

Democratic People's Republic of Korea Country Programme Evaluation

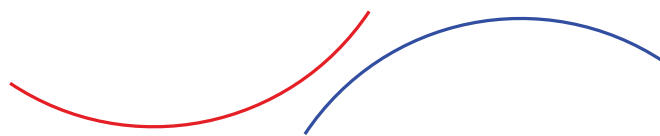
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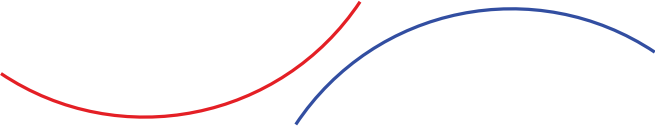


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Democratic People's Republic of Korea Country Programme Evaluation

2017–2021





Executive summary

This report presents a utility-focused, formative evaluation of the United Nations Children's Fund (UNICEF) Democratic People's Republic of Korea (DPR Korea) Country Programme for 2017–2021. The DPR Korea Country Programme, with an initial end date of December 2021, was officially extended until the end of 2022. The DPR Korea United Nations Country Team, with endorsement from the Government, agreed to extend the Country Programme until the end of 2023. The extension has not yet been formalized by the UNICEF Executive Board, although no objections are anticipated. Despite these extensions, the Country Programme evaluation only looked at the original Country Programme term of 2017–2021.

The Country Programme focuses on four sectors: health; nutrition; water, sanitation and hygiene (WASH); and expanding systems of data and evidence generation. In its first three years, the Country Programme included policy support, capacity development and supply provision, with the vast majority of Country Programme funds (more than 80 per cent) going towards the provision of supplies. Under the Country Programme, UNICEF focused resources on 50 priority counties throughout the country where support was provided for the integrated management of newborn and childhood illnesses. Nine of these priority counties were designated as convergence counties. UNICEF's strategy for the convergence counties is to bring together all three sectoral interventions (in health, WASH) in a 'first 1,000 days of life' approach, emphasize cross-sectoral approaches and complement them with strong emphasis on data collection and evidence generation. The convergence of programming locations was intended to allow for coordinated planning of integrated services to reduce the high rates of mortality and morbidity; promote early childhood development; address undernutrition among women and girls; facilitate equitable access to WASH services and build up community resilience.

In May 2020, a reprioritization of the Country Programme was agreed upon with the Government in response to COVID-19-related restrictions and needs, which included the departure of all international staff from the country and the suspension of importation of supplies for the first year of the pandemic. The reprioritized programme focused on urgent and life-saving support and included the suspension of all field activities and capacity-development support.

Barriers to field data collection for the evaluation precluded a full assessment of programme outcomes and impact. The evaluation thus endeavoured primarily to determine lessons learned and recommendations that could be used to meaningfully inform future work, during the ongoing Country Programme as well as the next Country Programme, and the next United Nations Sustainable Development Cooperation Framework (UNSDCF). The evaluation covers all four Country Programme priority sectors: health, nutrition, WASH and planning, monitoring and evaluation, primarily looking at service delivery as well as the generation and use of evidence and data. Emphasis was directed to the impact of the global COVID-19 pandemic on the Country Programme and strategies to address related challenges.

Approach and methodology

The overarching question for this evaluation was to what extent has the UNICEF DPR Korea Country Programme (in the evaluation period) proven successful in its programme delivery, strategy choices and approaches and what implications are there for future strategy development for UNICEF and for its contributions to the joint United Nations strategy in the country, also in light of the ongoing global COVID-19 pandemic? The Country Programme evaluation used the Organisation for Economic Co-operation and Development's Development Assistance Committee's evaluation criteria of relevance, effectiveness, coherence and sustainability.

The evaluation relied on two primary methods of data collection: a document review and informant interviews. The document review involved a thorough study and analysis of all available programme, evaluation and analytical work documentation from the evaluation period, including progress reports in UNICEF's Results Assessment Module reporting system and data from the DPR Korea's Central Bureau of Statistics. The informant interviews were conducted virtually with UNICEF national and international staff and representatives of partner organizations. Additionally, written responses to the interview questionnaire from DPR Korea officials from across UNICEF's partner institutions were received. The evaluation also drew on limited feedback from participants in UNICEF training and capacity-development activities. The pandemic-related restrictions in the DPR Korea made it impossible to engage with rights-holders and programme beneficiaries, to conduct field studies or to gather primary-source data. The evaluation triangulated data and information from the different lines of inquiry to improve the reliability of the findings and to ensure that the recommendations are evidence-based.

The intended users of the evaluation are senior management and staff of UNICEF DPR Korea Country Office as well as the East Asia and Pacific Regional Office (EAPRO), the Government of the DPR Korea, the United Nations Country Team and other partners operating in the country, as well as relevant UNICEF headquarters staff.

Relevance

Overall relevance of the programme to the DPR Korea needs was found to be satisfactory. The Country Programme for the evaluation period was in line with the Government's sector strategies. In addition, relevance of the Country Programme was confirmed by the midterm review, as well as evaluations of the gravity-fed water systems and community management of acute malnutrition programmes that were conducted during the evaluation period. However, relevance in the DPR Korea context is a contested construct, with the Government pushing for a more sustainable development focus to programming and certain donors insisting that the programme be primarily humanitarian in nature.

The Country Programme does not live up to UNICEF's commitment to targeting the broader rights of children, including those with disabilities, nor does it adequately target the most vulnerable and marginalized children. Limited data availability at a sub-provincial level and lack of full access to all provinces of DPR Korea make it challenging to identify and access the most vulnerable and marginalized children. Inadequacy of education services for children with disabilities remains acute and was not meaningfully addressed in the design and implementation of the Country Programme, although some attempts were made. The convergence county approach, although found to be of overall relevance for the DPR Korea, did not, as far as the evaluation could determine, target counties based on need.

In May 2020, the UNICEF country team negotiated a reprioritization of the Country Programme in the aftermath of the outbreak of COVID-19 globally. The reprioritized programme, which focused on urgent and life-saving support, was found to be relevant in the prevailing context. However, moving forward, there is a need to find ways to relaunch UNICEF's capacity-development efforts to ensure quality of services.

UNICEF's COVID-19 response was supported by disaster preparedness measures in place before the outbreak of the pandemic, such as prepositioned stocks. However, more can be done in the current Country Programme and in the next one to build up governmental capacity for disaster response management.

Effectiveness

The Country Programme included activities for health, nutrition, WASH and planning, monitoring and evaluation. The majority of output targets were found to be on track before the outbreak of the pandemic. This finding was reflected in the Results Assessment Module ratings and in the mid-term, review undertaken in 2019. Since the onset of the pandemic and the departure of UNICEF and all other international staff, almost all activity in the DPR Korea came to a halt during the evaluation period, with the exception of distribution of prepositioned vaccines, therapeutic foods and medical and hygiene kits.

Until the onset of the global pandemic, UNICEF's health programme in the DPR Korea was highly effective, with a steady decline over time in the rates for neonatal, children younger than 5 years and maternal mortality. The UNICEF country team was particularly successful in working with the Government to draft relevant policies and guidance, including an updating of the DPR Korea Midterm Strategic Plan for Health and drafting of emergency obstetric and new born care guidelines, integrated management of neonatal and childhood illnesses guidelines, guidelines on integrated management of pregnancy and childbirth and a five-year strategic plan for measles eradication and rubella and congenital rubella syndrome control. Some concern was raised in the midterm review of the Country Programme regarding the quality of services. Little data were available on the impact of the global pandemic on health indicators in the DPR Korea, particularly due to stockouts of vaccinations, supplementation and essential medications. In addition to the impact of stockouts, complete suspension of UNICEF's health services capacity-development activities is likely to have had an effect on the quality of service provision in the areas of UNICEF training.

Nutrition indicators similarly continued to improve until the onset of the pandemic. The Community-Based Management of Acute Malnutrition Programme coverage of all 210 DPR Korea counties was achieved during the Country Programme. UNICEF also supported the Government in drafting a new five-year National Nutrition Strategy and a National Iodization Strategy. The onset of COVID-19 and associated restrictions on the cross-border movement of people and goods led to stockouts of nutrition supplies, with therapeutic foods first being rationed only to children with severe acute malnutrition and eventually running out in the country entirely. No data exist on the nutrition levels in the DPR Korea. The pandemic also halted plans to commence salt iodization in the country.

The WASH programme was largely successful in providing life-saving support, mainly focused on disaster-resilient services in five of the nine convergence counties and several other highly vulnerable counties. Another major accomplishment was the approval of a National WASH Implementation Strategy and budgeted action plan. The gravity-fed water systems evaluation, completed in 2017, confirmed the relevance and efficacy of UNICEF's WASH Programme, although it cited a need for better capacity-development support for construction and maintenance. With the outbreak of the pandemic globally, sanitation activities were put on hold. The construction of a limited number of gravity-fed water systems and distribution of in-country stocks of hygiene kits were able to continue.

During the evaluation period, the Central Bureau of Statistics, with the support of UNICEF, made impressive strides forward in the collection, management and analysis of data to support development management. Key achievements included conducting the 2017 Multiple Indicator Cluster Survey (MICS) and the UNICEF 'further analysis' products, as well as institution of regular collection of data on 60 children's rights indicators. This data have been invaluable for understanding and addressing the needs of children in the DPR Korea. To date, however, county-level data are only compiled for the convergence counties. For this data to be useful in targeting programming, disaggregation at the county level countrywide is needed.

Internal coherence

UNICEF's various programmes in the DPR Korea are theoretically interconnected and interdependent as part of the 'first 1,000 days of life' approach. However, it was challenging for UNICEF to move beyond theoretical coherence to genuine multisector collaboration. This was partly attributable to insufficient coordination and oversight mechanisms between the Government and UNICEF. The convergence county approach was conceptualized to promote greater multisector collaboration, but even in these counties, activities were more often concurrent than collaborative.

External coherence

UNICEF's implementation in the DPR Korea in the evaluation period were fully in line with the priorities of the United Nations Strategic Framework (2017–2023) and contributed to the commitments under each of the four strategic priorities. As one of the leading United Nations agencies in the DPR Korea, along with the World Food Programme and the World Health Organization, UNICEF has taken a lead role in areas of its competence, including co-chairing the health, WASH and nutrition sector working groups. Preparation of the annual United Nations Response Plan was also a major vehicle for coordination. The work that UNICEF has done in the field of data for development, including through the MICS and its support for the Child Data Management Unit's data-gathering, has provided great value to a wide range of stakeholders in the DPR Korea, including the Government and United Nations agencies.

Although there is good information-sharing between agencies, collaboration has been challenging in the DPR Korea context. In general, United Nations agencies, bilateral donors and international non-government organizations working in the country are assigned by the Government to work in different counties so that there is little geographical overlap. Also, agencies generally have different governmental ministries as counterparts, which further challenges joint work.

Sustainability

Over the course of the Country Programme, UNICEF succeeded in contributing to government replication and scalability of work in the field of child and maternal health and welfare primarily through its extensive contributions to the Government's drafting of strategies and guidelines for the health, nutrition and WASH sectors in the evaluation period, as well as through significant support to the Central Bureau of Statistics for data generation. This cooperation on policy between UNICEF and the government of DPR Korea was unprecedented in its scope. However, all policy and capacity development work came to a halt with the onset of the global pandemic and the imposition of associated restrictions.

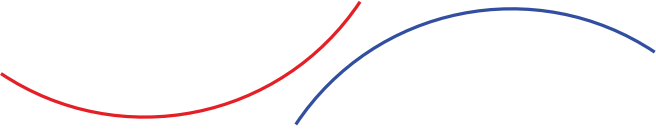
Conclusions

1. The Country Programme was relevant for the needs of the country, but continued advocacy and better targeting are important to ensure that the needs of the most vulnerable children are being met. UNICEF's ability to better target the most vulnerable children (and households) is dependent upon government support for access, which underlies the importance of continued dialogue with the Government on how to better serve the needs of all children in the country.
2. UNICEF holds an important strategic position as one of the only United Nations agencies in the country that works with government counterparts in more than one ministry (the Ministry of Public Health and the Ministry of Urban Management) as well as with the Central Bureau of Statistics. This uniquely positions UNICEF among the United Nations agencies to advocate for multisectoral approaches and data-driven policies. However, since the onset of the pandemic, all direct contact with the Government has ceased. Resumption of this dialogue is of great importance for UNICEF to provide meaningful support beyond humanitarian supplies.
3. UNICEF's Country Programme in the 2017–2019 period was notable for progress in the scope of work with the Government. This included unprecedented cooperation to support the drafting, dissemination and implementation of governmental policies and guidelines in several of UNICEF's priority areas, as well as significant strides forward in governmental capacity to monitor child welfare indicators at the provincial level. These achievements may be largely attributable to deepening relations of trust between government officials and their UNICEF counterparts.
4. The Country Programme was successful in achieving most of its aims up to the outbreak of the pandemic, in particular on policy formation and data generation. Areas where less progress was made included universal salt iodization and support for the National Education Commission.
5. Extensive field visits by UNICEF international and national staff, as well as external consultants, were an important work tool in the pre-pandemic era. Field visits enabled staff to monitor the relevance and implementation of treatment guidelines that UNICEF helped draft and disseminate; oversee quality of construction in WASH sites; learn about local needs conditions to better adapt UNICEF's response; mentor and support health personnel; and develop relationships of trust at all levels.
6. The convergence county approach was an important step towards multisector collaboration, but it was not implemented in a manner that could achieve maximum results. A needs assessment was not done, and baseline data were not collected. Planning was top-down, without consulting local governments. Few meaningful attempts were made to integrate the work in various sectors and leverage commonalities.
7. Capacity-development activities were insufficient to ensure sustainability and quality of services. Although some efforts were made to scale up the capacity-development work in the pre-pandemic phase of the Country Programme, all training activities were suspended with the onset of COVID-19 and have yet to be reinstated.

8. The UNICEF Country Office showed impressive agility in dealing with the high degree of uncertainty inherent in DPR Korea work. The country team responded to these challenges with a mixture of strategies, including placement of buffer stocks for emergency situations, contingency planning for various possible scenarios and a high degree of creativity and flexibility in addressing challenges, such as lack of availability of in-country cash due to the COVID-19 preventive measures.
9. A greater focus on resilience-building would be useful in the DPR Korea context. The country's vulnerability to shocks and disasters necessitates greater emphasis on emergency preparedness and resilience-building to ensure greater success in addressing crises as they arise. Resilience-building at an institutional level is an important part of a good resilience strategy, contributing significantly to the likelihood of successful response to crises. This need was raised by several of the DPR Korea officials who responded to the written questionnaire.
10. The work of the DPR Korea Country Office during the Country Programme evaluation period was hindered by the high staff turnover, lack of institutional memory or adequate historical records and an inadequate results framework. In particular, the lack of institutional memory or detailed records of past work is likely to become particularly salient when full resumption of activities in the country are allowed. At that time, it is likely that none of UNICEF's international staff will have had any in-country experience. In lieu of adequate past document management, understanding what was done in the past, why and how and, perhaps more importantly, what was not done and why, will likely be challenging.

Recommendations

1. UNICEF should endeavour in the present context to expand the scope of its activities from its emergency supply-only position to encompass, to the extent possible, capacity development and policy support. This will only be possible if direct dialogue with the Government can be reinstated.
2. UNICEF should take measures to improve the continuity and knowledge management of the DPR Korea Country Office.
3. UNICEF should expand its resilience focus in the DPR Korea, including through capacity-building of its governmental counterparts to prepare for and manage crises.
4. In designing the next Country Programme, UNICEF should work with the Government to determine how the organization could better support the most vulnerable children.
5. In the next Country Programme, the convergence county approach should be continued, but UNICEF should improve the targeting, data-gathering and multisector nature of programming.
6. More focus on capacity-development activities is needed in all sectors.
7. A policy advocacy strategy should be formulated, designating areas of potential dialogue for future policy support to the Government.



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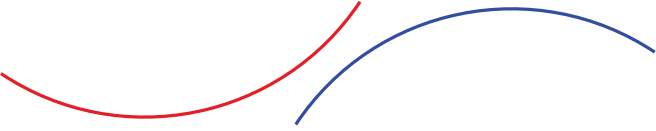
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Abbreviations and acronyms

C4D	communications for development
COVID-19	coronavirus disease
DPR Korea	Democratic People's Republic of Korea
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
IMPACtt	Integrated Management of Pregnancy and Childbirth Training Tool
MICS	Multiple Indicator Cluster Survey
TB	tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization



1 Introduction

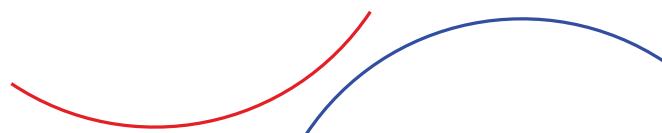
This report summarizes the findings of a utility-focused, formative evaluation of the United Nations Children's Fund's (UNICEF) Democratic People's Republic of Korea (DPR Korea) Country Programme for 2017–2021.¹ The evaluation set out to assess operational challenges, successes and enabling factors and areas for improvement in the ongoing DPR Korea Country Programme and to make useful recommendations that can inform the next Country Programme Document as well as the United Nations Sustainable Development Cooperation Framework. The evaluation pursued four purposes:

1. Identify lessons from implementation of the ongoing 2017–2023 UNICEF Country Programme for the design of the next Country Programme Document in the areas of relevance, strategic positioning, responsiveness to national needs and management.
2. Inform the development of the next United Nations Sustainable Development Cooperation Framework, alongside the findings and recommendations of the United Nations Strategic Framework 2017–2022 evaluation.
3. Capture insights from UNICEF's investment in service delivery, evidence generation and use, as well as the impacts of cross-sector collaboration where present.
4. Better understand the implications of the COVID-19 pandemic for the Country Programme and identify strategies for progress.

