the country through the ICRC and the IFRC.

Table: Summary of Field Monitoring Visits of UNFPA Staff in DPRK, 2011-2014

2011					
S. Hamgyong	UNFPA allocated Provinces				Nov
Kangwon					
S. Phyongan				Sept	Nov
N. Hwanghae					
S.Hwanghae					
N. Phyongan					
2012					
S. Hamgyong	UNFPA allocated Provinces		May	Sept	Dec
Kangwon		Mar		Nov	
S. Phyongan			May		Nov
N. Hwanghae		Mar	May		
S.Hwanghae			Jun		
N. Phyongan					
2013					
S. Hamgyong	UNFPA allocated Provinces	Jan	Feb	Jun	Nov
Kangwon		Feb			Nov
S. Phyongan		Apr	Jun		Nov Dec
N. Hwanghae					Nov
S.Hwanghe					Nov
S. Phyongan					Dec
N. Phyongan					
2014				**Total Number of Visits**	
S. Hamgyong	UNFPA allocated Provinces	Feb	July	10	
Kangwon		Feb	July	6	
S. Phyongan		Mar	Jun	10	
N. Hwanghae			Jun	4	
S.Hwanghae				2	
S. Phyongan				1	

N. Phyongan		Mar		1
S. Hamgyong		Feb		1

Table: Work plan for the DPRK Country Programme Evaluation

Phases/Specific activities/milestones/deliverables	Dates
1. Preparatory Phase (March 15 to July 30, 2014)	
Prepare the draft Terms of Reference (TOR) of the CPE by the Evaluation Manager (EM) with support of the CO	March 15-21, 2014
Send the draft TOR to the APRO for clearance and the Evaluation Office for approval	March 25, 2014
Revise and finalize the TOR for CPE	May 4, 2014
Approval of the TOR by the Evaluation Office	May 10, 2014
Establish the evaluation reference group[35] and orient the group	By May 15, 2014
Launch the selection process of the evaluation team	May 20-May 30, 04, 2014
Identify the potential candidates and prepare the assessment table with the assistance of regional M&E adviser	May 26 to June 02, 2014
Share the short-listed CVs with ERG	June 03-07, 2014
Send the assessment table and CVs of the potential candidates to the Evaluation Office for pre-qualification-Team Leader and RH-**Team leader prepared and shared for transmission**	By second week of June, 2014
Contract with the evaluation team	End-July, 2014
Prepare the initial documentation for the evaluation team; Atlas; Stakeholder Mapping	Initiated
2. Design Phase (Mid-August to Third week September, 2014)	
Design the evaluation by the evaluation team[36]	Mid-August, 2014
Submit the draft design/inception report of the country programme evaluation (CPE) to the CO	End-August, 2014
Review the draft design report for quality assurance	By First week of September, 2014
Consolidate comments and share with the evaluation team	Mid-September, 2014
Finalize the design/inception report by the evaluation team	Mid-September, 2014
Final approval of the design report	Third week of September, 2014
3. Field Phase (Third Week September-First week October, 2014)	
Preparation for ETs field mission	Mid-September, 2014
Briefing meeting of CPE with CO and ERG	Third week September, 2014
Re-define the Evaluation Matrix; if required	Sept 23, 2014
Conduct a two-week field mission for data collection and analysis	Sept 24-October 04, 2014
Conduct a debriefing meeting to present the preliminary findings, tentative conclusions and embryonic recommendations by the evaluation team to the CO and ERG	Oct 6, 2014 (at the end of field phase)
4. Reporting Phase (Mid-October to Mid-December, 2014)	
Finalize the Evaluation Matrix	Mid October, 2014

[35] **An evaluation reference group** is usually composed of the country office senior managers, M&E advisor of Regional Office, and representatives of national counterparts including government. They may also include representatives of the academia and of civil society organizations.

[36] **The main tasks of the evaluation team** include documentary review, stakeholders mapping, and analysis of the intervention logic of the programme, finalization of the evaluation questions, selection of the data collection and analysis methods, and development of the agenda for the field work.

