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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for the Democratic People's Republic of Korea**

Proposed indicative UNFPA assistance: \$9.7 million: \$6 million from regular resources and \$3.7 million from co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: B

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

	Regular resources	Other	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



## **I. Situation analysis**

1. The population of the Democratic People's Republic of Korea was 24 million in 2008. In the 1990s, the country experienced economic difficulties and a series of natural disasters that reversed the economic and social progress made in earlier decades. Life expectancy fell, and maternal and infant mortality rose. Flooding in 2007 increased the vulnerability of women and children, in particular.

2. In 2008, the life expectancy of women was 72.6 years, down from 75.2 years in 1995. Health indicators also deteriorated. The maternal mortality ratio increased from 50 deaths per 100,000 live births in the 1990s to 77 deaths per 100,000 live births in 2008. The infant mortality rate also increased, from 13.9 deaths per 1,000 live births in 1993 to 19.3 deaths per 1,000 live births in 2008.

3. The total fertility rate in 2008 was approximately two children per woman. The annual population growth rate was estimated at 0.86 per cent during the last 14 years. More than 60 per cent of the population resides in urban areas.

4. The sex ratio at birth ranges from 104 boys per 100 girls to 106 boys per 100 girls. People over 65 years old account for 8.7 per cent of the population, an increase of 3.3 per cent since 1993. The ageing of the population is due to the decline in fertility and the high mortality rate among young children.

5. According to the 2006 reproductive health survey supported by UNFPA and the United Nations Children's Fund (UNICEF), the contraceptive prevalence rate was 58.5 per cent for modern methods, of which 82 per cent were intrauterine devices. The unmet need for family planning was 9.6 per cent, and the abortion rate among married couples was 121 abortions per 1,000 live births. According to the 2004 reproductive health survey, 85 per cent of induced abortions could have been avoided if adequate resources for family planning had been available.

6. The Democratic People's Republic of Korea reported a reduction in reproductive tract infections among married women from 18.8 per cent of 100 women in 1997 to 11.2 per cent of 100 women in 2006, a percentage which is still considered high.

Currently, there are no official statistics on HIV/AIDS.

7. A 2008 study on cervical cancer supported by UNFPA, with technical assistance from the International Planned Parenthood Federation and the University of Queensland, Australia, suggests that cervical cancer is the second most common cancer among women and the most common cause of cancer deaths in women, over 300 per year.

8. The Democratic People's Republic of Korea is a State party to the Convention on the Elimination of All Forms of Discrimination against Women and has endorsed the Programme of Action of the International Conference on Population and Development. The family law and the public health law help to ensure equality and equity for women. Despite commitment at the policy level, a comprehensive gender assessment has not yet been conducted.

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

9. UNFPA assistance to the Democratic People's Republic of Korea began in 1985. Since then, UNFPA has supported four country programmes and annual programmes (2004-2006). The programmes focused on maternal and neonatal health, family planning, and population and development.

10. Guided by the United Nations Strategic Framework, 2007-2010, and the national reproductive health strategy, 2006-2010, the fourth UNFPA country programme, 2007-2010, helped to: (a) develop national emergency obstetric and neonatal care training manuals for pre-service and in-service training; (b) support emergency obstetric and neonatal care services (including essential medical supplies and training) in four provinces, covering 11 county hospitals and 273 village clinics; (c) ensure an uninterrupted, nationwide supply of two essential reproductive health drugs to reduce maternal mortality; (d) strengthen the national logistics capacity, using the national logistics management information system established in the central medical warehouse and in three provincial medical warehouses; (e) support studies on reproductive tract infections and cervical cancer; (f) strengthen the capacity of the Central Bureau of Statistics to conduct surveys and the 2008 population and housing census; and

(g) provide emergency reproductive health services in 250 village clinics and 10 county hospitals in response to the 2007 floods. The 2006 programme supported a reproductive health survey to establish a baseline for the subsequent country programme. UNFPA will conduct an end-line reproductive health survey in 2010.

11. Lessons learned during the previous country programme indicate the need to: (a) consolidate capacity-building at the central level while seeking funds to scale up essential emergency obstetrical and neonatal care services at the subnational levels, where needs are most pressing; (b) ensure that quality standards are applied to reproductive health services, and that adherence to such standards is monitored; (c) ensure that high-quality, comprehensive reproductive health services are replicated; (d) promote joint activities and seek opportunities for joint programming with other United Nations organizations, to avoid duplication of efforts and to increase impact; (e) strengthen the capacity of national institutions to analyse and utilize survey and census results for planning and policy formulation; and (f) continue to support the joint contingency plan for natural disasters and to ensure the availability of emergency reproductive health kits.