The strong learning focus of the evaluation was necessitated by the restriction on in-person field data collection, which precluded a full assessment of programme outcomes and impact. Where relevant quantitative data exist, it is referenced in the discussion on programme effectiveness.

The evaluation followed the United Nations Evaluation Group guidelines and the UNICEF guidelines for evaluations, including standards regarding independence, impartiality, credibility, conflicts of interest and accountability.

¹ The DPR Korea Country Programme initially was to end in December 2021, but it was officially extended until end of 2022. The DPR Korea United Nations Country Team, with endorsement from the Government, agreed to extend the Country Programme until end of 2023. The extension has not yet been formalized by the UNICEF Executive Board, although no objections are anticipated. Despite these extensions, the Country Programme evaluation only looked at the original Country Programme term of 2017–2021.



2 Country context

2.1 Socioeconomic context

According to census data released by the Central Bureau of Statistics of the DPR Korea in 2021, more than 25 million people live in the country, including nearly 7 million children. About 1.6 million of them are younger than 5 years. Life expectancy is 69 years for men and 76 years for women. There is relatively high enrolment in early childhood education (73 per cent for children aged 3–5 years and 97 per cent for one year prior to primary school entry age). Despite these positive figures, challenges remain in neonatal and maternal mortality, multidrug-resistant tuberculosis (TB) and services for children with disabilities, including disability-inclusive education. In addition, significant inequities in access to services and social welfare continue between the rural and urban areas and provinces, across socioeconomic status and in gender relations.² Although it was difficult to estimate the situation on the ground due to the ongoing COVID-19 restrictions, according to the 2020 UNICEF DPR Korea Humanitarian Action for Children Appeal, there were an estimated 2.6 million children younger than 18 considered in need of humanitarian support.

The lack of quality reproductive health services contributes to the high maternal mortality rate. According to the Central Bureau of Statistic's Child Data Management Unit data, the maternal mortality rate in 2020 was 49.1 per 100,000 live births. UNICEF's *Situation Analysis of Women and Children 2019* cited a 2014 rate of 59 per 100,000.³ Leading direct causes of maternal mortality, according to latest available data (2011), include haemorrhage (28.9 per cent), sepsis and infection (8.9 per cent) and eclampsia (7.8 per cent), while indirect causes include cardiovascular disease (8.8 per cent), digestive disease (8.2 per cent) and respiratory system disease (7.5 per cent).⁴

The mortality rate for children younger than 5 years has been steadily dropping since 1998 and, as of 2017, according to the 2019 UNICEF situation analysis, the infant mortality rate was an estimated 12 per 1,000 live births, compared with 19 per 1,000 live births in 2009 (based on Multiple Indicator Cluster Survey (MICS) data). Mortality among children younger than 5 years was estimated at 17 per 1,000 live births in 2017, compared with 26 per 1,000 live births in 2009. The high immunization coverage (only 3 in 100 children aged 24–35 months as of 2019 had not finished the full vaccination schedule recommended for completion at around 15 months of age) significantly contributed to these achievements. But it is a highly donor-dependent achievement, and young children continue to die from common and preventable childhood illnesses. Since the onset of the COVID-19 pandemic globally and due to depleted stocks and impacts of the pandemic prevention responses in the DPR Korea, there has been a significant drop in vaccination rates (discussed in more detail further on).

² UNICEF, *Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea* (2019), p. 3.

³ According to the 2019 situation analysis report, this data derive from the Central Bureau of Statistics and United Nations Population Fund, *Democratic People's Republic of Korea Socio-Economic, Demographic and Health Survey 2014* (2015), <www.undp.org/content/dam/unct/dprk/docs/2014_per cent20SDHS_per cent20Report_E_final.pdf>, accessed 15 July 2019.

⁴ UNICEF, *Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea*, 2019 (2019), p. 50. Data drawn from Central Bureau of Statistics and United Nations Population Fund, *Knowledge, Attitudes and Practices Survey on Reproductive Health in DPR Korea* (2011).

The 2019 UNICEF situation analysis noted that among countries without a large HIV prevalence, the DPR Korea has one of the highest TB incidence rates. The DPR Korea has a high TB burden and one of the highest estimated notification rates (376 per 100,000 population in 2019) for a country without a significant HIV problem. The case notification rate (all forms) increased from 373 per 100,000 population in 2011, when The Global Fund grant began, to 451 in 2015 and then decreased to 354 in 2018. This was due to greater emphasis on active case finding and successful treatment outcomes. The case notification rate has been decreasing in recent years, dropping by approximately 9 per cent between 2019 and 2021, from 376 to 342 per 100,000 population, which is an estimate yet to be validated. The TB detection rate fell from 90 per cent to 87 per cent between 2019 and 2021, falling far short of the national strategy's target of a 95 per cent case detection rate.

Malaria incidence has been reduced due to the preventive efforts of the Government, with support from The Global Fund. One of those measures has been to provide families with long-lasting insecticide-treated nets. As a result, 98.3 per cent of children younger than 5 years sleep under such treated bed nets. The DPR Korea's success, however, depends on continued access to the medicines, personnel and resources necessary to keep the malaria programmes going. According to the World Health Organization (WHO), malaria incidence was an estimated 1.08 per 1,000 population at risk in 2014 but had decreased to 0.18 in 2020.⁵

The country is highly prone to natural disasters. In 2021, the Inter-Agency Standing Committee Index for Risk Management ranked the DPR Korea 29 out of 191 countries in terms of risk for humanitarian crises and disasters in 2021. The country experiences yearly flooding and drought along with tropical storms, landslides and heatwaves. Early warning systems for environmental hazards are reportedly limited, which impacts emergency preparedness and response. During the programming period under evaluation, the following emergency events occurred:⁶

- 2017 – A national emergency was declared in June following a dry spell that affected food-producing provinces in the south-west of the country. The dry spell compounded the undernutrition situation, putting at risk the lives of 782,000 children younger than 5 years and 313,629 pregnant and lactating women.
- 2018 – A mid-year heatwave affected agricultural areas, with temperatures up to 11 degrees higher than normal. In late August, flooding affected 340,000 people in North and South Hwanghae and Kangwon provinces, displacing more than 11,000 and destroying more than 17,000 hectares of crops.
- 2019 – Tropical cyclone Lingling in September flooded arable land in the country's breadbasket region, leading to five deaths and 6,323 displaced persons.
- 2020 – Between August and September, tropical cyclones Francisco, Bavi, Maysak and Haishen caused flooding and damage in the eastern, western and central parts of the country. According to the Government, the flood and landslides damaged 39,296 hectares of farmland, particularly in North Hwanghae and Kangwon provinces, just before the autumn rice harvest.
- 2021 – Heavy rains in August led to flooding in the agriculturally rich North and South Hamgyong provinces. The flooding was preceded by a heatwave that caused drought and damaged crops, as reported by State media.

5 See <[www.who.int/data/gho/data/indicators/indicator-details/GHO/malaria-incidence-\(per-1-000-population-at-risk\)](http://www.who.int/data/gho/data/indicators/indicator-details/GHO/malaria-incidence-(per-1-000-population-at-risk))>, accessed 21 June 2022.

6 DPR Korea Response Plan 2021, Internal Draft Dated April 2021, Office of the United Nations Resident Coordinator, p. 16.

According to the WHO and UNICEF's *Joint Monitoring Programme Report*, only 66.4 per cent of the population in 2020 had access to a safely managed drinking water source (SDG 6.1.1), with this figure dropping to 48.8 per cent in rural areas.⁷ According to the 2017 MICS report, 71 per cent of the population in urban areas had access to safely managed drinking water, compared with only 44 per cent in rural areas. Roughly one in four households (23.5 per cent of the population) had water sources contaminated with faecal matter, but people in rural areas had contaminated water sources almost five times as often as people in urban areas. In urban areas, 10 per cent of the population drank contaminated water, while in rural areas it was 45 per cent. Among the most vulnerable households, 55 per cent of people from the lowest wealth index group were using contaminated household drinking water. As well as differences between urban and rural areas, disparities also existed between provinces. Nearly four in five people had access to safely managed drinking water in North Hamgyong, while in South Hwanghae, only half of the population had such access. Provinces identified as those with the most severe WASH-related needs were Kangwon, North Pyongan and North and South Hwanghae.

According to the 2017 MICS findings, the stunting prevalence among children living in households without access to an improved water source was 60 per cent higher than of children living in households using an improved drinking water source. Although old, these latest-available figures suggest a need for accelerated progress for DPR Korea to meet its Sustainable Development Goal (SDG) targets.⁸

There were notable disparities in the 2017 MICS data between rural and urban areas in accessing sanitation facilities (SDG 6.2.1a). Overall, 14.7 per cent of people used unimproved sanitation facilities, including in rural (26.9 per cent) and urban areas (7.3 per cent).⁹ According to the MICS 2017 data,¹⁰ 9 in 10 people in rural areas and 3 in 10 in urban areas lived in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities.

Inadequate access to sanitation further aggravates health risks. The MICS findings also revealed that stunting in the group without correctly managed sanitation was 40 per cent higher than in the group with correctly managed sanitation. Children younger than 5 years using unimproved sanitation had a higher incidence of diarrhoea, at 36 per cent more often than those using improved sanitation.¹¹

2.2 Partnerships and coordination structures

The Country Programme is formally implemented through yearly rolling signed workplans with the National Coordinating Committee and respective line ministries. The National Coordinating Committee facilitates the work of UNICEF with all counterparts, approves the number of UNICEF international professional staff and facilitates visas for staff and consultants at the national level. UNICEF's main government programme partners are the Ministry of Public Health (nutrition, maternal, newborn and child health, TB, malaria and immunizations) and the Ministry of Urban Management (WASH). Other government programme partners include: the Academy of Medical Sciences (health), the Institute

7 See <<https://washdata.org/data/household#!table?geo0=country&geo1=PRK>>, accessed 23 February 2022.

8 See <<https://data.unicef.org/sdgs/country/prk/>>.

9 *ibid.*

10 Central Bureau of Statistics and UNICEF, *Democratic People's Republic of Korea Multiple Indicator Cluster Survey 2017: Survey Findings Report* (2017).

11 UNICEF, *Further Analysis of the DPR Korea Multiple Indicator Cluster Survey 2017* (2019).

of Child Nutrition, the State Planning Commission and the Technical Working Group on Nutrition (nutrition) and the Education Commission (education). For evidence generation, advocacy and knowledge management and communication for development (C4D) approaches, partners include the Child Data Management Unit of the Central Bureau of Statistics and the Grand People's Study House.

The development partners that were active in the DPR Korea during the evaluation period included six United Nations agencies, the European Union-funded Food Security Office and four international non-government organizations,¹² as well as the International Federation of the Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), the Swiss Agency for Development and Cooperation, FIDA International (Finnish Agriculture and Health Rehabilitation Programme) and the French and Italian cooperation offices. Programmatic activities were mainly humanitarian-orientated due to government restrictions on development activities and funding from donors due to sanctions. However, over the past two years due to the pandemic-related preventive measures, including the departure of all international staff from the country, nearly all of these organizations had suspended operations in the country.

UNICEF is one of the largest United Nations organizations working in the country and has an important role in interagency sector coordination. In addition to leadership of sector working groups in WASH and nutrition and co-leadership of the Health Working Group with the WHO, UNICEF supports the coordination of evidence generation and learning through the United Nations Results Group. With average annual funding of around US\$25 million, UNICEF remains among the largest humanitarian United Nations partners in the DPR Korea in terms of funding volume and geographical programme coverage. Sector coordination bodies with UNICEF participation include:

- a. Nutrition Sector Working Group, co-led by UNICEF with the World Food Programme (WFP);
- b. WASH Sector Working Group, chaired by UNICEF and co-led by the European Union Project Support Units (Concern Worldwide) and the IFRC;
- c. Health Sector Working Group, chaired by the WHO and co-led by UNICEF;
- d. United Nations Data Sector Working Group, co-chaired by the United Nations Population Fund (UNFPA) and the Central Bureau of Statistics; and
- e. United Nations Internal Monitoring and Evaluation Working Group.

Meetings of these working groups are generally ad hoc and irregular due to the pandemic.

2.3 Impact of COVID-19

Since the onset of the COVID-19 pandemic in 2020, DPR Korea has faced multiple burdens, further exacerbating the humanitarian situation:

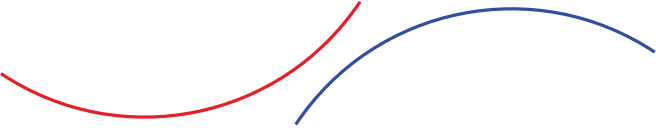
¹² There is an agreement between the European Commission and the Government of DPR Korea regarding the Food Security Thematic Programme. Under this agreement, European Union-supported international NGOs that have an office in the DPR Korea are established and referred to as European Union Project Support Units. Initially seven, only five of them still operate in the country: Triangle Génération Humanitaire, Première Urgence Internationale, Concern Worldwide and Welthungerhilfe.

- The indirect impact of the COVID-19 pandemic and associated prevention measures, including lockdowns, restrictions on travel and border closures, severely limited the movement of cargo and persons across provincial areas and disrupted the humanitarian programmes and supplies. A reduction in the flow of goods and trade across the border with China and Russia has likely impacted the DPR Korea economy and exacerbated the socioeconomic indicators.
- Several extreme weather events occurred, including torrential rains followed by unprecedented three consecutive typhoons in less than three weeks in the agriculturally rich southern and eastern provinces.

The global COVID-19 pandemic has had a profound indirect impact on the capacity of multilateral and international agencies to deliver support in the DPR Korea. Although, the DPR Korea had not officially reported any cases of COVID-19 prior to 2022, the introduction of national COVID-19 prevention measures in 2020 caused significant disruptions to United Nations operations, including the delivery of UNICEF's Country Programme. These measures indirectly disrupted the regular flow and importation of supplies, with no new supplies entering the country as a result between August 2020 and August 2021. Stockouts and shortages of therapeutic foods, polio vaccines, TB diagnostics, essential medicines and other supplies necessitated rationing and reduced service availability and access. A large quantity of humanitarian supplies, including food commodities, medicines, agricultural inputs and personal protective equipment were stranded at border and transit ports, resulting in high demurrage and storage costs. Given these challenges, UNICEF, as with other United Nations agencies, instituted a hold on new procurements from Supply Division in August 2020, pending explicit government assurances that supplies would be allowed to enter the country.¹³ Towards the end of 2021, some supplies were brought over the border, including 50 containers of health and nutrition supplies. This was, however, only 26 per cent of the need, according to UNICEF country team estimates. Some of the stock was released from quarantine and disinfection by year-end and placed in the Central Medical Warehouse for distribution. They included nutrition supplies, emergency medicines and TB preventive therapy and treatment.

Due to travel restrictions related to the COVID-19 prevention measures, there are currently no United Nations international personnel in the DPR Korea. All United Nations and international NGO staff, together with many diplomatic missions, temporarily vacated the country as of March 2021. The continuing border closure prevents the return of international staff. UNICEF's Country Office remains open but is remotely managed by the international staff moved to Bangkok, with support and facilitation by national staff seconded from the government. In addition, movement restrictions at the early stages of the pandemic globally and, in particular, shortage of cash availability for ground operations made it difficult for local staff to continue to pursue operations in the DPR Korea. The lack of any independent field data collection has left donors without a clear line of vision for programme monitoring and the country situation. Facing the same challenges, the international NGO community operating in the DPR Korea also gradually suspended their programmes during 2020. To date, it remains unclear when the COVID-19 restrictions will be lifted and when access to the country will be reinstated.

¹³ Office of the United Nations Resident Coordinator, 'DPR Korea Response Plan 2021', Internal draft (April 2021).



3 UNICEF Country Programme 2017–2023

3.1 Programme logic

The UNICEF DPR Korea Country Programme 2017–2023 aims to improve service delivery and outcomes in health, nutrition and WASH, in addition to expanding the systems for data and evidence generation. The UNICEF Executive Board approved-Country Programme Document contains the following targeted outcomes. These outcomes remained unchanged for the entire evaluation period.

- a. Health – By 2021, pregnant women, newborns and children younger than 5 years have equitable access to essential health care services; and tuberculosis and malaria are prevented and controlled.
- b. Nutrition – By 2021, adolescent girls, women of reproductive age, pregnant and lactating women and children younger than 5 years utilize nutrition services equitably and practise age-and context-appropriate behaviours for the prevention and treatment of undernutrition.
- c. WASH – By 2021, women and children have equitable access to sustainable clean water and sanitation services and practise improved hygiene and sanitation behaviour in humanitarian situations.
- d. Social inclusion, planning, monitoring and evaluation – The Government uses disaggregated data for equity-focused social policy development and planning and for reporting on the rights of children and women in humanitarian situations.

In May 2020, a reprioritization of the Country Programme was agreed upon with the Government, in response to the pandemic-related restrictions and needs. The reprioritized programme focuses on urgent and life-saving support and includes the suspension of all field activities and capacity-development support. In addition and due to the impact of the COVID-19 pandemic on programming and operations in the DPR Korea, the United Nations Strategic Framework and UNICEF's Country Programme Document have been extended for two years. As a result, the current Country Programme covers the period from 2017 to 2022, with a second extension until 2023 to be formalized shortly by the UNICEF Executive Board. This evaluation, however, only covers the original Country Programme evaluation period of 2017–2021.

Although the Country Programme did not adopt a formal theory of change, the document review undertaken as part of this evaluation uncovered two draft planning frameworks (*see Figure 1*), which illustrates the logic underlying programme planning.