Phases/Specific activities/milestones/deliverables	Dates
Prepare the first draft of the CPE report	Between Oct 16-30, 2014
Submit the draft of the CPE report to UNFPA CO	Nov 01, 2014
Review and comment on the draft CPE report by the CO, APRO and ERG	By Nov 10, 2014
Perform EQA for the draft report	By mid Nov, 2014
Consolidate comments and send to ET	Third week, Nov, 2014
Incorporate the consolidated comments into the final CPE report	By end Nov, 2014
Submit the final CPE report	First week of Dec, 2014
Review and approve the final CPE report by the CO	First week of Dec, 2014
Perform the EQA of the final CPE report	Second week Dec, 2014
5. Dissemination and follow-up Phase (Third week December, 2014 to First Week January, 2015)	
To distribute the final CPE report to the stakeholders in country, Regional Office and UNFPA headquarters with a view to obtaining responses to recommendations	Third week of December, 2014
To prepare the management response to the CPE recommendations	By mid-January , 2015
Submit the EQA and the management response for uploading in the evaluation database	Third week of January, 2015
Dissemination of results of CPE	January last week, 2015

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Evaluators should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Evaluators should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.

5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System.

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

ANNEX 4:

Evaluation Matrix for CPE DPRK 2011-2015/6

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
Relevance: To what extent is the UNFPA's support in the field of SRH (i) adapted to the needs of the population, including vulnerable groups, women and young people; (ii) in line with the priorities set by international, national and sub-national policy frameworks, including an adequate reflection of CPAP goals; and (iii) providing an adequate response to any changes in national development needs or priorities?			
(i) The needs of the vulnerable population, such as youth, adolescents, low-income households, and the population living in remote areas were well taken into account during the programming process	- Evidence of needs-based planning and implementation evident in CP programming and in line with the CP outputs - Evidence of adequate and accurate identification of the vulnerable population AND their needs prior to the programming of components of CPAP and AWPs, including women, adolescents and in particular young girls, people living in remote or isolated villages and low income households - Disaggregation of data along gender and other aspects of vulnerability and capacities to do so	- CP4 CPE recommendations - CPAPs, AWPs, project reports - CPEs undertaken or situation analysis, baseline data analysis - SPRs - National Policy/strategy documents/laws/National RH strategy - Clinical service records in ri-clinics and hospitals - PD material including survey questionnaires and reports - Research reports	- Documentary analysis - Interviews with CO staff - Interviews with IPs or their staff - Interviews/focus groups with beneficiaries, if/when possible - PD documentation and data
(ii) The actual programme implementation reflects the priorities set by international, national and sub-national policy which priorities were well reflected in the CPAP	- Evidence that the international, national and sub-national policies are reflected in the CPAP and its components, including UNFPA Strategic Plan, ICPD, UNCT and MDGs Strategic plans - Evidence that CPAP & AWPs were consistent with policies - Quality and position of UNFPA policy dialogue within the UNCT	- CPAP, AWPs, COARs - Govt 5 Year Plan & policy documents - Medium-term strategic Plan for the Development of the Health Sector - ICPD PoA - UNFPA Strategic Plan and MTR - MDG reports	- Documentary analysis - Interviews with Govt , sub-national and UN officials, and CO staff - Interviews with IPs or their staff

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
	- Evidence that questionnaires/data gathered are relevant to and adapted to the national context in DPRK	- CO staff	
(iii) The changes occurring in national development context and related needs were recognized and a response was developed, with emphasis given to UNFPA playing an upstream role	- Evidence of changing development priorities and needs, including humanitarian crises - Evidence of nature of the response, including humanitarian support - Evidence that UNFPA response was considered relevant, by Government and other parties -Evidence that ad hoc requests for assistance received an adequate response in line with UNFPA mandate	- New Govt or sub national policies/strategy documents/laws - Humanitarian crises e.g. floods - CERF Proposals and Reports - Trends in PD data; population dynamics (fertility, mortality, migrations); performance information - Research reports	- Documentary analysis - Interviews with Govt , sub-national and UN officials (including humanitarian agencies), and CO staff - Interviews with IPs - Expert group
EFFICIENCY - To what extent has UNFPA made good use of its human, financial and technical resources, given the specific environment of DPRK, and has it used an appropriate combination of tools and approaches to pursue the achievement of the outcomes and outputs of CP5? To what extent did the intervention mechanisms (coordination mechanism, financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs?			
UNFPA has appropriately used its human, financial and technical resources to pursue the achievement of the CP5 outcomes and outputs	- Evidence of sound CO Human Resource management, financial management in both programme components and across the components - Evidence that technical challenges have been addressed in both the programme components	- CPAP, AWPs, SPRs, COARs - Trends in SRH indicators - Financial documents (budgets and reports) - Audits	- Documentary analysis - Interviews with staff - Field visits
UNFPA has appropriately mobilized and used additional resources for regular CP activities and for humanitarian response	- Evidence of additional resources mobilized for individual programme components and for humanitarian response - Advocacy activities for additional support	- COARS - Financial documents - Inter-agency humanitarian coordination (CERF) - CERF proposals and reports -	- Documentary analysis - Interviews with UNFPA staff, - Staff from other UN agencies and - Staff from government counterpart agencies - Field visits