### III. Proposed programme

12. The proposed country programme will support the national goal of restoring the quality of life of the people to the level achieved before the economic and humanitarian difficulties of the mid-1990s. The programme contributes to the achievement of the United Nations Strategic Framework, 2011-2015, and its three priority areas: (a) social development; (b) partnership for knowledge and development management; and (c) climate change and environment. The programme is harmonized with the programme cycles of UNDP and UNICEF.

13. Building on the results achieved and lessons learned the programme will be carried out at the national level to: (a) develop capacity in the use of population data for national planning; (b) establish a national policy, guidelines and standards for reproductive health services; and (c) scale up essential and basic reproductive health services through cost-effective interventions. At the grass-

roots level, the programme will seek to enhance the quality of reproductive health services and to respond to reproductive health emergency situations in programme areas.

14. The programme includes two components: (a) reproductive health and rights; and (b) population and development. Gender issues will be mainstreamed in both programme components. The reproductive health and rights component will focus on the quality of reproductive health services. The population and development component will support the utilization of gender-disaggregated data and research on population and development.

15. UNFPA and the Government will collaborate with other United Nations organizations to monitor the Millennium Development Goals, provide maternal and child health services, and conduct joint planning and monitoring.

#### *Reproductive health and rights component*

16. This component has one outcome to be achieved by 2015: increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care. It contributes to two priority areas of the United Nations Strategic Framework: social development, and climate change and environment. Two outputs will be achieved under the reproductive health and rights outcome.

17. 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. The strategies to achieve this output include: (a) advocating the formulation of national reproductive health policies, guidelines and standards; (b) strengthening the capacity of the Ministry of Public Health to implement and monitor these policies, guidelines and standards; and (c) enhancing the capacity of service providers in 11 counties assisted in the previous country programme in order to provide high-quality, comprehensive reproductive health services and to ensure the sustainability of these services.

18. At the national level, the programme will, in collaboration with United Nations organizations: (a) support the implementation and monitoring of

the national reproductive health strategy, 2011-2015; (b) ensure that reproductive health indicators are integrated into the national health management information system; (c) formulate national quality standards for antenatal and post-natal care, a national policy and guidelines on preventing and treating reproductive tract infections, and national family planning eligibility criteria; and (d) formulate, implement and monitor a national cervical cancer screening policy.

19. In 11 county hospitals and 273 village clinics in four provinces, the programme will: (a) conduct refresher training for health service providers on emergency obstetric and neonatal care; (b) conduct training for service providers, based on national quality standards for antenatal and post-natal care, national eligibility criteria for family planning, and the national policy and guidelines on preventing reproductive tract infections; (c) update essential reproductive health equipment and supplies for comprehensive reproductive health services, including modern contraceptives and supplies to treat reproductive tract infections; (d) conduct training in behavioural change communication for reproductive health, targeting families and service providers; and (e) conduct client-oriented supervision and monitoring.

20. Output 2: Improved access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas. The strategies to achieve this output are: (a) scaling up the minimum reproductive health service package, focusing on basic emergency obstetric and neonatal care throughout the country and in programme areas most in need; and (b) enhancing the capacity of managers in provincial and county health bureaux and hospitals to supervise and monitor the use of reproductive health commodities.

21. At the national level, the programme will: (a) continue to seek additional funding to provide two essential reproductive health drugs, oxytocin and magnesium sulphate, nationwide; (b) implement a logistics management information system at the central medical warehouse and at 10 provincial medical warehouses; (c) forecast national needs for essential reproductive health drugs; (d) conduct overseas and local training of health bureau and hospital managers at the provincial and county levels on reproductive health

commodity management; and (d) conduct field monitoring and supervision at hospitals.

22. In selected counties, the programme will: (a) seek additional funding to provide basic emergency obstetric and neonatal care supplies to hospitals and clinics; (b) conduct basic emergency obstetric and neonatal care training; and (c) distribute information, education and communication materials on emergency obstetric and neonatal care.

23. The programme will continue to support joint United Nations planning for emergency preparedness to stock emergency reproductive health commodities in the central medical warehouse and in provincial medical warehouses.

#### *Population and development component*

24. The outcome of this component is: 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. It contributes to two priority areas of the United Nations Strategy Framework, namely: (a) partnership for knowledge and development management; and (b) climate change and environment. Two outputs will contribute to the population and development outcome.

25. Output 1: Strengthened capacity of academic institutions to teach and to undertake research on the linkages between population and social development. The strategy to achieve this output is to strengthen the academic programme in demography at Kim Il Sung University to ensure that there will be a sufficient number of graduates in the field of population who understand the linkages between population and social development.