Figure 1. Country Programme draft conceptual framework

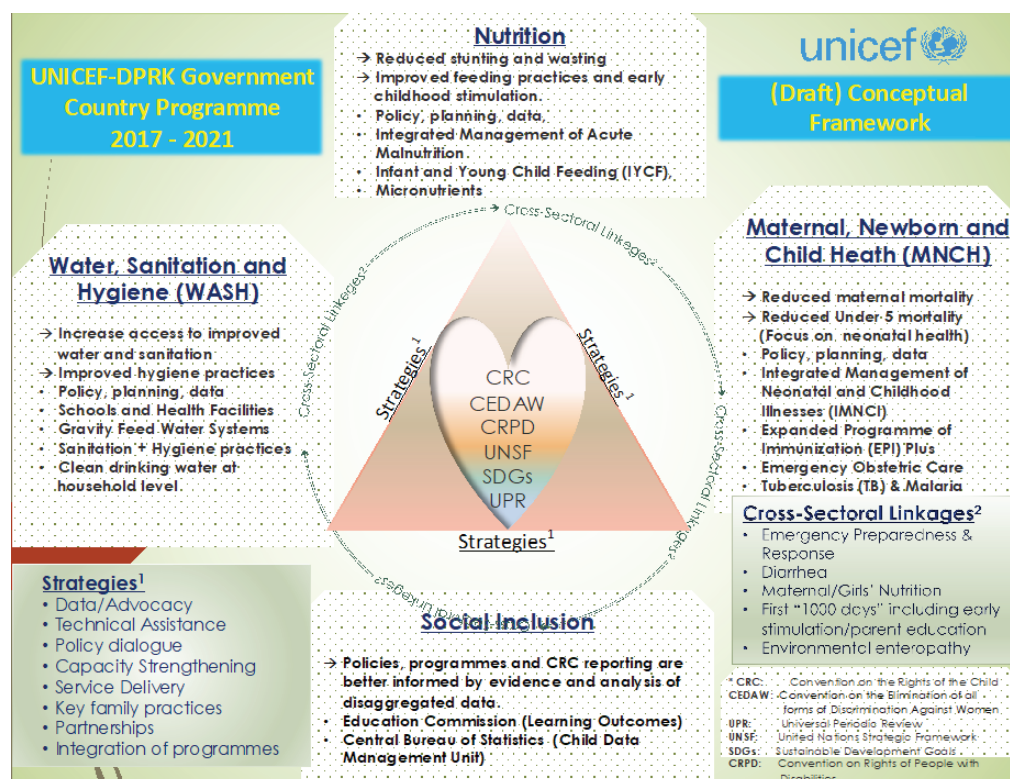
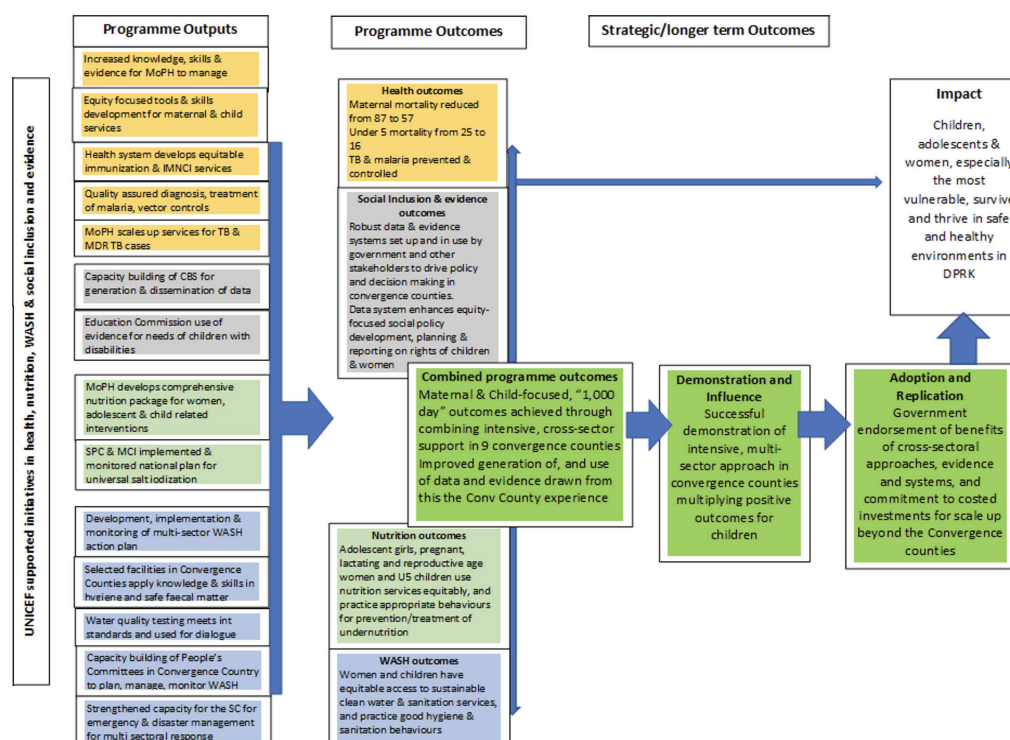


Figure 2. Country Programme results logic



Note: MoPH=Ministry of Public Health; IMNCI=integrated management of newborn and childhood illnesses; SPC= ; MCI= ; U5=children younger than 5 years.

The outputs listed in **Figure 2** demonstrate a multipronged approach to achieving outcomes, involving supply provision for service extension, capacity- building and policy support. **Figure 2** (green boxes) how the convergence county approach was intended to achieve quantifiable results which would then be used for advocacy, adoption and replication of successful strategies. **Figure 1** (in the lower left-hand corner) provides a fairly comprehensive list of the strategies employed to varying extent in each of the programme areas to achieve the stated goals.

The 2017–2023 Country Programme Document identifies several lessons learned from the previous Country Programme Document that were intended to inform the approach taken to achieve these outcome goals, including the need for:

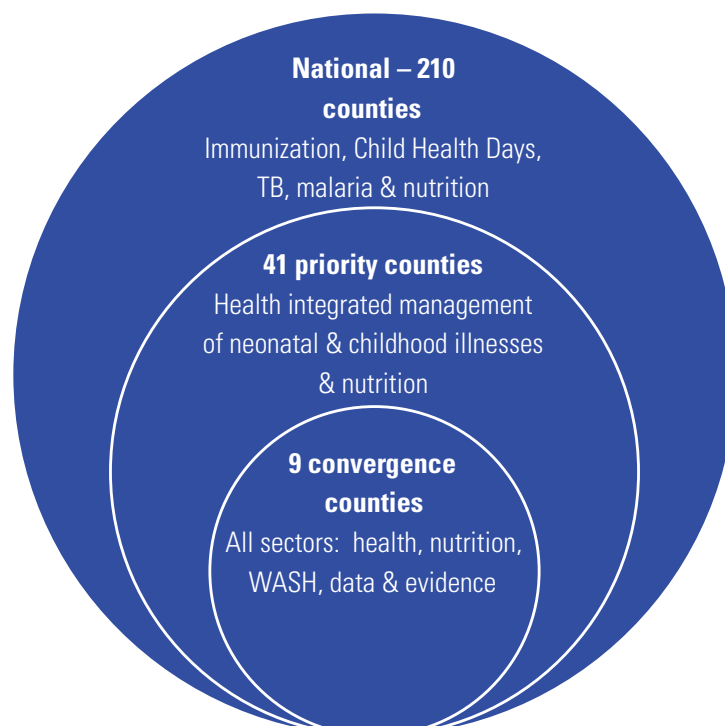
- a. improved data use and management;
- b. strengthened evidence -based advocacy for scaling up low-cost, high-impact life-saving interventions; and
- c. improved programming involving all sectors to address multidimensional vulnerability.

The Country Programme committed to emphasize stronger cross-sector links, including through the introduction of the convergence county approach, and to balance the urgent supply component with the required technical assistance to support hands-on training, policy work and programme communications. Unlike its predecessor, the current Country Programme does not have an education programme, although there was a planned component to conduct a national learning assessment as part of the planning, monitoring and evaluation output. This was due in part to a lack of similar vision between the Government and the UNICEF Country Office regarding what goals the education programme should focus on, with the Government more interested in a supply-driven programme to support the rehabilitation of facilities and UNICEF more concerned with education of children with disabilities and other marginalized groups.

3.2 Geographic targeting

The Country Programme includes a **geographically targeted** approach (*see Figure 3*) to increase programme efficacy through a multisector approach, as well as to demonstrate benefits for children and make the case for replication and increased investment. Under this approach, UNICEF has focused resources on 50 priority counties, where support was provided for the Integrated Management of Newborn and Childhood Illnesses Programme. Nine of these priority counties were designated as convergence counties. UNICEF's strategy for the convergence counties was to bring together all three sectoral interventions (in health, nutrition and WASH) in a 'first 1,000 days of life' approach, emphasize cross-sector approaches and complement them with strong emphasis on data collection and evidence generation. The convergence of programming locations was intended to allow for the coordinated planning of integrated services to reduce high rates of mortality and morbidity; promote early childhood development; address undernutrition among women and girls; facilitate equitable access to WASH services and build up community resilience.

Figure 3. UNICEF geographic scope and sectoral targets



The aim of the convergence county approach was to demonstrate how coordination and integration can accelerate progress for children and women and to then inform replication and scale up across the country. The nine counties selected (one in each province) were: Chongdan, Jongju City, Junghwa, Jungsan, Kangnam, Kosong, Myonggan, Rakwon and Samjiyon. In addition to these more targeted programmes, at the national/central level, UNICEF provided technical support for the delivery of services: immunization, child health days with vitamin A and micronutrient supplementation; a Community Management of Acute Malnutrition Programme (in all 210 counties) as well as technical support for policy, strategy-capacity development, evidence generation and analysis.

3.3 Programme budget

The Country Programme budget originally planned (*see Table 1*) to involve a fairly even division of funds between the health, nutrition and WASH sectors. Throughout the evaluation period, approximately 80 per cent of programme funds were used to purchase supplies for distribution, making the DPR Korea programme one of the most supply-driven Country Programmes in UNICEF's portfolio.

Table 1. Original Country Programme budget (in thousands US dollars)

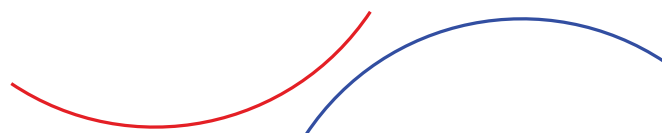
Summary budget table			
<i>Programme component</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health*	2 946	33 270	36 216
Nutrition	3 576	13 902	17 478
Water, sanitation and hygiene	3 396	8 465	11 861
Planning monitoring and evaluation	526	1 500	2 026
Programme effectiveness	2 291	1 500	3 791
Total	12 735	58 637	71 372

3.4 Country Programme reprioritization due to the global pandemic

The global pandemic severely impacted the delivery of the Country Programme due to the departure of all international staff, restrictions on movements and a near-complete suspension of humanitarian supplies from August 2020 onward. In the face of these considerable challenges, UNICEF carried out a programme criticality assessment together with the Government in May 2020, revising its Annual Management Plan and prioritizing urgent and essential life-saving activities. These included: immunization; treatment of children with severe acute malnutrition, TB and malaria; COVID-19 prevention response and developing WASH infrastructure as critical interventions. The annual workplan for 2021 reflected a similar approach to 2020, with a carry-over of delayed activities from 2020.

3.5 Rights-based frameworks under the Country Programme

In 2014, DPR Korea endorsed 113 of 185 recommendations of the Human Rights Council through the universal periodic review. The proposed Country Programme was designed to support the Government in the progressive realization of those recommendations pertaining to maternal and child health, nutrition, WASH, social inclusion and the broader rights of children and women as articulated in the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities.



4 Methodology

4.1 Scope, purpose and objectives of the evaluation

The evaluation looked at the first five years of the current Country Programme. Although the Country Programme's duration has been extended until the end of 2023 (pending Executive Board approval), the evaluation only covered the period from 2017 until 31 December 2021, which was the original duration of the Country Programme. The evaluation covered all four Country Programme priority sectors: health, nutrition, WASH and planning, monitoring and evaluation, looking at service delivery as well as generation and use of data and other evidence. In addition, focus was given to the impact of the global COVID-19 pandemic on the Country Programme and strategies to address COVID-19-related challenges.

The purposes of the evaluation, as set out in the terms of reference and the inception report for the Country Programme evaluation (*see Appendices 2 and 3*) were:

- a. Identify lessons from implementation of the ongoing Country Programme (2017–2021) to inform the design of the next Country Programme Document, specifically in the areas of relevance, strategic positioning, responsiveness to national needs, management and staffing.
- b. Inform the development of the next United Nations Sustainable Development Cooperation Framework, alongside the findings and recommendations of the United Nations Strategic Framework 2017–2021 evaluation.
- c. Capture learning from UNICEF's investment in service delivery and evidence generation and use, plus the effects of cross-sector collaboration through the convergence county approach with the application of the first 1,000 days of life approach.

The fourth purpose, as stated in the terms of reference, "Better understand the indirect impact of COVID-19 and continued relevance of UNICEF's programmes to address emerging needs", was modified slightly in the inception report to reflect the unavailability of adequate outcome and impact data and to better reflect the Country Programme evaluation's strong utility focus:

- d. Better understand the implications of the COVID-19 pandemic for the Country Programme, and identify strategies for progress.

The objectives of the evaluation, as outlined in the terms of reference and inception report, were:

- a. Identify the most effective implementation strategies for UNICEF to adopt for the next phase of programme development in the DPR Korea.
- b. Determine how UNICEF can most effectively position itself to contribute to the improvement of the lives of children and women in the DPR Korea and increase understanding on how UNICEF can build on its comparative advantage.

- c. Inform a forward-looking reflection on the implementation of the DPR Korea Country Programme in light of the global COVID-19 pandemic.
- d. Identify possibilities for more sustainable programming within the humanitarian–development nexus.

The data-gathering abided by the limitations set by the Government. Consequently, data-gathering for this evaluation was primarily at the national level. Some provincial-level insights were possible through surveys with the nutrition and the Integrated Management of Neonatal and Childhood Illnesses Programme focal points.

The intended users of the evaluation are senior management and staff of the UNICEF DPR Korea Country Office as well as the East Asia and Pacific Regional Office (EAPRO), the Government of the DPR Korea, United Nations Country Team and other partners operating in the country, as well as UNICEF's relevant headquarters staff.

4.2 Evaluation questions and criteria

The overarching questions for this Country Programme evaluation was: To what extent has the UNICEF DPR Korea Country Programme in the evaluation period proven successful in its programme delivery, strategy choices and approaches and what implications are there for future strategy development for UNICEF and for its contributions to the joint United Nations strategy in the DPR Korea, also in light of the ongoing global COVID-19 pandemic?

This Country Programme evaluation adapted the Organisation of Economic Co-operation and Development's Development Assistance Committee's evaluation criteria:

- a. **Relevance:** the extent to which UNICEF's programme objectives and design respond to the needs of beneficiaries and other stakeholders in the highly complex context of the DPR Korea;
- b. **Effectiveness:** the extent to which the Country Programme achieved or is expected to achieve its objectives, including support for working with the Government and other local partners;
- c. **Coherence:** the extent to which the Country Programme approaches and interventions have internal and external complementarity, with a logical and synergistic fit; and
- d. **Sustainability:** the extent to which UNICEF's work has succeeded in creating potential adoption by the Government in the future and whether it has been scaled up and included in national systems and policy guidelines and whether it has enhanced the likelihood that results will continue in future.

As detailed in the evaluation matrix (*see Appendix 5*), the following questions were developed for the evaluation.

Table 2. Evaluation questions

Relevance	To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in the DPR Korea, including the most vulnerable, are met, including after impact of COVID-19?
	Which Country Programme approaches (including the convergence county approach) and modalities are the best aligned, most relevant and adapted to the country context?
Effectiveness	To what extent have programme outputs (short-term or intermediate results) been delivered and how did they contribute to progress towards the stated programme outcomes (supporting an enabling environment, improving supply and quality of services, improving demand for services in the DPR Korea and ensuring that human rights and gender equity are factored in)?
	How effectively have the UNICEF DPR Korea Country Programme strategies and partnerships with the Government delivered the intended results and influenced national policies, strategies and guidelines?
	To what extent has the Country Office been able to effectively prepare for and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic and meet the needs and rights of women and children?
Coherence & synergies	Internal coherence: To what extent has implementation of UNICEF's various programmes in the DPR Korea been synergistic and coherent?
	External coherence: To what extent has UNICEF's implementation in the DPR Korea (in terms of corporate features and those specific to the Country Office) been synergistic and coherent with government priorities and with other United Nations agencies and development partners? How should coherence with other United Nations agencies be improved in the future?
Sustainability	To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross-sector collaboration and geographical focus) enhanced the potential for government or local replication and scalability in the future?
	What are the major factors that influenced the achievement or non-achievement of sustainability of the UNICEF Country Programme?

Due to the unavailability of outcome and impact data from the evaluation period, it was not possible to do a full evaluation of the effectiveness of the Country Programme. Consequently, effectiveness focuses on the extent to which UNICEF succeeded in delivering the intended programme actions and outputs rather than achieving the targeted programme outcomes. The relevance of these actions to the targeted outputs and outcomes is explored in the relevance section.