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
Intervention mechanisms proved adequate for the task at hand in each of the programme components to achieve outputs identified	- Enabling and constraining factors internal to UNFPA management - Evidence of achievement of outputs - Evidence of outputs lacking in achievement and reasons concerned	- AWPs - COARS - Supervision visits from APRO	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff and other UN officials, - Interviews with other stakeholders
EFFECTIVENESS - To what extent has UNFPA support helped to increase the availability of, access to and usage of quality SRH services and sexuality education for men, women and young people (including adolescents); To what extent has UNFPA support helped to ensure that *sexual and reproductive health (including family planning, commodity security and maternal health)*, and the associated concerns for the needs of young people, adolescents, women and girls and other vulnerable groups, are appropriately integrated into national development instruments and sector policy frameworks in the programme country? To what extent has UNFPA CP5 contributed to a sustained increase in the use of demographic and socio-economic information and data in the evidence-based development and implementation of plans, programmes and policies related to reproductive health/family planning, population dynamics and gender equality?			
UNFPA has ensured appropriate integration of SRH/FP into national policies, development instruments and frameworks	- Evidence of changes in national policies and strategies	- National policy and strategic documents - RH strategy	- Documentary analysis - Interviews with staff and government authorities
UNFPA support has succeeded in increasing **availability** of and **access** to SRH services for all including adolescents and other vulnerable groups	- Evidence of policy and strategic changes, national RH strategy - Evidence of national and provincial reporting - CPR, Unmet need, STIs - EmONC indicators - Training programmes for providers	- National RH strategy - national and provincial reports on availability of and use of SRH/FP services - Maternity records - If possible broken by age of women at delivery	- Documentary analysis - Interviews with UNFPA staff and government counterparts - Field visits, facility visits
UNFPA support has succeeded in increasing **use** of SRH services for all including adolescents	- Evidence of increased use of SRH services - CPR and unmet needs	- Service statistics, or other consolidated reports if possible broken down by age of users - FP registers by age	- Documentary analysis - Field visits

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
		- KFPMCH Association - COARs - When/if available, preliminary results of the Social DHS Survey	
UNFPA support has enhanced the enabling environment including policies and legal aspects to support the gathering and use of data on population dynamics in DPRK at national and sub-national levels	- Evidence of the assessment of the enabling environment for data gathering and use on population dynamics at national and sub-national level including policy and legal issues - Evidence of support to enhancing the enabling environment at national and sub-national levels - UNTG on data for development established and functional, chaired by UNFPA	- COARs - Other research reports and studies - Minutes of meetings of UNTG - Policies in place	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff and other UN officials,
UNFPA support has enhanced the organizational capacities for the gathering and use of data on population dynamics in DPRK at national and sub-national levels	- Evidence of improved organizational capacities of University on teaching and research - Evidence on the enhanced organizational capacity of line ministries in evidence-based national planning, policy formulation and monitoring (incl. MDG monitoring) - Evidence on the enhanced organizational capacity of line ministries to support the needs of special groups such as the elderly	- COAR - Other research reports and studies - Institutional assessment of the Population Center - Capacity building plan in place - Teaching and learning materials - Socio Economic Atlas - Four census monographs and two survey reports (2011)	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff - Interviews with other stakeholders - Observation on use of demographic laboratory and provided equipment - Use of CensusInfo in CBS

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
UNFPA support has enhanced the individual capacities for the gathering and use of data on population dynamics in DPRK at national and sub-national levels	- Evidence of improved individual capacities of teaching and research staff at University for data gathering and use on population dynamics at national and sub-national level - Evidence of improved individual capacities of CBS and other relevant counterpart staff at national and sub-national level	- COAR - Survey reports - MDG report - Other research reports and studies - Training evaluation reports - Handbook on the integration of population into development - Capacity assessment report of the State Planning Commission - National MIPAA report - Results of participation in regional / global policy dialogues on ICPD agenda and MDGs	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff - Interviews with other stakeholders
UNFPA support has enhanced the availability of data on population dynamics in DPRK at national and sub-national levels	- Census data disseminated through production of analytical report and three monographs (2011) - TA to 2013 inter-censal preparation-house-listing - MOU in place on workplan for inter-censal operations, including the needs of special groups and a study on living conditions of the elderly and their needs - TA plan for inter-censal operations in place - Evidence on the preparation and conduct of inter-censal social, demographic and health survey in 2014, including its design and a costed workplan (incl methodology,	- COAR - Survey reports - MDG report - Other research reports, studies and relevant documents	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff - Interviews with other stakeholders