26. The programme will: (a) provide fellowships to university professors to pursue graduate degrees in demography and population-related fields; (b) provide research and teaching tools, particularly academic textbooks, journals and software to the demography department of the university, to enhance the capacity of academic personnel and students to undertake research; and (c) invite international demographic experts as guest

lecturers to provide state-of-the-art knowledge on the linkages between population, socio-economic development and the environment to university teachers.

27. 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. The strategies to achieve this output include: (a) advocating, among policymakers in line ministries, the utilization of gender-disaggregated population data for policy formulation; and (b) strengthening the national capacity to monitor the Millennium Development Goals.

28. The programme will: (a) train policymakers in key ministries of the Government, including the State Planning Commission, on integrating population factors into national plans and programmes; (b) conduct research utilizing 2008 population census data and other data needed to formulate strategies on adapting to climate change; (c) develop and maintain a spatial database on population; (d) support an inter-agency group to evaluate estimates of Millennium Development Goal indicators; (e) conduct primary data collection to address data gaps to monitor and report on progress in achieving the Millennium Development Goals, specifically Goal 3 on gender equality and women's empowerment and Goal 5 on improving maternal health; and (f) support the formulation of the country report on the achievements of the Millennium Development Goals by 2015.

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

29. The national coordinating committee for UNFPA will coordinate the proposed programme. UNFPA will implement the programme in collaboration with the State Planning Commission, the Ministry of Public Health, other line ministries, national non-governmental organizations and research institutions.

30. UNFPA will monitor and evaluate programme implementation using a results-based approach, in accordance with established UNFPA guidelines and procedures, within the context of the United Nations Strategic Framework. The national coordinating committee, collaborating

organizations and the UNFPA country office will monitor activities through field visits, interviews and the use of qualitative and quantitative indicators. The programme will support reproductive health surveys in 2013 and 2015, which will serve as inputs for midterm and end-line studies. UNFPA will conduct quarterly and annual programme reviews, a midterm review and, towards the end of the programme, an independent evaluation.

31. In accordance with the approved country office typology, the UNFPA office in Pyongyang consists of a non-resident UNFPA country director based in Beijing, China, an international programme coordinator, an international operations manager, a national programme officer, a national project professional, and support staff. UNFPA will earmark programme funds for two shared support staff posts in the UNFPA China office to provide logistics and programme support for the country programme in the Democratic People's Republic of Korea. The UNFPA China office and the UNFPA regional office based in Bangkok, Thailand, will mobilize the technical support needed for programme implementation and humanitarian assistance.

## RESULTS AND RESOURCES FRAMEWORK FOR THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

<b>National priority:</b> improve the quality of life of the population <b>United Nations strategic outcome:</b> (a) improved access to and utilization of essential, high-quality health services at the primary and secondary health-care level by men, women and children; and (b) improved national capacity in disaster management and strategies for adapting to and mitigating climate change				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> increased utilization of essential, high-quality reproductive health information and services by women and men, as well as neonatal care</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• National reproductive health strategy is updated and implemented</li> <li>• National policy on cervical cancer is developed and implemented</li> <li>• National policy on reproductive tract infection is developed and implemented</li> <li>• Unmet need for modern contraceptive methods is reduced</li> <li>• Maternal mortality ratio is further reduced</li> </ul>	<p><b>Output 1:</b> 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</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of <i>ri</i> (village) clinics in programme areas prepared (with adequate stocks and trained providers) to provide at least two modern family planning methods</li> <li>• Percentage of clients with reproductive tract infections who are appropriately diagnosed, treated and counselled</li> <li>• Percentage of doctors and midwives in targeted areas providing antenatal care based on national quality standards</li> <li>• Number of county hospitals with the capacity (in terms of equipment and trained providers) to conduct visual inspections using acetic acid to detect cervical cancer</li> <li>• Percentage of deliveries in county hospitals and village clinics that manage third-stage labour</li> </ul> <p><b>Output 2:</b> Improved access to essential reproductive health commodities to reduce the maternal mortality ratio in programme areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Functioning logistics management information system in the central medical warehouse and in 10 provincial medical warehouses</li> <li>• Number of county hospitals and village clinics in geographical areas affected by the 2007 floods that have no stock-outs of emergency obstetric drugs</li> </ul>	<p>Ministry of Public Health</p> <p>Korean Family Planning and Maternal and Child Health Association</p> <p>Ministry of Public Health</p> <p>Central medical warehouse</p>	<p>\$7.2 million (\$4 million from regular resources and \$3.2 million from other resources)</p>