4.3 Evaluation design

The evaluation design was deeply affected by the severe limitations under which the evaluative data could be collected. This involved the lack of (a) a complete set of output and outcome data for the full evaluation period, (b) severe limitations to both qualitative and quantitative data-gathering by the evaluation consultant (section 4.4) and (c) challenges to pursuing a comprehensive programme of action based on a full theory of change (section 3.1). A traditional theory-based evaluation was not possible. Instead, in keeping with the mandated utility focus of this Country Programme evaluation, the approach used various methods, such as outcome harvesting and appreciative inquiry, to address the questions and determine what was accomplished in the evaluation period, what lessons could be learned and what recommendations could be made for improvement.

Given the greater availability of data in the pre-COVID-19 period, the evaluation adopted a unique split-period approach, looking separately at both periods of activity. For the pre-COVID-19 period, the evaluation drew on available data from evaluations, progress reports and other sources, triangulating data received by multiple sources, including the informant interviews and written responses to the interview questionnaire wherever possible. The evaluation used these data sources to assess the strategies employed, to document programme achievements and to draw out recommendations.

For the COVID-19 period, with its extreme limitations in both activity and data availability, a desk review was conducted of DPR Korea Country Office progress reports and other available documentation, with additional data-gathering primarily involving a wide range of informant interviews.

Preliminary evaluation findings and recommendations were discussed with the country team members in a co-creation workshop to explore possible recommendations. Based on the findings, the final recommendations of the evaluation report were developed.

In-country data gathering was done remotely, using English-language questionnaires and a survey due to telecommunications limitations.

The following were the main data-gathering methods of the evaluation:

- a. **Informant interviews with government focal points, current and previous UNICEF DPR Korea country team members, representatives of other United Nations agencies and representatives of partners.** Interviews with UNICEF staff, both national and international, as well as other internationals were done online using a semi-structured interview questionnaire. Interviews with government officials were all in a written format, with a similar questionnaire submitted through the National Coordinating Committee. In total, 16 UNICEF international staff, both present and past, four UNICEF national staff, six partner organization staff and eight DPR Korea government officials were interviewed. All past and present UNICEF programme chiefs and representatives from the evaluation period were interviewed, along with UNICEF national staff. Other UNICEF staff were interviewed when, in the course of the evaluation, it became apparent that they could give a useful perspective on the Country Programme activities. Present and, in the case of the WFP, past representatives of all three United Nations partner agencies were also interviewed, along with the United Nations Resident Coordinator and representatives of Concern International and the Swiss Development Cooperation. Given the low level of interagency cooperation in the DPR Korea and the fact that no representatives of any international development agency are currently active in the country, it was decided that further interviews with partners formerly present in DPR Korea would not be sufficiently useful.

The interviews addressed the four evaluation criteria of relevance, effectiveness, coherence and sustainability and looked into monitoring and data collection, design, coordination and management of UNICEF interventions and the impact of COVID-19. Appendix 5 has sample evaluation questionnaires for international and DPR Korea respondents. The written interview questionnaire and phone interview questionnaire were adapted to the specific interviewee.

- b. **Document review.** A comprehensive desk review of available documentation was completed based on a bibliography search, including all relevant available contextual analyses, progress reports and evaluation findings, as well as a full review of all Results Assessment Module reports filed during the evaluation period (see the bibliography).
- c. **Structured survey of government capacity-building beneficiaries.** A survey was sent to the 13 provincial-level nutrition focal points who were trained as trainers in nutrition. Of them, four responses were received. The purpose of this survey was to gather qualitative information on the usefulness of the inputs funded or provided by UNICEF (primarily training of trainers and written materials) to help UNICEF better adapt its programme to the needs. In addition, a survey was forwarded to DPR Korea attendees at a regional virtual WASH in Schools learning event in 2021 to ascertain the relevance and usefulness of participation in the event. We received one aggregate response to this survey, presumably presenting the collective opinions of the participants.

Data collected through these methodologies was inputted into a series of data-gathering matrices (*see Appendix 4*) to aid in the processing and analysis of the data. The analysis critically examined the information gathered from these sources, attempting to synthesize it in an objective manner.

In the absence of a pre-existing formal theory of change, the evaluation did not endeavour to reconstruct or assess a detailed programmatic theory of change for the Country Programme. This is partly because of political constraints, coupled with the high level of uncertainty and unpredictability inherent in the conduct of UNICEF's work in the DPR Korea and the significant barriers to designing and pursuing a coherent programme of change. Geopolitical instability, the effects of the sanctions regime, donor willingness to fund UNICEF DPR Korea's programme, disaster risks due to the country's high degree of vulnerability to droughts, flooding and other natural disasters and the uncertainty regarding governmental intentions, priorities and policies all contribute to planning constraints and underlying programmatic unpredictability. This in turn has made the DPR Korea Country Programme an exercise in the art of the possible and has made it difficult to execute a programme based on a comprehensive theory of change. However, as mentioned in section 2, it is possible to group the strategies employed by UNICEF in pursuit of the Country Programme's output and outcome goals into three broad clusters: policy support, capacity-building and supply provision. For ease of analysis, this three-cluster framework of analysis has been used to determine the extent to which various strategies have been pursued over the course of the evaluation period to achieve targeted goals as well as the efficacy of this blend of strategies.

4.4 Limitations

The DPR Korea presents a uniquely challenging, highly complex operating environment for UNICEF and its partners. Gaps in data management capacity and data availability in the country constrain analysis, planning, monitoring, evaluation and the ability to report accurately on results for children. This includes monitoring progress against the Sustainable Development Goals (SDGs) and understanding inequalities in different areas and population groups. Data against indicators of the Country Programme Document's results framework and DPR Korea and UNICEF Annual Workplan exist to a certain extent, but they lack sufficient geographical, gender and other useful disaggregation to assess the situation accurately over time and thereby trace the outcomes and impact of UNICEF's work. In particular, due to the lack of sufficient gender-disaggregated data and the inability to survey rights-holders, it was not possible to do a gender analysis of UNICEF's programme results.

The COVID-19-related preventive measures severely limited the extent of data-gathering for the evaluation. In particular:

- a. There was no possibility for international consultants to travel to the DPR Korea and speak directly with stakeholders and beneficiaries. Communications restrictions severely limited the possibility to conduct phone or video interviews with duty-bearers and other DPR Korea officials so that the primary method of data-gathering from DPR Korea sources was, by necessity, by written questionnaire.
- b. Internal travel within the DPR Korea was similarly limited, with local cash shortages impacting operations requiring fuel and daily subsistence allowance, leaving little or no opportunity for site visits even by locally based personnel.
- c. Given the cash constraints, it was not possible to hire an independent national consultant capable of bringing deep understanding and perspectives of the context.
- d. It was not possible to interview, survey or otherwise engage service beneficiaries and rights-holders.
- e. Due to elevated levels of turnover among UNICEF international staff and national seconded personnel, as well as challenges in knowledge management and institutional memory, it was not possible to do a comprehensive review of programme documentation related to earlier years of the evaluated period. Wherever possible, former and present country team staff were asked to provide assistance to identify and locate relevant documentation.
- f. Little relevant outcome data have been collected by any stakeholders during the global COVID-19 period, and the continuing COVID-19 prevention measures made collection of outcome data as part of the Country Programme evaluation impossible.¹⁴

Given the limitations on data availability, it was impossible to fully trace programme outcomes and impact, particularly since January 2020, and difficult to obtain a comprehensive picture of programme implementation. There was also significant danger of subjective bias due to the heavy reliance of the evaluator in the post-COVID period on inputs and perspectives provided by both UNICEF and Government duty-bearers, rather than those of rights-holders and beneficiaries. Where possible, this danger was addressed by triangulation to confirm and corroborate results and complementarity to

¹⁴ United Nations, 'Baseline Synthesis Analysis Report: COVID 19 and the Democratic People's Republic of Korea', draft (July 2021).

explain and understand findings obtained by one method by applying a second. However, the lack of access to duty-bearers remained a significant limitation to the comprehensiveness and robustness of the evaluation findings.

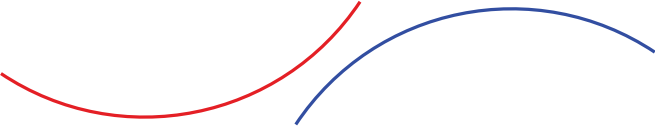
Lack of access to rights-holders and other constraints also made it difficult for the evaluation to adequately adopt a rights-based approach. However, the evaluation consultant remained mindful throughout the evaluation of rights and equity issues and addressed these issues wherever possible in the evaluation findings and recommendations.

4.5 Ethical considerations

The evaluation methodology fully considered ethical considerations and the obligations of the evaluators. The evaluation adhered to the norms and standards of the United Nations Evaluation Group. The evaluation consultant conducted the evaluation with due regard to independence, impartiality, credibility, conflicts of interest and accountability. In particular, careful consideration was given by members of the evaluation team¹⁵ in cases in which there was conflicting data from different sources. Similarly, the evaluation team reflected at length on how to make the evaluation findings as credible as possible, given the extreme limitations to data access, particularly in the COVID-19 period, and the impossibility of speaking to beneficiaries.

Finally, questionnaires were assessed by an independent multi-country evaluation specialist for the protection of the human subjects. The specialist confirmed that evidence generation did not: (a) involve vulnerable cohorts whose personal agency was limited due to age, situation or capabilities and for whom an additional duty of care was required (including all evidence generation involving children); (b) involve primary data collection that had the potential to result in direct harm to a participant during the course of the programme or the evaluation; (c) involve any marginalized or vulnerable groups, compromise the safety and well-being of individuals in their context (actual or potential) or (d) involve non-universal distribution of resources (involving the provision of cash transfers or other goods and services to one group and not to another group). On the basis of this, the evaluation's human subjects' protection protocols received ethics review approval. (*See Appendix 6* for the ethical review approval letter).

¹⁵ The evaluation team consisted of UNICEF staff who were removed from the response and the international evaluation consultant as the team lead.



5 Findings

The 2017–2023 Country Programme focuses on four priority sectors: health, nutrition, WASH and data and evidence generation and analysis. The following sections look at the relevance, effectiveness, coherence and sustainability of the planned outputs in each of the sectors.

5.1 Relevance

Guiding questions

1. To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in the DPR Korea, including the most vulnerable, are met?
2. Which Country Programme objectives, approaches (including the convergence county approach) and modalities are the best aligned, most relevant and adapted to the country context?

Overall relevance of the programme to the defined DPR Korea needs was found to be satisfactory.

UNICEF supported the Government in framing its strategies for health, nutrition and WASH, leading to a high degree of synergy between the aims of these strategies and UNICEF's activities.¹⁶ A review of the MICS findings and the 'further analysis' products based on these findings did not reveal significant areas of need neglected by the UNICEF Country Programme.¹⁷ The Country Programme goals were also in line with the strategic priorities of the United Nations Strategic Framework for DPR Korea 2017–2021 and with the SDG targets pertaining to children, including UNICEF's SDG Strategic Plan Goals 1 (Every child survives and thrives) and 4 (Every child lives in a safe and clean environment). In addition, with UNICEF's support, the DPR Korea made significant strides forward on data collection on these two strategic plan goals. However, UNICEF was not able to provide support to the DPR Korea on Strategic Plan Goals 2 (Learning), 3 (Protection) and 5 (Fair chance).

The relevance of the Country Programme to the DPR Korea needs in its various areas of activity was also confirmed by the three major evaluations or reviews during the Country Programme period: the 2017 Formative Evaluation of the UNICEF Gravity-fed Water Systems Programme in DPR Korea, the 2018 Evaluation of Community-based Management of Acute Malnutrition Programme and the 2019 Midterm Review of the Country Programme. The 2019 midterm review found: "The programme has balanced the urgent need for humanitarian and live-saving supplies with high-quality technical assistance to support capacity development, policy and strategy formulation and the generation and use of child-centred data and evidence."¹⁸

¹⁶ Ministry of Public Health, *National Nutrition Strategy for Women and Children 2017–2021* (2017); Ministry of Public Health, *Medium Term Strategic Plan for the Health Sector, 2016–2020* (2016); Ministry of Urban Management, *National WASH Strategy 2021–2026* (2021).

¹⁷ Central Bureau of Statistics and UNICEF, *2017 DPR Korea MICS Highlights: Trends, perspectives and analysis* (July 2019); Central Bureau of Statistics and UNICEF, *2017 DPR Korea MICS Geographical Analysis: Disparities at the provincial level in DPR Korea* (July 2019); Central Bureau of Statistics and UNICEF, *Democratic People's Republic of Korea Multiple Indicator Cluster Survey 2017: Survey Findings Report* (2017).

¹⁸ UNICEF, *UNICEF DPR Korea Country Programme of Cooperation 2017–2021 Mid-Term Review Report* (2019) p. 5.

Relevance in the DPR Korea context, however, is a deeply political construct depending on the stakeholder's perspective. There is an underlying tension between the position of the DPR Korea Government, which wants a more sustainable development focus to operations, and that of certain donors, who insist that the programme primarily focus on humanitarian needs. Against this backdrop, UNICEF's government counterparts rated the relevance of UNICEF's programme in DPR Korea, on average, at 4 on a scale of 5. (The full list of government departments that were surveyed can be found in *Appendix 1*). The written government responses submitted to the interview questionnaire expressed a uniform desire for a shift to a stronger sustainable development orientation. *Table 3* summarizes the types of support that government officials expressed wanting to receive in the future.

Table 3. Further support needs proposed by DPR Korea officials in interview questionnaire responses

Health	• Technical and financial support to revitalize capacity of health workers in programme sites • More medical equipment, including for diagnostic purposes • Development of early childhood development guidelines, complementary feeding guidelines • Introduction of new vaccines into national routine immunization system for preventing vaccine-preventable diseases • Support to prevent and treat congenital abnormalities • Development of domestic training system, from primary health institutions to the central level • Expanding the distribution of iron and folic acid supplements to adolescent girls and women of reproductive age
Nutrition	• Equipment for the salt iodization programme, including power generators, pumping machines, iodine mixers and packaging materials, to increase salt production capacity and technical support to ensure the local production of equipment, such as iodine mixers and belt conveyer • Technical support for local production of nutrition supplements and medical supplies and support for health sector infrastructure • Integrated support for nutrition management for women and prevention of congenital abnormalities • Supplies for nutrition counselling units deployed in provincial paediatric hospitals and child nutrition institutes • Folic acid supplements for adolescents and women of reproductive age • Health training for supervisory workers and nursery teachers, and quarterly trainings for health, nutrition and TB sectors • Study tour or trainings on nutrition management in emergencies • Support for local production of therapeutic foods

WASH	• Improvement of sanitation and hygiene facilities in villages and institutions • Greater support for water quality, including a basic water quality lab • Comprehensive guidelines on rural sanitation and hygiene that can be a reference for decision-makers and technicians • Guidelines on disaster risk reduction for risk assessments and management and responding to disasters • An updated list of WASH emergency items to meet the basic WASH needs in emergencies • Improving institutional WASH services in schools
Data	• More technical support and capacity-building for the Child Data Management Unit staff and for data-gathering in convergence counties
Education	• Support for improved childhood education and improvement of learning outcome assessment methods and teacher training

The geographic focus of UNICEF activities was not found to reflect the degree of need. The 2017 MICS revealed a high level of geographic disparity in indicators of maternal and child health, nutrition and WASH facilities between provinces. However, this disparity was not reflected in the prioritization of UNICEF activity. The interviews revealed no institutional memory on how the 41 priority counties and nine convergence counties of the Country Programme were chosen. It appears that they were assigned to UNICEF by the National Coordinating Committee, without jointly agreed selection criteria. The nine convergence counties are evenly disbursed, with one in each of the nine provinces outside of Pyongyang. One DPR Korea official explained that they had been told that mid-performing counties, with regard to health and WASH indicators, were specifically selected as convergence counties. Another UNICEF interviewee reported that they had been told UNICEF had proposed counties based on criteria ranging from severity of need to ease of access and that the National Coordinating Committee had then submitted a final list that partially took into account UNICEF's suggestions. Both these comments were third-party accounts. No one who was interviewed could give a first-hand account of the selection process. However, the interviews with a range of UNICEF staff seemed to suggest that the convergence counties did not have a high relative degree of need.

The Country Programme results framework was not fully in line with UNICEF guidelines and did not adequately track programme outputs and outcomes. According to UNICEF's *Results-Based Management Handbook* (2017), proper outputs should track "shorter-term changes in skills or abilities and capacities of individuals or institutions, directly attributable to the activities of an organization, policy, programme or intervention". (p. 172) The targets set for the health and nutrition sector, however, in several instances were not directly attributable to UNICEF support and thus would be better counted as outcome indicators, with more appropriate lower-level targets used to track UNICEF's direct contributions to these outcomes. For example, targets such as the drop-out rate between DPT1 and DPT3 immunizations, the malaria annual blood examination rate and the number of primary caregivers who received training on infant and young child feeding were all listed as output indicators despite their dependence on a chain of interventions not directly attributable to UNICEF activities. In the same instance, indicators more directly attributable to UNICEF's efforts, such as the number of children receiving DPT1 and DPT3 immunizations, were not tracked in the results framework. In addition, several of the output or outcome indicators could not be tracked even before the onset of the COVID-19-related restrictions due to the unavailability of data on these indicators from the DPR Korea. These included such targets as the percentage of the national population using improved and safely managed sanitation services, the percentage of deaths of children younger than 5 years

due to diarrhoea and the number of schools and health care facilities with basic WASH facilities. As such, a full evaluation of the Country Programme's achievements and the areas where UNICEF activities did not deliver intended outputs or where these outputs didn't lead to expected outcomes was challenging, even for the pre-COVID-19 period of the Country Programme.