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
	survey tools, data processing software and training) - Evidence of the availability of data on population dynamics in Line Ministries, at County level and at the level of hospitals and health centers		
UNFPA support has enhanced the use of data to inform evidence-based development and implementation of SRH and FP plans, programmes and policies	- Evidence of the use of data on population dynamics in Line Ministries, at County level and at the level of hospitals and health centers to inform policy making and management decision-making - Micro-level planning processes informed by available information	- Policy and other related documentation	- Documentary analysis - Interviews with Govt staff at national and sub-national level - Interview with UNFPA staff - Interviews with other stakeholders
SUSTAINABILITY - To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) a sustainably *improved access to and use of quality services in the field of reproductive health and family planning* in particular for young people and other vulnerable groups of the population? To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) a sustainable capacity for the utilization of sex-disaggregated population data and population research for planning and policy formulation To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?			
UNFPA has successfully ensured ownership and durability of developed capacities and mechanisms for improving SRH/FP both in terms of supply and demand side issues	- Evidence of long term trends i.e. covering at least two country programme cycles	- SRH/FP service use over longer term - Service use data, clinical statistics (if possible broken down by age)	- Documentary analysis - Interviews with staff and government counterparts - Field visits

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
Organizational and staff capacities for the production and use of sex-disaggregated population data and population research are in place	- Organizational capacities of institutes concerned to produce data and reports (CBS, University, Population Centre) - Staff capacities of State Planning Commission and Line Agencies have been enhanced sufficiently in terms of the use of population data in planning and policy development - Financial resources have been allocated by Government at national and sub-national levels	- COAR - Survey reports - MDG report - Other research reports and studies	- Documentary analysis - Field visits - Interviews with staff and government counterparts
STRATEGIC POSITIONING UNFPA WITHIN UN COUNTRY TEAM (UNCT) - To what extent has the UNFPA DPRK Office contributed to the functioning and consolidation of the existing UNCT coordination mechanisms in DPRK? To what extent has the country office successfully used the establishment and maintenance of different types of partnerships with ministries, agencies and other representatives of the partner government to ensure that UNFPA can make use of its comparative strengths in the achievement of the country programme outcomes?			
UNFPA has successfully established and made use of longer term partnerships with UN agencies in the fields of SRH, FP, commodity security, maternal mortality reduction	- Evidence of acknowledgement and satisfaction by other UN partners	- Inter-UN agencies strategies and workplans related to health issues - Annual reports of the UNCT - COARs	- Documentary analysis - Field visits - Interviews with UN staff from other agencies
UNFPA has successfully established and made use of longer term partnerships with Government agencies in the fields of SRH, FP, commodity security, maternal mortality reduction	- Evidence of acknowledgement and satisfaction from Govt partners	- National policies and strategy documents for health, SRH, MNH, FP - COARs	- Documentary analysis - Field visits - Interviews with staff and government counterparts

Assumptions to be assessed	Substantiating Evidence	Sources of information	Methods and tools for the data collection
UNFPA has successfully established and made use of longer term partnerships with academic institutions in the field of population dynamics	- Type of relationship with academic institutions and the use of contracts within these relationships	- COARs	- Interviews with UNFPA staff and staff of academic institutions - Interviews with government counterparts
UNFPA has successfully established and made use of longer term partnerships with Government agencies at national and sub-national levels on aspects of population dynamics	- Type of relationship with NCC, Central Bureau of Statistics, PC, State Planning Commission, Government Line agencies and other counterpart institutions and the use of contracts within these relationships	- COARs	- Interviews with UNFPA staff and government counterparts
ADDED VALUE OF UNFPA What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features? And to what extent would the results observed within the programmatic areas have been achieved without UNFPA support? - To what extent has UNFPA contributed to an improved emergency preparedness and disaster risk reduction in DPRK in the area of maternal health / sexual and reproductive health?			
UNFPA specific strengths have allowed a unique response that no other agency could have provided in both programme components	- Evidence of UNFPA strategic approach targeted to the population groups most in need, compared to the approach of other UN agencies	- UNFPA Strategic plan - UNFPA CPD and CPAP - AWPs, COARs	- Documentary analysis - Interviews with UNFPA staff - Interviews with government counterparts - Interviews with other UN agencies and development partners
UNFPA response to humanitarian crises was informed by adequate assessment and appropriate and effective	- Evidence of UNFPA needs assessment and response to crisis	- CERF reports - UNFPA AWPs and COARs	- Documentary analysis - Interviews with UNFPA staff - Interviews with government counterparts - Interviews with other UN agencies and development partners

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