The convergence county approach was relevant to the DPR Korea context. But application of the approach met considerable challenges during the course of the Country Programme, thereby limiting its potential impact. The convergence county approach as conceptualized was intended to enable application of the first 1,000 days of life approach, linking nutrition, health and WASH interventions in nine counties spread across the country, with the twin aims of improving results in these counties and "demonstrating the effectiveness of coherent intersectoral work through shared service delivery points ... with the aim of informing policy decisions and scale-up of low-cost, life-saving interventions nationwide"¹⁹. According to the internal programme concept note that was shared with the Government, the objectives of the convergence county approach were to:

- Ensure cohesion and synergies among programmes to maximize results for children and mothers during the first 1,000 days of life;
- Adapt simple, scalable and sustainable approaches – recognized internationally as low-cost, high-impact interventions – to the context of DPR Korea (such as exclusive breastfeeding);
- Adapt innovation and technology to enhance programme delivery for children and women; and
- Build community awareness and resilience.

The convergence county approach has great relevance in the context of the DPR Korea, where it has been challenging to promote multisectoral collaboration and where chronic UNICEF underfunding necessitates a targeted approach. The 2019 midterm review found that there had been more synergistic actions across the programmes in the convergence counties, compared with other areas of operation, particularly in relation to capacity-development, including more frequent monitoring and supportive supervision. However, prevailing contextual constraints in the DPR Korea context, even before the onset of COVID-19, limited the potential impact of the approach, in terms of improving results and demonstrating effectiveness. First, baseline data were never collected in the convergence counties, thereby limiting the use of the approach to promote more evidence-based activity. Second, no needs assessment was done to inform programming. Third (as detailed in the section on internal coherence further on), only limited efforts were made to promote multisector collaboration in the convergence counties. According to interviews with UNICEF country team members present in the early years of the Country Programme, local People's Committees were not involved in planning at the country level, leading to a top-down approach to planning that is not consistent with good practice for multisectoral county-level approaches.

The Country Programme did not live up to UNICEF's commitment to the broader rights of children, including those with disabilities, nor did it adequately target the most vulnerable and marginalized children. Even before the onset of COVID-19, limited data availability at the sub-provincial level as well as lack of full access to all provinces of the DPR Korea and all institutions made it challenging to identify and access the most vulnerable and marginalized children. As noted further on, there was no evidence that convergence counties were selected to reflect severity of need. The Country Programme made minimal commitments to action on behalf of children with disabilities. According to the informant interviews, issue of inadequacy of education services for

¹⁹ UNICEF, *Country Office Annual Report 2017* (2017).

children with disabilities remained acute and was not meaningfully addressed by the Country Programme, although some attempts were made (described in the section on effectiveness further on). Potential UNICEF support for education is a complex and sensitive issue that needs careful consideration beyond the scope of this evaluation, but the education sector is one in which it might be possible to address inequalities and promote the rights of children. UNICEF's *Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2019* (p. 85) recommended the following priority areas for action aimed at addressing education equity and access issues:

- Disability-inclusive education; support for the roll-out of disability-inclusive education policy and plans;
- Better methodologies and approaches to assessing learning outcomes;
- Equitable access to higher education among adolescents – by gender, rural–urban location, province and wealth band; and
- Support for education in emergencies, as needed.

The May 2020 Country Programme reprioritization in the aftermath of the outbreak of the global pandemic was relevant and necessary. But a return to capacity-development activity is needed. The UNICEF DPR Korea Country Office responded in a timely and relevant manner to the extreme constraints brought on by the global pandemic and pandemic-associated measures. The country team was compelled to make decisions against a backdrop of complete uncertainty, lasting until today, with regard to the full restoration of cross-border movement of people and goods. Under these very challenging circumstances, the country team reacted with commendable agility, reprioritizing efforts to focus on urgent and life-saving interventions, making difficult but important decisions on the rationing of in-country stocks of life-saving supplies, finding creative ways to address constraints and gain entry to the country for needed supplies and providing, alongside the WHO, timely support to the DPR Korea for the COVID-19 response. Having said that, the suspension of all capacity-development activities, which largely remains to date, is likely to have had serious consequences. All recent UNICEF programme reviews in the DPR Korea, including the 2019 midterm review and the 2017 evaluations of the Community-based Management of Acute Malnutrition Programme and the gravity-fed water systems, found a need for increased capacity development to ensure quality of services. Thus, there is a clear need to consider how to support capacity-building in all fields of UNICEF activity, even in lieu of a return of UNICEF staff to the country. A return to capacity-development activities was attempted in the 2021 workplan but was not accomplished due to such constraints as the lack of international staff presence, challenges in conducting online remote training and lack of local cash. Thus, it is unclear whether more can be done under present conditions.

UNICEF's pandemic response was facilitated somewhat by disaster preparedness measures in place before the outbreak of the pandemic. In particular, the pre-positioned stocks of nutrition, health and WASH supplies in the country as part of UNICEF's emergency preparedness was crucial for enabling UNICEF to continue to serve the needs of mothers and children in the first year of the pandemic. However, the informant interviews and inputs gathered from DPR Korea officials suggest that UNICEF can do more to enhance preparedness, particularly by building up government capacity for disaster response management, including capacity-building on nutrition management in emergencies and guidelines on disaster risk reduction for risk assessments and management and responding to disasters.

5.2 Effectiveness

The following section discusses the effectiveness of the Country Programme by programme sector.

Guiding questions

1. To what extent have programme outputs and outcomes (short-term and intermediate results) been delivered and how did they contribute to progress towards the stated programme outcomes (supporting an enabling environment, improving supply and quality of services, improving demand for services in the DPR Korea and ensuring that human rights and gender equity are factored in)?
2. How effectively have the UNICEF DPR Korea Country Programme strategies and partnerships with the Government (in terms of service delivery, evidence generation, cross-sector working and geographically focused approach and interventions) delivered the intended results and influenced national policies, strategies and guidelines?
3. To what extent has the Country Office been able to effectively prepare for and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic, meeting the needs and rights of women and children?

Health

Until the global COVID-19 pandemic, UNICEF's health programme was highly effective. *Figure 4* shows a steady decline over time in the rates for neonatal, children younger than 5 years and maternal mortality through 2017.

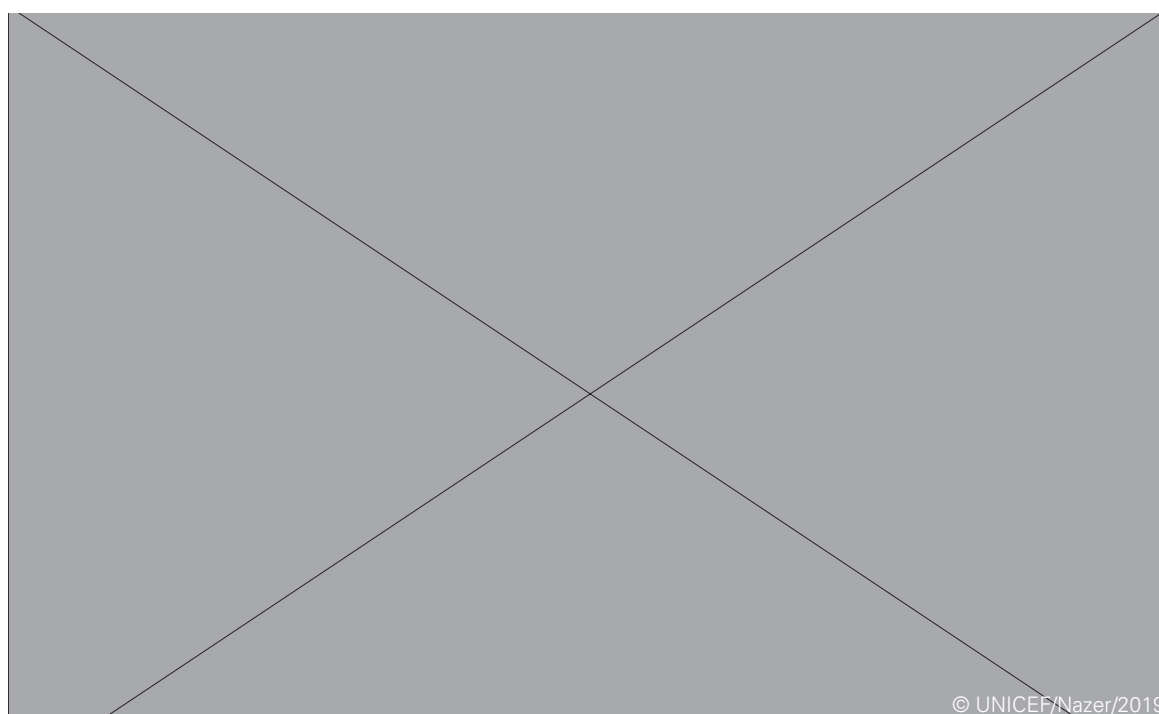
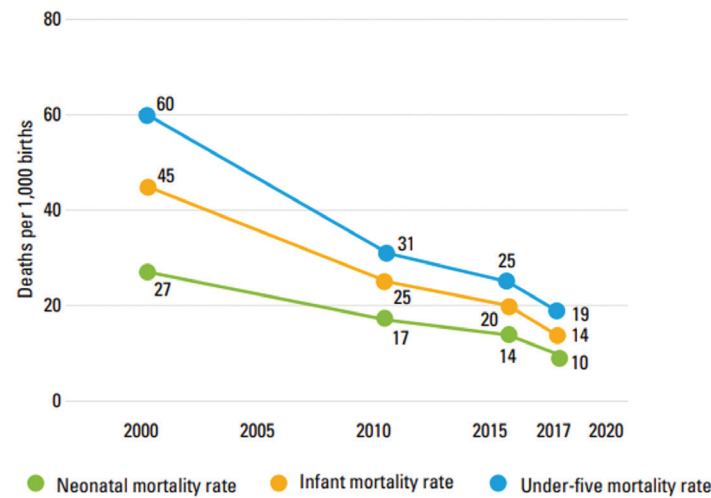


Figure 4. Neonatal, children younger than 5 years and maternal mortality rates in DPR Korea, 2000–2017²⁰



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

Source: Taken from UNICEF, *Analysis of the Situation of Children and Women in the Democratic People’s Republic of Korea 2019* (2019), p. 48.

The health programme has four targeted outcomes (see Table 2). These outcome areas were largely consistent with those of the previous Country Programme and remained unchanged throughout the course of the evaluation period, although, in effect, activities were severely curtailed since the beginning of the pandemic.

Table 4. Health outcome and output goals

By 2021, pregnant women, newborn and children younger than 5 years have equitable access to essential health care services
1.1 The Ministry of Public Health has enhanced capacity to develop, implement and monitor evidence-based national policies, strategies, humanitarian action plans and guidelines for maternal, neonatal and child health.
1.2 A package of knowledge products, skills and tools is available to ensure equitable access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care.
1.3 The Ministry of Public Health and health system have enhanced capacity to provide equitable access to quality immunization nationwide and integrated management of neonatal and childhood illnesses services, particularly to those regions affected by protracted humanitarian crisis.
1.4 The Ministry of Public Health has enhanced capacity to provide equitable access to quality TB and malaria services.

²⁰

Until the outbreak of the global pandemic, all output goals were reported as on track, although the quality of supported health services was uncertain. The midterm review found, on the basis of the MICS 2017 and further analysis, that there was cause for concern about the quality of health services that were not reflected in output data. Consequently, the midterm review recommended that UNICEF strengthen support to the Ministry of Public Health to improve the quality of the health service delivery systems (staffing, facilities and equipment) within the existing programmes for the integrated management of neonatal and childhood illnesses, emergency obstetric and newborn care and immunization. Among the midterm review's specific recommendations:

- Extension of technical support and capacity-building for emergency obstetric and neonatal care from the nine convergence counties to include the 41 additional priority counties covered under the Integrated Management of Neonatal and Childhood Illnesses Programme;
- Provision of additional technical assistance for strengthening the efficiency of the cold chain system and operating modalities; and
- Exploration of new models for capacity-building of health workers at all levels to facilitate skills retention, including on-the-job mentoring approaches rather than classroom-based lectures, and strengthening telemedicine training using experiences from other countries.

The Ministry of Public Health has expressed overall satisfaction with the results of UNICEF's support and important gains in child and maternal health during the Country Programme period. However, in their response to the interview questionnaire disseminated as part of this evaluation, Ministry officials made several suggestions on how to improve the quality and sustainability of programming:

- Support for training of health workers and also supervisory workers and nursery teachers;
- Quarterly training for health, nutrition and TB sector specialists and shared technical information;
- Technical support for local production of nutrition supplements and medical supplies;
- Support for health sector infrastructure; and
- Training of health sector planning and management specialists for the formulation of a health sector strategy and analysis of health indicators.

The Ministry officials also noted in their interview questionnaire responses the need for better coordination between the health and WASH sectors:

"It is important to realize sectoral integration in order to achieve short- and long-term indicators of current Country Programme. It is especially important to realize health and WASH sector integration to establish and implement strategy for clean water supply system at peripheral health institutions, like county hospitals and county TB prevention institutions. It seems to be possible to cover funding gaps for WASH by combining TB and malaria, nutrition or immunization grants within UNICEF."

The pandemic has had a severe effect on the continuation of programming, including capacity-building activities, supplies and policy dialogue and support.

- With the onset of the global pandemic and prevention-related measures in the DPR Korea, none of the midterm review's capacity development recommendations were meaningfully applied in the ensuing two-year period. Instead, the decision was made in the agreement between the Government and UNICEF in May 2020 to put on hold "all capacity-building and training activities ... until further notice and/or a return to normalcy, including the return of UNICEF international staff in country". The Ministry of Public Health similarly reported that no technical training had been done for health workers since 2020. In interviews with country team members, the primary reasons given for suspension of training activities were (a) lack of cash to fund participation in capacity-development; (b) ongoing expectation, particularly in the first year, that it would soon be possible to return to the country and resume normal activities; and (c) work overload, as efforts shifted to address supply distribution under the COVID-19-related constraints.
- Since the onset of the global pandemic, all immunization and therapeutic supplies have gradually reached stockout, leading, to a drop in treatment rates for diarrhoea by 77 per cent, according to Child Data Monitoring Unit data.²¹
- Despite the reported high malnutrition cure rate (97 per cent), many children were found to be relapsing and becoming malnourished again following completion of the treatment regimen. This may be a result of shortages and stockouts of standard therapeutic products, such as ready-to-use therapeutic food and therapeutic milk (F75 and F100) and other essential micronutrients that enhance immunity.²²
- Direct dialogue with the Ministry of Public Health and thus policy and advisory support for the Ministry has been virtually suspended due to lack of possibility for face-to-face or online interactions. As a result, all communication is through national UNICEF staff.
- The Government faced stockouts of TB and malaria kits in 2021, which it was able to address, at least in part, through the local procurement of kits and locally produced TB drugs.
- Based on administrative data released by the Government's Child Data Monitoring Unit, in the first three quarters of 2021, for the first time in several years, the country fell below the annual target of 98 per cent for immunization coverage, with coverage for DPT3 falling to 54.8 per cent by the third quarter of the year from 97.5 per cent at the same point in 2020.
- No child had been reached with oral polio vaccine between October 2020 and the end of the evaluation period. However, vaccination for pregnant women against maternal and neonatal tetanus remained unchanged, with at least 227,218 pregnant women (98.9 per cent of the target population) receiving two doses of Tetanus-Diphtheria vaccines.

UNICEF has supported the Ministry of Public Health to respond to COVID-19 in several ways.

In collaboration with WHO, UNICEF supported the Government in developing the Country Strategic Preparedness and Response Plan for COVID-19. UNICEF was the first agency to procure and pre-position personal protective equipment for up to 500 front-line health care workers and distributed critical WASH items supporting handwashing and hygiene practices to more than 41,573 people and 121 health facilities. In preparation for the introduction of new vaccines, including the COVID-19

²¹ Data reported in the 2021 Country Office annual report, on the basis of Child Data Management Unit statistics.

²² *ibid.*

vaccines, UNICEF supported the Ministry to develop and verify a cold chain distribution strategy, including mapping the potential ports of entry, points of storage and stocking and fallback facilities in the country with cold chain storage. In addition, UNICEF supported the Ministry to assess the transportation capacity for vaccines and ancillary products and ensure that necessary human resource capacity is in place. An assessment of dry storage and cold chain capacity and infrastructure needs at all levels with regards to the COVID-19 vaccines characteristics was conducted and guidance provided on filling the identified supply and logistic gaps.

UNICEF's main contributions to the health sector over the evaluation period were as follows.²³

- 1.1 The Ministry of Public Health has enhanced capacity to develop, implement and monitor evidence-based maternal, neonatal and child health national policies, strategies, humanitarian action plans and guidelines.

Table 5. Country Programme output 1.1 main achievements

Policy support	• DPR Korea's Midterm Strategic Plan for Health was updated with support from UNICEF. • Updated guidelines on emergency obstetric and newborn care and the integrated management of neonatal and childhood illnesses were developed jointly with the Ministry of Public Health, the WHO and UNFPA. The updated protocol for those guidelines was intended to reflect the burden of paediatric diseases in the country and included integration of community intervention for childhood TB prevention, detection and treatment. The contents of both the essential medicine kit and the household doctor's bag were updated to match the integrated management of neonatal and childhood illnesses protocol. • The integrated management of pregnancy and childbirth protocols were developed with the Ministry of Public Health. Copies were printed and distributed. • UNICEF supported the Ministry of Public Health in successfully developing the National Deployment and Vaccination Plan and the COVAX cold chain equipment proposals. With UNICEF and WHO support, the country successfully submitted its request for COVID-19 vaccines. • UNICEF, in collaboration with the WHO, supported the Ministry of Public Health in developing the Country Strategic and Preparedness Response Plan for COVID-19. Based on this plan, rapid response teams are operational in the central, provincial and county anti-epidemic institutes. • UNICEF and the WHO supported the Government's successful application to the global COVAX facility. UNICEF's and the WHO's cooperation with the Ministry of Public Health was instrumental in responding to the preconditions for COVAX support and for the cold chain equipment optimization platform, for which US\$4,313,234 in funding was secured.
Supply	• UNICEF procured and pre-positioned personal protective equipment for up to 500 front-line health care workers in the DPR Korea and distributed critical WASH items to support handwashing and hygiene practices to more than 41,573 people and 121 health facilities.

²³ Data in this section comes from the Results Assessment Module reporting except where noted otherwise.

- 1.2 A package of knowledge products, skills and tools is available to ensure equitable access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care.

Table 6. Country Programme output 1.2 main achievements

Supply	• Four maternity wards and neonatal units were fully equipped and refurbished. • Twice-yearly Child Health Days across the country were supported until the end of 2019, reaching around 1.5 million children with vitamin A and oral rehydration salt sachets, along with micronutrient supplementation and deworming treatments. Until the end of Q3 2019, a total of 13,072 essential medicine kits, 8,600 household doctor's bags and 7,715 household doctor's bag refill kits were distributed in the 50 priority counties and emergency areas, reaching more than 6 million people. In addition, a total of 26 interagency emergency health kits were procured and prepositioned in seven prioritized locations, guided by the occurrence of emergencies in the past. In 2020, before supplies ran out, an additional 5,000 essential medicine kits and 1,923 household doctor's bag refills were distributed to 1,968 health facilities in the 50 priority counties. In 2021, remaining in-country supplies were distributed, including the distribution of 1,468 essential medicine kits and 240 household doctor bags refills that had been stored in the Central Medical Warehouse. In addition, 483 cartons of oral rehydration salt, 17 interagency emergency health kits and assorted personal protective equipment were pre-positioned at the various county warehouses. • UNICEF provided nearly 15 million oral rehydration salt sachets over the evaluation period, covering 100 per cent of diarrhoea cases in children younger than 5 years countrywide in the first three years of the Country Programme. By September 2021, all essential medicines and oral rehydration salt sachets were stocked-out.
Capacity development	• UNICEF supported the Ministry of Public Health to develop training and supervision strategies for quality implementation of updated emergency obstetric and newborn care guidelines and helped develop pools of master trainers for capacity-building of health care workers. A total of 163 obstetricians and midwives in four convergent counties were trained on emergency obstetric and newborn care guidelines. • UNICEF supported the Ministry of Public Health to develop training and supervision strategies for quality implementation of the updated guidelines on the integrated management of neonatal and childhood illnesses and helped develop a pool of master trainers for capacity-building of health care workers. The protocols on the integrated management of neonatal and childhood illnesses medical were rolled out in the 50 priority counties. More than 100 national and provincial master trainers took refresher training and delivered cascade training on the new protocols with nearly 5,000 household doctors. Some 6,000 copies of the protocols were distributed and the Integrated Management of Neonatal and Childhood Illnesses Computerized Adaptation and Training Tool (IMPACtt) e-learning platform was locally adapted and rolled out.

- The IMPACtt was adapted to disseminate knowledge on integrated management of pregnancy and childbirth among household doctors and other health professionals nationwide. In the first year, 36 health professionals attended a training of trainer's workshop, and 160 participants participated in county-level cascade training. Subsequently, the Ministry of Public Health continued to scale up the training to the village (*ri*) level using the tele-education system.
- A project commenced, in cooperation with Humanity and Inclusion (formerly Handicap International) and the Korean Federation of Persons with Disabilities to undertake the early detection of disability through health facilities with mobile screening services in selected pilot locations. This partnership was groundbreaking in the DPR Korea context, where United Nations agencies work directly with NGOs. Forty health professionals were trained in disability, early detection and intervention as part of the project. Humanity and Inclusion left the country in December 2019, prior to the COVID-19 outbreak. The Korean Federation of Persons with Disabilities continued collaboration with other agencies involved in disability, notably the Hong Kong-based international NGO KorAid. A week-long workshop was conducted in December 2019 for disabled children, with parental involvement. Such beneficiary participation was unprecedented.

1.3 *The Ministry of Public Health and the health system have enhanced capacity to provide equitable access to quality immunization nationwide and to integrated management of neonatal and childhood illnesses services, particularly to those regions affected by protracted humanitarian crisis.*

Table 7. Country Programme output 1.3 main achievements

Policy support	• A five-year National Strategic Plan on Measles Elimination and Rubella and Congenital Rubella Syndrome Control 2018–2022 was endorsed by the Inter-Agency Coordination Committee, and a plan was drafted to introduce the measles and rubella vaccine.
Supply	• Over the first three years of the Country Programme, very high levels of equitable immunization coverage were sustained, reaching more than 350,000 infants annually (95 per cent). In addition, 98 per cent of pregnant women received two doses of tetanus toxoid vaccine, reaching more than 370,000 pregnant women annually. In 2020, most infant immunizations were maintained through the use of buffer stocks, except for oral polio vaccine, where shortages began to have an impact on immunization rates in Q3. The UNICEF country team was also able to bring into the DPR Korea BCG (for TB) and the pentavalent vaccines via a first-ever shipment by land from Dandong, China to Sinuiju, DPR Korea and then to Pyongyang in June 2020 to prevent stockout of vaccines. • At the end of 2021, after a hiatus of no supplies entering the country between August 2020 and December 2021 due to the COVID-19 prevention measures, UNICEF succeeded, with the cooperation of the Government, to bring in 49 containers of health and nutrition supplies. However no polio vaccines were included.

	In total in 2019, some 5,322,430 children aged 9 months to 15 years and 544,115 females aged 16–18 were vaccinated against measles and rubella during a campaign supported by the WHO and UNICEF. The campaign aimed to introduce rubella into the national schedule at high coverage and increase protection from a measles outbreak.
Capacity development	- UNICEF supported the Ministry of Public Health in printing field tools and information, education and communication materials. - Health worker training for the measles and rubella vaccination campaign was conducted.

1.4 *The Ministry of Public Health and the health system have advanced capacity to provide equitable access for the first line of TB and malaria prevention and case management.*

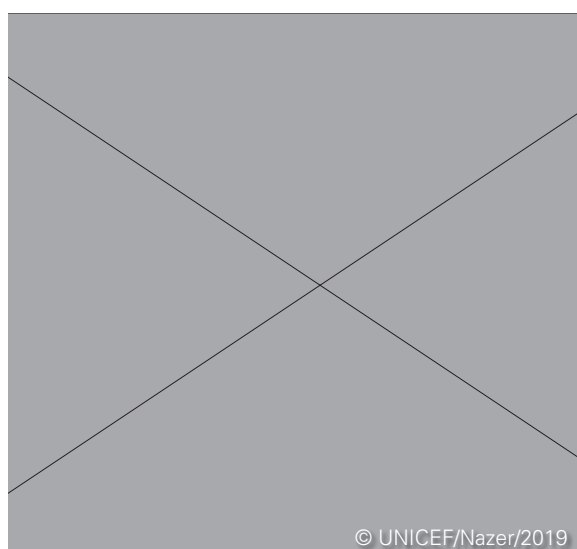
Table 8. Country Programme output 1.4 main achievements

Supply	- In 2017, UNICEF and the WHO, under The Global Fund-funded TB and malaria programme, increased the accessibility of malaria prevention, diagnosis and treatment services and provided households with essential anti-malaria supplies. Vector-control activities included one round of indoor residual spraying and three rounds of treating clothes with insecticide. Rapid diagnostic test kits were distributed to all low-risk areas and ensuring early detection of malaria cases in zones where the epidemic of malaria is very low. Nearly 15,000 suspected malaria cases with fever were tested, and among the more than 4,400 confirmed cases nationwide, 98.8 per cent had access to WHO-standard treatment drugs supplied through UNICEF under The Global Fund. Capacity development was another area of interventions by the Ministry of Public Health and The Global Fund partners, focusing on prevention and case management. - In the first two years of the Country Programme, some 190 county hospitals provided TB treatment for 107,000 cases, including 6,000 children on treatment and 3,000 on prevention, despite challenges in procurement and delivery of TB medicines. A potential stockout was prevented through a partial air shipment of essential TB drugs. In 2020, TB treatment coverage of 82.1 per cent was achieved against the nine-month target (90 per cent), and the malaria blood examination rate of nearly 2.9 per cent was achieved in the nine-month period to September against the target (1.9 per cent). In 2021, treatment of malaria dropped by 88 per cent, compared with 2020, due to stockouts. In 2021, the TB programme continued to enrol and support patients and, where possible, treat them. TB treatment coverage of 81.6 per cent was achieved against the nine-month target of 95 per cent, and the malaria blood examination rate of nearly 0.4 per cent was achieved in the nine-month period to September 2021 against the target of 1.9 per cent.<?>
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	The Global Fund withdrew from the DPR Korea in June 2018 (during the course of the evaluation period), and then renewed funding at the beginning of 2020. In conjunction with the WHO, UNICEF mitigated the impact of The Global Fund's 2018 withdrawal by mobilizing other resources, simplifying protocols and integrating community intervention for childhood TB prevention, detection and treatment into the protocol on the integrated management of neonatal and childhood illnesses.
Capacity development	More than 5,200 persons involved in insecticide spraying and treatment of clothes with insecticide received theoretical background and practical training. Microscopy capacities were reinforced through a 10-day training of 110 new lab technicians and a five-day refresher training for 984 longer-serving lab technicians.

Nutrition

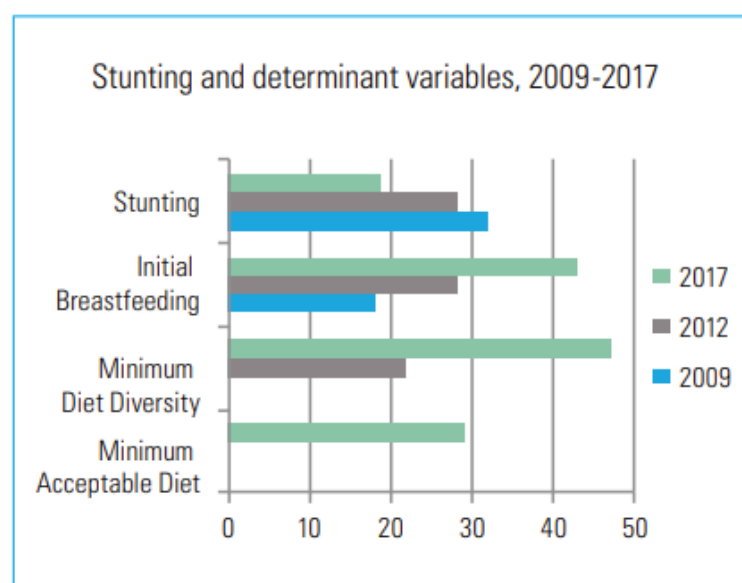
Until the onset of the global pandemic and the associated prevention-related restrictions in the DPR Korea, nutrition indicators had continued to make impressive gains. The 2018 evaluation of the Community-based Management of Acute Malnutrition Programme found that it had effectively achieved high coverage rates (189 of 210 counties) while reducing morbidity and mortality. Since this evaluation, the programme has been extended to all 210 counties. The programme treats children younger than 5 years with severe acute malnutrition to prevent mortality and those with moderate acute malnutrition to prevent further morbidity and subsequent risk of death. According to the evaluation of the programme, the strategy to prevent severe acute malnutrition through the treatment of sick children with moderate acute malnutrition decreased the proportion of severe acute malnutrition relative to moderate acute malnutrition cases programme-wide. Inferential evidence suggested that the programme had achieved high cure rates and had been highly effective in reducing both morbidity and mortality related to malnutrition. The biannual Child Health Days were successful in screening and providing deworming, micronutrient powders and vitamin A supplementation for 99 per cent of all children aged 6–59 months. In addition, according to the written responses to the interview questionnaire submitted from the Institute of Child Nutrition, technical support from the UNICEF nutrition team was highly valued:



"Technical support has been the most cost-effective and practical. The world's advanced standards have been fit into the context of our country and substantial progress has been made in the improvement of the nutrition of children and mothers."

The 2017 MICS further analysis report (2019) showed continual improvements in several nutrition indicators over the past decade (see Figure 5). Although more recent data were not available, it is likely that the benefits of UNICEF's collaboration with the DPR Korea on child and maternal nutrition were sustained throughout the first three years of the UNICEF Country Programme.

Figure 5. Stunting and determinant variables in the DPR Korea, 2009, 2012 and 2017



Source: UNICEF, *Further Analysis of the DPR Korea Multiple Indicator Cluster Survey 2017* (2019), p. 5.

With the onset of the global pandemic and associated restrictions on the cross-border movement of people and goods, impending stockouts of nutrition supplies led to a reprioritization of protocols, with the decision taken to treat only severe acute malnutrition and not moderate acute malnutrition cases. Consequently, in 2020, children with moderate acute malnutrition were no longer accessing therapeutic foods, and the Country Office was only able to reach about 50 per cent of its target for the treatment of malnutrition. By June 2021, standard nutrition treatments supplied by UNICEF had stocked-out entirely. In 2021, UNICEF reported that only 1 in 10 children aged younger than 5 years with acute malnutrition received standard nutrition treatment, compared with 1 in 3 children in 2020 and more than 9 in 10 in 2019. Similarly, the Central Bureau of Statistics reported 432,672 cases of diarrhoea among children younger than 5 years in the first three quarters of 2021. Of these cases, only 19 per cent (82,720) received treatment with oral rehydration salts. Despite the reported high cure rate (97 per cent), a many children were found to be relapsing and becoming malnourished again after completion of the treatment regime. This was due to the stockouts of standard therapeutic products, such as ready-to-use therapeutic food and therapeutic milk and other essential micronutrients that enhance immunity. No child younger than 5 years was reached with biannual vitamin A supplementation, although nutrition screenings and referrals for treatment were conducted during the May 2021 Child Health Day. Similarly, with no supplies available, none of the 500,000 children aged 6–23 months targeted for home fortification of their complementary foods to prevent micronutrient deficiencies received multiple micronutrient powder supplements in 2021. Additionally, more than 316,000 pregnant and lactating women targeted to receive multiple micronutrient tablets missed their supplementation.²⁴ According to the written responses to the questionnaire, the Government responded to the stockouts and constraints by providing recommending local alternatives, such as goat's milk for supplementation.

24 UNICEF, *Country Office Annual Report* (2020) and (2021).

Despite the shortages, the Government's Technical Working Group on Child Nutrition and the Institute of Child Nutrition continued work during the pandemic to build up capacity and address malnutrition. Among pandemic-era activities that the Government reported in its response to the interview questionnaire:

- Tele-medicine lectures were organized twice a month, and onsite trainings were organized once a month.
- Advocacy material on the impact of COVID-19 on children was developed and broadcasted through newspapers and other media. The Technical Working Group on Child Nutrition participated in the development of this material.
- The Technical Working Group was also given much technical support to develop nutrition supplies to facilitate the prevention and uninterrupted treatment of malnutrition under the pandemic situation.
- Locally sourced fortified foods were produced to address stockouts in therapeutic foods.
- The Institute of Child Nutrition supported the Ministry of Public Health with child nutrition management to simulate the pandemic situation as part of nutrition management in emergency preparation.

The nutrition programme has two main output goals (see Table 9). Until the onset of the pandemic and consequent stockouts, the Country Programme was effective in achieving its aims for the first goal. However, progress stalled with the second goal on universal salt iodization. The primary achievements for each of the two goals are listed in Table 10.

Table 9. Nutrition output and outcome goals

By 2021, adolescent girls, women of reproductive age, pregnant and lactating women and children younger than 5 years utilize nutrition services equitably and practice age- and context-appropriate behaviours for the prevention and treatment of undernutrition.
2.1 The Ministry of Public Health has enhanced capacity to develop, implement and monitor a comprehensive package of women-, adolescent- and child-related nutrition-specific interventions, particularly in those regions affected by the protracted humanitarian crisis.
2.2 The State Planning Commission and the Ministry of Chemical Industry have national implementation and monitoring plans and frameworks to achieve universal salt iodization.

- 1.1 *The Ministry of Public Health has enhanced capacity to develop, implement and monitor a comprehensive package of women-, adolescent- and child-related nutrition-specific interventions, particularly in those regions affected by the protracted humanitarian crisis.*

Table 10. Country Programme output 2.1 main achievements

Policy support	• Development of a five-year National Nutrition Strategy. • Provision of publicly accessible child nutrition information, particularly to women of childbearing age, through a nutrition web page and mobile telephone-based application. This was done in partnership with the Grand People's Study House. • Development of a national plan for eradication of intestinal worms, with Institute of Parasitology capacity-building for implementation. • Extension of maternity leave to eight months, with the support of UNICEF advocacy efforts, so mothers could breastfeed longer and have greater interaction with their newborns.
Supply	• Provision of therapeutic nutrition supplies, essential medicines and anthropometry equipment for the identification and treatment of acute malnutrition. • Annual provision (until the onset of the pandemic) of multiple micronutrients for 1.5 million children younger than 5 years and approximately 250,000 pregnant and lactating women. • Extension of the Community-based Management of Acute Malnutrition Programme to 210 counties, exceeding programme targets. According to Central Bureau of Statistics data, prior to the global pandemic, approximately 99 per cent of children treated fully recovered from malnutrition, resulting in an estimated 4,600 deaths from severe acute malnutrition averted annually among children younger than 5 years through the programme in the pre-pandemic period. However, the midterm review cited a consistent problem of relapse after the completion of treatment protocols. Reasons given for this ranged from inadequate attention to the underlying causes of malnutrition, as well as stockouts of standard therapeutic products, such as ready-to-use therapeutic food and therapeutic milk and other essential micronutrients. According to government data, only 39 per cent of the estimated national burden, or caseload, of children with severe acute malnutrition were treated in the pre-pandemic years due to funding shortfalls.<?> • Support for the Ministry of Public Health's biannual Child Health Days enabled high levels of malnutrition screening nationwide. Prior to the onset of the global pandemic, the Child Health Days, which UNICEF supported, reached 1.5 million children younger than 5 years across the country with low-cost high-impact nutrition interventions, including vitamin A supplementation, nutrition screening and deworming (the deworming was supported by the WHO). In addition, approximately 500,000 children annually received multi-micronutrient powder supplements for home fortification of their complementary foods. Due to stockouts caused by the COVID-19 preventive measures in the DPR Korea, distribution of these supplements and treatments as part of Child Health Days have ceased for the time being. • Infant and young child feeding counselling rooms were established in all provincial hospitals, with funding and material support from UNICEF. • Support for the response to several emergency situations in 2017–2019 was provided using, in the first instance, pre-positioned stocks.

Capacity development & communications for development

- Training of approximately 3,000 paediatricians, nurses and household doctors was conducted in close collaboration with the Ministry of Public Health and the Institute of Child Nutrition through cascade training on an integrated package of community-based management of acute malnutrition, infant and young child feeding and micronutrient deficiencies. UNICEF involvement in this capacity-building was suspended as part of the May 2020 Country Programme reprioritization in response to the COVID-19 preventive measures.
- Publicly accessible child nutrition information, particularly for women of childbearing age, was provided through a nutrition web page and mobile telephone-based application. This was done in partnership with the Grand People's Study House.
- Approximately 24,000 health workers, university lecturers and pregnant women were reached with critical information on the importance of nutrition in the first 1,000 days of life through the tele-advocacy system of the Grand People's Study House and the Ministry of Public Health's telemedicine system.
- Nutrition communications were produced and disseminated along with the Ministry of Public Health and Institute of Nutrition's infant and young child feeding guidelines and training materials and nutrition education flipcharts. Copies of the flagship Korean-language *Facts for Life* publication, developed in cooperation with UNICEF, were disseminated across the nine convergence counties and 17 priority counties to all eligible families to enhance the knowledge of mothers and caregivers on early childhood nutrition, health and development. The Grand People's Study House conducted weekly broadcasting to all counties for one hour of education. They included master trainers who provided 15–20 minutes of specific messages on nutrition and infant and child health care. On the Child Health Days, they provided a full day of messaging.
- Capacity-building was provided to 77 officials from the State Committee for Emergency and Disaster Management, the Grand People's Study House, the Ministry of Public Health, the Ministry of Urban Management and the Education Commission on emergency nutrition preparedness and response and promotion of optimum infant and young child feeding practices in emergencies, in cooperation with the Institute of Child Nutrition's Academy of Medical Science.

2.2 The State Planning Commission and the Salt Bureau have national implementation and monitoring plans and frameworks to achieve universal salt iodization. The State Planning Commission and the Salt Bureau have implemented and monitored the national plan to achieve universal salt iodization.

The Government, in collaboration with UNICEF, made some progress towards universal salt iodization. However, with the onset of the global pandemic, UNICEF could not continue to procure and ship potassium iodate, and thus salt iodization was suspended until it is possible to renew supplies.

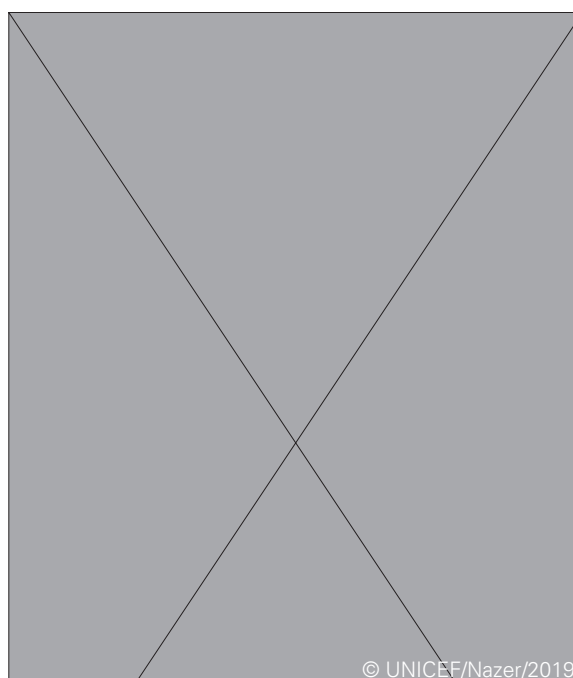
Table 11. Country Programme output 2.2 main achievements

Policy support	• Technical support was provided for the drafting of the national strategy controlling iodine deficiency disorders, along with technical guidelines and standard operating procedures for production and iodization of raw salt. • The National Iodization Strategy 2019–2023 was adopted, and implementation was started.
Supply	• In 2020, the first-ever iodization of raw salt and soya bean sauce and paste were carried out. Around 9,000 tonnes (90 per cent the national target for 2020) of iodized raw salt and 2,000 tonnes of iodized soya bean paste were produced at two pilot locations.
Capacity development & communications for development	• UNICEF supported the printing and dissemination of 10,000 iodization flyers and posters.

WASH

The WASH programme was largely successful in providing life-saving support, mainly focused on disaster-resilient WASH services in five of the nine convergence counties and other highly vulnerable counties, as well as supporting the draft of the new five-year multisector national WASH strategy. However, even before the pandemic, support for local government (target 3.3.) was rated as constrained in regular mid-year and annual reviews due to delays with the importation clearance of certain WASH supplies and funding shortages. Despite this, when asked to rate the relevance and utility of UNICEF contributions to the various output targets of the Country Programme (in the written responses to the interview questionnaire), the Ministry of Urban Management gave the highest ratings to the support for the construction of water supply systems and technical training for local officials and technicians on WASH management, technologies and skills. It was followed by policy support for developing the national WASH strategy. Less highly rated was UNICEF support on output 3.2 on the practice of hygiene behaviours and the safe use of faecal matter in agriculture, possibly because support for this area was largely suspended after the outbreak of COVID-19. And support for COVID-19 WASH preparedness and response was rated a 2 on a scale of 5 for relevance and 1 out of 5 for efficacy, possibly due to the small amount of support provided because of the pandemic-era restrictions.

Until the outbreak of the global pandemic, all WASH outputs (see Table 12) except for output 3.3 were on track. UNICEF activities in the WASH sector were informed by the results of the gravity-fed water system evaluation, which was finalized in January 2017. That evaluation found evidence of limited impact of UNICEF's WASH programme:



“... evidence to suggest that the gravity-fed water systems have had some impact on child diarrhoea prevalence and thus on child health. However, this impact has been largely limited to the beneficiary communities themselves: The Government is willing but largely unable to replicate the gravity-fed water systems model on a larger scale and international actors – including UNICEF – have limited funds to expand programmes. The gravity-fed water systems have also not fulfilled their full potential: Health and gender-related impacts would be greater if the gravity-fed water systems supplied continuous and fully safe water to consumers 24 hours a day as they were designed to do.”

The gravity-fed water system evaluation found that although it is the best available option for water-related interventions, the system required new investment and stressed the need for more extensive capacity-building. The report praised local authorities and beneficiaries for their diligence in maintaining the facilities. However, the report also noted: “Capacity-building must be a continuous process and not just limited to the short-term periods of emergency and development projects. This implies that UNICEF has a responsibility to ensure that some regular resources are devoted to basic continuing capacity-building programmes, even in the absence of donor funding.”²⁵ The evaluation produced a series of recommendations for improving the programme, including investments in repair, rehabilitation, capacity-building and better monitoring. The recommendations were accepted by the country team and largely implemented before the onset of the pandemic, including launch of a programme of regular operations and maintenance training.

The WASH Sector Working group, co-chaired by UNICEF, was particularly effective in leading to joint action. Of the different sector coordination groups active in the DPR Korea involving a range of development partners, the WASH Sector Working Group was cited in interviews as particularly effective. The Working Group enabled development partners to coordinate with the Government, map activities and even jointly produce communications for development (C4D) materials. This stands out from other working groups, in which government involvement was minimal and whose contribution was limited to information-sharing between development partners.

Due to the COVID-19 situation, sanitation activities were put on hold in 2020, and gravity-fed water system construction continued to the extent possible. The suspended activities included strengthening cross-sector collaboration, implementing safely managed sanitation in the convergence counties and research on safely managed waste disposal. Only hygiene activities related to the COVID-19 response, such as the promotion of group handwashing with soap in nurseries, kindergartens, etc. and the promotion of handwashing in households and health facilities in the convergence counties, were implemented by health workers and household doctors. The Ministry of Urban Management implemented some C4D activities, such as the celebration of Global Handwashing Day and messaging of good hygiene behaviours through newspapers and websites. In addition, the Ministry of Urban Management reported that it continued with capacity-development, as recommended in the gravity-fed water systems evaluation. According to responses to the written questionnaires, five technical trainings on surveys of feasibility of gravity-fed water systems in 2021 that involved 60 officials and technicians from six counties was in line with the government plan. UNICEF continued to provide technical support through its international staff and built a limited number of new gravity-fed water systems, based on the availability of supplies.

²⁵ UNICEF, *Formative Evaluation of the UNICEF WASH Programme in DPR Korea with a Focus on Gravity-Fed Water Systems* (2017), p. ii.

The Ministry of Urban Management reported that since the pandemic:

“Governmental resource investment has been increased, and quantitative and qualitative monitoring of the water supply has been strengthened as never before. Regular cleaning of sanitation facilities and private hygiene, including handwashing with soap, have been recognized and are being practised at full scale throughout the whole country thanks to the governmental encouragement and monitoring towards them.”

This suggests that UNICEF's work with the Ministry of Urban Management leading up to the pandemic led to sustainable changes in terms of budgets, capacity-building and quality of service. On the other hand, Ministry officials, in their written response to the evaluation questionnaire, noted the need to "strengthen communications" with UNICEF, explaining that the process of drafting the National Five-Year WASH Development Plan 2021–2025 was substantially delayed because the first draft was not "in line with the country regulations regarding to development of strategies".

Table 12. WASH output and outcome goals

By 2021, women and children have equitable access to sustainable, clean water and sanitation services and practise improved hygiene and sanitation behaviours in humanitarian situations.
3.1 The Government has strengthened its national WASH strategy and policy reflecting a multisectoral approach (according to the midterm review) and has strengthened capacity to lead and coordinate the WASH sector and ensure that the governance functions for the WASH sector are in place, including during emergencies. The Government also has a strengthened system of water quality surveillance to improve water sector policy dialogue.
3.2 Selected cooperative farms, households, schools and health facilities in convergence and UNICEF-supported counties apply knowledge and skills to practise hygiene behaviours and safe use of faecal matter in agriculture.
3.3 Local governments, especially in convergence counties and other vulnerable areas, have strengthened capacity to assess WASH needs and to plan, manage and monitor WASH services.
3.4 The Government has strengthened capacity for a multisector emergency response that is in line with the Core Commitments for Children and for building community resilience in humanitarian action.

The following were the WASH-related achievements of the Country Programme period.

- 3.1 *The Government has a strengthened national WASH strategy and policy reflecting a multisectoral approach (according to the midterm review), and the Government has strengthened capacity to lead and coordinate the WASH sector and ensure that the governance functions for the WASH sector are in place, including during emergencies.*

Table 13. Country Programme output 3.1 main achievements

Policy support	• Drafting of a five-year multisectoral National WASH Implementation Strategy and costed action plan was developed jointly with the Ministry of Public Health, the Ministry of Agriculture, academia and WASH partners including UNICEF. The multisector Sector Implementation Strategy (2021–2025) for WASH, which includes a costed investment plan, was approved by the Cabinet in 2021. The strategy promotes equitable access to sustainable clean water and sanitation services and improved hygiene and sanitation. • New water supply regulations were drafted and passed with UNICEF support in response to recommendations in the gravity-fed water systems evaluation, coupled with new regulations associated with the application of the National Law of the City Management. • Completion of an evaluation of UNICEF gravity-fed water systems support. The Ministry of City Management successfully drove a follow-up of the evaluation, including at the policy level. Findings from the evaluation were also used in resource advocacy. • Donor coordination was facilitated. As the sector lead for WASH, UNICEF, in collaboration with government partners, effectively led the WASH sector in the DPR Korea. The WASH Sector Working Group, comprising government ministries, such as the Ministry of City Management, the Ministry of Public Health, the Grand People’s Study House, the Education Commission and international NGOs, works on harmonized WASH implementation approaches and targets effectively.
Capacity development & communications for development	• C4D was supported. UNICEF and the Grand People’s Study House partnered on a range of WASH events across the country, including the annual World Water Day, Global Handwashing Day and World Toilet Day. These events were publicized nationally through television, newspapers, magazines and websites to raise awareness of WASH among the population. • The Ministry of City Management and the Grand People’s Study House’s tele-lectures and webinars that UNICEF supported enhanced the knowledge of 1,560 professionals from across the country on WASH: water supply technology (gravity-fed water systems), water and health, impacts of water crises on socioeconomic life, technical issues on effective use of water resources and introduction of water treatment methods.

3.2 *Selected cooperative farms, households, schools and health facilities in convergence and UNICEF-supported counties apply knowledge and skills to practise hygiene behaviours and safe use of faecal matter in agriculture.*

Table 14. Country Programme output 3.2 main achievements

Supply	• Supplies, equipment and technical support to provide safe drinking water supply and handwashing facilities were supported, affecting more than 31,500 children in 133 educational facilities (nursery school to secondary school) in 11 counties since the start of the Country Programme. And 24 health facilities in 11 counties were provide with supplies, equipment and technical support for safe drinking water supply and handwashing facilities.
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	Water and hygiene kits were supplied for at least 6,200 mother–child pairs with severe acute malnutrition undergoing treatment at 28 county hospitals.
Capacity development & communications for development	- Development of government WASH capacity. In 2021, government participants from the Ministry of Urban Management and the Education Commission participated in a virtual WASH in Schools International Learning Exchange Event organized by the UNICEF Regional Office. The main purpose of the event was to share existing good practices, information and materials available to support countries in the improvement of their WASH in Schools programmes. The event's usefulness was highly rated (at 4 on a scale of 5) in a feedback questionnaire disseminated as part of this evaluation and led to inclusion of developing of guidelines on WASH in Schools in the Annual Workplan. - Development of a standard handwashing poster with harmonized hygiene messages for use by any WASH actor in the country. The poster was designed by the WASH Sectoral Working Group, headed by UNICEF, including government partners, such the Ministry of Urban Management, the Grand Peoples' Study House and international NGOs; UNICEF also supported government in updating its Rural Sanitation Design Manual and in issuing composting guidelines. - Organization of an unprecedented peer-to-peer National Sanitation Learning Event with Swiss Development Cooperation, bringing together five ministries, seven other Government agencies including academia, plus three county People's Committees and nine international organizations. This strengthened multisectoral links at national and local levels.

3.3 *Local governments, especially in convergence counties and other vulnerable areas, have strengthened capacity to assess WASH needs and to plan, manage and monitor WASH services.*

Table 15. Country Programme output 3.3 main achievements

Policy support	Technical support to five year WASH Sector Implementation Strategy and National Strategy for Soil-Transmitted Helminths
Supply	Access to safely managed drinking water services was supported. Most of the UNICEF support for the development of water systems was in the form of supplies, such as imported high-pressure pipes and fittings that were not available locally. According to the midterm review, an estimated 568,00 people in 2017–2019 were given access to clean water through the installation of 18 new water supply systems (15 gravity-fed water systems, one solar pumping and two electric pumping systems) for 360,000 people in 11 counties (and repair and rehabilitation of 10 water systems in 10 counties reaching 208,000 people). In 2020, three additional water projects were completed, benefiting 39,209 people before the COVID-19-related restrictions brought further construction nearly to a halt. Despite this, UNICEF was able to procure and deliver local construction materials in 2021, such as cement and rebars, to 13 water supply projects.

Capacity development & communications for development	• National-level training of engineers on computer-aided design of the water supply network was provided in partnership with the Ministry of Urban Management and the Swiss Agency for Development and Cooperation. Subsequently, UNICEF supported the training of more than 600 engineers and technicians from all provinces and counties in the design, construction and operations and maintenance of gravity-fed systems. UNICEF's capacity-development activities ceased after the onset of the global pandemic. • Five nationwide seminars were organized on gravity-fed water systems in 2018 through the Grand People's Study House tele-advocacy system, reaching at least 300 technicians nationwide. Some 40 technicians from 11 provinces and cities were trained at the national level as master trainers on EPANET (a public domain, water distribution system modelling software package) and computer-aided design of longer-term services water supply network. The Ministry of Urban Management reported that training continued without UNICEF support.
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3.4 *The Government has strengthened capacity for a multisectoral emergency response that is in line with the Core Commitments for Children and for building community resilience in humanitarian action.*

Table 16. Country Programme output 3.4 main achievements

Supply	Pre-positioned stocks of WASH supplies were organized to provide the rapid response in emergency situations. Among the major emergency response interventions that UNICEF supported during the Country Programme period were: • In 2017 and in response to flooding in North Hamgyong Province, UNICEF supported the rehabilitation of the damaged centralized water supply system to provide life-saving safe water services to beneficiaries, including the most vulnerable children and women. In 2017, some 160,145 people affected by the 2016 floods were provided access to a centralized water supply system in five county towns and five villages in North Hamgyong Province. And 48,000 beneficiaries, including 19,000 children, were supported with access to water in response to drought. • In 2018, a total of 8,400 people from 3,400 households affected by the August flooding in North and South Hwanghae provinces were immediately supported with WASH relief items, such as water purification tablets, jerry cans, buckets, soap, calcium hypochlorite and hygiene education materials. • In 2019–2020 and using pre-positioned supplies, UNICEF and the Ministry of Urban Management delivered 30,000 buckets, 200,000 soap bars, 20,000 jerry cans, 1,500 water filters, 8 million water purification tablets and seven water tanks to 91,625 people in counties affected by Tropical Cyclone Lingling in South Hwanghae Province and flood-affected families in Yonggwang County in South Hamgyong Province as well. In addition, UNICEF supported 49,200 people with the restoration of longer-term water services; and 5,300
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	children with severe acute malnutrition received treatment, while 35,000 children in kindergartens and nurseries in 14 counties in South Hwanghae Province received clean drinking water and hygiene supplies. To address the potential direct impact of COVID-19, UNICEF distributed critical WASH supplies (soap, buckets and posters) in 2020 to an estimated 41,573 people and 121 health facilities. It was not possible to continue the critical WASH supply distribution in 2021 due to the COVID-19 preventive measures.
Capacity development & communications for development	During the programme period, the WASH sector working group, chaired by UNICEF and the IFRC, developed harmonized hygiene education materials for WASH during emergencies.

Social inclusion, planning, monitoring and evaluation

During the Country Programme, the Central Bureau of Statistics, with the support of UNICEF, made impressive strides in the collection, management and analysis of data to support development. The importance of UNICEF's contribution to data availability was noted several times in the interviews with partner international NGOs and United Nations agencies. The excellent relationship between the Central Bureau of Statistics and UNICEF was the main driving factor cited for progress in this area. Notably, even after the departure of UNICEF staff and the subsequent cessation of advisory services, the Central Bureau of Statistics continued to provide data on 60 children's rights indicators as per the memorandum of understanding with UNICEF. Of the two output goals related to this outcome, impressive progress was made on the first outcome goal (*see Table 17*), while the second did not advance.

According to the 2019 Country Office annual report, the analysis products produced during the first two years of the Country Programme:

"... represent not only an evidence base for equity-focused programming but also an unprecedented level of trust and openness to dialogue on the existence of disparities and ways to address them. All national counterpart institutions for UNICEF programmes participated in joint data interpretation and role-pattern analysis to establish rights and capacity gaps. Signs of strong ownership and follow-up in planning of interventions emerged, especially in the WASH sector."

Appreciation for progress made was echoed in the written response to the evaluation questionnaire submitted by the Central Bureau of Statistics:

"The Central Bureau of Statistics, in collaboration with the UNICEF, has been able to strengthen its studies on the data collection methodology and to collect more disaggregated and detailed data than in previous periods. It is because working with international experts has enabled us to learn about international standard methodologies and adapt them to our context. It can also be said that some IT equipment from UNICEF support have contributed to the improvement of the capacity to a certain extent."

Central Bureau of Statistics data still are not disaggregated by county level (other than in the convergence counties) or by gender. Disaggregation is an important goal for UNICEF to better target its limited inputs. The cash constraints need to be addressed to provide the necessary expansion to the technical team at the Child Data Management Unit and for continued advocacy with the Government is needed for this to be possible.

Since 2020, constrained field monitoring and the inability to conduct needs assessments and evaluations have left a gap in critical programme data for the past two years and prevented detailed analysis of the situation for children, although the Central Bureau of Statistics has continued to provide data on both the provincial level and in convergence counties. UNICEF has tried to address the constraint on field monitoring through remote monitoring plans that use triangulation of data from different sources, coupled with checklists and photographic evidence collected by UNICEF partners. The Child Data Management Unit has continued generating data even in lieu of UNICEF's financial support. The Child Data Management Unit reported to the evaluation team:

"Data collection by the Child Data Management Unit is still in progress with the mobilization of the national budget until anti-epidemic measures are eased, even though funds are not paid from the UNICEF. This shows that both the Central Bureau of Statistics and UNICEF are doing their part in the midst of a global pandemic under mutual trust and that cooperation continues."

Table 17. Social inclusion, planning, monitoring and evaluation outcome and output goals

The Government uses disaggregated data for equity-focused social policy development and planning and for reporting on the rights of children and women in humanitarian situations.

4.1 The Central Bureau of Statistics has enhanced capacity to coordinate, analyse and disseminate disaggregated data related to children, adolescents and women in humanitarian situations.

4.2 The National Education Commission has data and evidence to improve planning, learning outcomes and to address the needs of children with disabilities.

Among the primary achievements during the current Country Programme period:

- 4.1 *The Central Bureau of Statistics has enhanced capacity to coordinate, analyse and disseminate disaggregated data related to children, adolescents and women in humanitarian situations.*

Table 18. Country Programme output 4.1 main achievements

Policy support	• The MICS was conducted in 2017. For the first time in the DPR Korea, data were collected using tablets and the country's intranet system. For the first time, a wealth index was used in analysing results, which allowed for the correlation and highlighting of geographic and wealth disparities in the population. The fieldwork was concluded under close monitoring for quality assurance, with UNICEF international staff conducting 32 visits, the Central Bureau of Statistics conducting 28 visits and external MICS specialists managing 22 visits. The Central Bureau of Statistics hosted seven missions by EAPRO and headquarter experts, for a total of 130 days, to develop sustainable capacities while driving progress on the deliverables. As a result, the locations of the most vulnerable children in the DPR Korea and their most pressing needs are now better known, enabling improved targeting of scarce humanitarian funds. • Production of further analysis reports, building on the MICS findings, involving intersectoral consultation with the Central Bureau of Statistics and line ministries, added trends, comparisons and causal analysis to the 2017 MICS results. The reports included an equity-focused disparity analysis of deprivations affecting children based on rural or urban residence, gender and household wealth variables, as well as a series of provincial profiles comparing performance against an index of social indicators with a visually and easily understandable traffic light system display for decision-makers. The further analysis report findings on WASH-related disparities and the impacts of unsafe water and sanitation on the nutrition and health status of children were presented by the Central Bureau of Statistics in the National Sanitation Learning Days at the Ministry of Urban Management's request, which propelled the increasing focus on safe sanitation solutions. • UNICEF's comprehensive Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea was published in 2019, drawing upon the new evidence generated by the MICS and further analyses and highlighting gaps for advocacy and action, including from the perspective of the Convention on the Rights of the Child, the Convention on Rights of People with Disabilities and the Convention on Elimination of All Forms of Discrimination Against Women. • The further analysis reports and the situation analysis were used to inform both the WASH Five-Year Strategy and the Nutrition Strategy 2019–2023. • Two major independent programme evaluations were conducted in cooperation with the Government: the formative evaluation of the UNICEF WASH Programme in DPR Korea, with a focus on gravity-fed water systems (2017) and the evaluation of the Community-based Management of Acute Malnutrition Programme supported by UNICEF in 2015–2017. The Government agreed to a third major programme evaluation, on the Integrated Management of Neonatal and Childhood Illnesses Programme, which had been initiated but then postponed indefinitely due to the COVID-19-related preventive measures barring international travel. Both the gravity-fed water systems and community-based management of acute malnutrition evaluations produced recommendations that led to substantive policy change and programme adjustments.
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	• Support for the development of a multisectoral matrix of indicators, with unprecedented disaggregation of certain indicators for monitoring child and maternal health and welfare, was provided by UNICEF to the Child Data Management Unit. This included new indicators and breakdowns as well as earlier unreported county-level data for the nine convergence counties. The Central Bureau of Statistics provided quarterly data sets within this matrix. It also initiated capacity-building and quality assurance missions for statisticians in the convergence counties' People's Committees to support situation analyses and planning and monitoring of local child well-being action plans in 2019. This systematic work on data enabled better measurement of programme performance and progress, triangulation with field monitoring results and workplan reporting and planning processes. • A pilot door-to-door survey of WASH needs in convergence counties in 2019 provided granular data intended to support greater targeting of efforts to support the most vulnerable children and women. • An evaluation survey on measles and rubella immunization coverage was co-led in 2019 with the Ministry of Public Health, which previously carried out immunization surveys alone. The Ministry acknowledged the contribution to quality results that resulted from technical cooperation with the Central Bureau of Statistics and additional quality assurance by a mission from the UNICEF EAPRO Planning and Monitoring Team. • With the introduction of COVID-19-related preventive measures, the Ministry of Urban Management agreed to implement a virtual monitoring and evaluation protocol. By the end of the evaluation period, the Ministry engineers had completed field monitoring visits to all current UNICEF-funded WASH project sites, including eight new water supply system sites, five gravity-fed water systems repair and rehabilitation sites and three county hospitals. A similar protocol for remote monitoring of health and nutrition was still in development at the end of 2021.
Supply	• Informational technology equipment was provided to strengthen the Central Bureau of Statistics' data capacity centrally and in antenna units in the convergence counties as well as for the Grand People's Study Houses in some convergence counties.
Capacity development & communications for development	• As part of the MICS implementation, 140 participants were trained to collect quantitative data from women and children, in line with international methodology. Technical support was provided to the Central Bureau of Statistics by a full-time international MICS specialist for one year and through seven visits by experts from UNICEF headquarters and UNICEF EAPRO.

4.2 *The National Education Commission has data and evidence to improve planning, learning outcomes and to address the needs of children with disabilities.*

Very limited progress was made on this goal during the programme period.

Table 19. Country Programme output 4.2 main achievements

Policy support	In 2017, evidence work for the education sector was advanced through the full acceptance and fielding of the MICS questionnaire modules on education and literacy and foundational learning skills.
Supply	Around 2,000 children in 50 kindergartens and nurseries received early childhood care and development and recreation kits.
Capacity development & communications for development	The Education Commission gave distance education and training to provincial and county-level officials on early childhood care and development and early learning development standards, with support from UNICEF. Subsequently, in line with the 2019 midterm review's recommendation to stay closer to the Country Programme Document, the objectives for which the funds earmarked for the Education Commission could be used, were limited to a learning outcome assessment (planned for 2020 but suspended due to the pandemic) and support to disaggregated data availability and analysis on education, including children with disability.

5.3 Coherence

Internal coherence

Guiding question

To what extent has implementation of UNICEF's various programmes in the DPR Korea been synergistic and coherent?

The Country Programme Document commits to “emphasize stronger cross-sectoral linkages” and to “strengthen the availability and quality of child-related data across sectors and encourage programme convergence through application of the first 1,000 days of life approach”. The Country Programme aspires to both facilitate and demonstrate the benefits of a multisectoral approach to life-saving interventions through the convergence county approach. According to the Country Programme Document, “Convergence of programmes will allow planning for integrated services to reduce high rates of mortality and morbidity; promote early childhood development; address undernutrition among women and girls; facilitate equitable access to WASH services and build community resilience.”

UNICEF's various programmes in the DPR Korea are theoretically interconnected and interdependent as part of the first 1,000 days of life approach. However, it has been challenging for UNICEF to move beyond theoretical coherence to genuine multisector collaboration. This is partly attributable to the insufficient coordination and oversight mechanisms between the Government and UNICEF. While both the Nutrition Programme and the Health Programme are housed under the Ministry of Public Health, the WASH sector chief's counterpart is the Ministry of Urban Management, and work on data availability is done under the auspices of the Central Bureau of Statistics. Each

sector chief is responsible to agree their workplan with their ministry counterpart, including with regard to convergence counties. As such, there is no real mechanism for multisectoral work. Having said that, the new national WASH strategy, which was developed with UNICEF's support, raises the need for a multisectoral approach, suggesting the potential for greater opportunities for multisectoral coordination and collaboration in the future.

The introduction of the convergence county approach had limited impact on the multisector nature of UNICEF's work. The approach was useful for focusing the distribution of limited WASH funds to a small number of locales. However, it did not meaningfully impact the distribution of health and nutrition funds and supplies, which were allocated not only to the nine convergence counties but also to the 41 priority counties and, in some cases, such as vaccination, across all 210 counties nationally. Within the convergence counties, there were limited, if any, instances of actual collaboration or meaningful coordination between all three sectors. For example, there was no consolidated UNICEF workplan for each convergence county. Nor was there, beyond the *Facts for Life* publication, a consolidated training or C4D package with behaviour change communications from all sectors. In part, this lack was the result of the governmental structures in place, as each sector agenda in the convergence county was developed and approved by the corresponding national-level ministry rather than with county-level officials.

In the 2019 midterm evaluation, the need for a more genuine multisectoral approach in the counties was recognized. According to the informant interviews, attempts were made in 2019 to enhance multisectoral collaboration, for example through an integrated training package. But the outbreak of the global pandemic led to cessation of activities before it was possible to introduce changes.

One notable success of the convergence county approach was the generation of country-level data in all three sectors by the Child Data Management Unit, with the support of UNICEF. This is an important step forward towards UNICEF's goal to support government capacity to generate and use disaggregated county-level data related to children, adolescents and women.

Another of the primary cross-sectoral achievements of the Country Programme was the production and the distribution of the Korean-language *Facts for Life* publication in 2017–2018, which provided parents, caregivers and health workers with basic information on early childhood nutrition, health and development. Copies of the publication were disseminated across the nine convergence counties and 17 priority counties. The publication was also made available through the country's intranet system to enable wider use. Several tele-advocacy sessions communicating and promoting these best practices and the *Facts for Life* reached more than 9,000 practitioners. In addition, the nutrition programme strengthened links between early childhood development programming and optimal complementary feeding practices by assisting the Government to develop and roll out new integrated national guidelines for caregivers in nurseries.

External coherence

Guiding question

To what extent has UNICEF's implementation in the DPR Korea (in terms of corporate features and those specific to the country office) been synergistic and coherent with government priorities and other United Nations agencies and development partners? How should improved coherence with other United Nations agencies be pursued in the future?

UNICEF's implementation in DPR Korea was fully in line with priorities of the United Nations Strategic Framework (2017–2023) and contributes to the commitments under each of its four strategic priorities: (i) food and nutrition security; (ii) social development services; (iii) resilience and sustainability; and (iv) data and development management. As one of the leading United Nations agencies in the DPR Korea, alongside the WFP and the WHO, UNICEF has taken a lead role in areas of its competence, including through co-chairing the health, WASH and nutrition sector working groups. Preparation of the annual Needs and Priorities document, more recently renamed as the United Nations Response Plan, is also a major vehicle for coordination. The work that UNICEF has done in the field of data for development, including through the MICS and its support for the Child Data Management Unit's data-gathering, has provided great value to a wide range of stakeholders in the DPR Korea, including the Government and United Nations agencies. In addition and due to the small size of the international development community and the functioning of the different working groups, there is a high level of awareness about who is doing what in the country and no significant problem of gaps and overlaps in programming. Conversely, careful coordination is important to ensure that there are no overlaps on procurement. The informant interviews were inconclusive with regard to the adequacy of information-sharing between partners in the various sectors, with most stakeholders seeing dialogue as sufficient, but with a substantial minority claiming that there was a need for better information-sharing.

Interagency collaboration has been challenging in the DPR Korea context. In general, United Nations agencies, bilateral donors and international NGOs working in the country are assigned by the Government to work in different counties so that there is little geographical overlap. Also, agencies generally have different governmental ministries as counterparts, which further challenges joint work. During emergency situations, such as floods or typhoons, there is coordination under the auspices of the United Nations Resident Coordinator. However, joint assessment missions are not always approved.

Despite these challenges, there have been several notable instances of interagency collaboration, particularly on policy work. In some of these instances, the National Coordinating Committee was instrumental in coordinating collaboration. Among the joint efforts:

- The WFP, the WHO and UNICEF worked together to advise the government on a Midterm Strategic Plan for Development of the Health Sector. According to the 2017 Country Office annual report, this was the first joint work of United Nations agencies in the DPR Korea.
- United Nations agencies conducted a joint assessment in the aftermath of the South Hwanghae drought and flood in 2018.
- UNFPA and UNICEF collaborated on capacity development for the MICS.

- WHO and UNICEF worked together on:
 - o Developing guidelines on the integrated management of neonatal and childhood illnesses and emergency obstetric care as well as providing training of trainers and working on the roll-out of the guidelines on the provincial level;
 - o successful application of the DPR Korea for funds under the Cold Chain Equipment Optimization Platform and the Health Systems Strengthening Grant;
 - o supporting the Ministry of Public Health for the Country Strategic Preparedness and Response Plan for COVID-19, including the multisectoral response plan on the indirect impacts of COVID-19 and capacity-building of national officers of UNICEF, the WHO and the Ministry of Public Health on new developments of COVID-19 vaccines.

There was a high level of information-sharing between agencies at the outset of the pandemic but less of a coordinated approach by the United Nations. Over the past two years, United Nations coordination on defining priorities under various possible contingencies became more extensive. All relevant UNICEF and other United Nations agency staff interviewed in the context of this evaluation reported a high level of information-sharing between agencies prior to and during the pandemic. However, while all United Nations agencies have been dealing with similar grave operational challenges since the onset of the pandemic, including cash shortages, stockouts and the impact of movement restrictions, the informant interviews revealed little common approach between agencies to dealing with these challenges at the outset. For example, each agency agreed separately with respective government partners on how to continue activities in light of the inability to bring cash into the country and thereby fund programming. It is uncertain whether a collective approach to discussions with the Government would have strengthened the United Nations' bargaining power. Regardless, it appears that coordination has improved since 2021, culminating in a joint United Nations contingency planning exercise and document. The contingency planning exercise formulated a common approach and agreed upon prioritization based on three possible scenarios for the future movement of people and goods.

5.4 Sustainability

Guiding questions

1. To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross-sector working and geographical focus) enhanced the potential for government or local replication and scalability in the future?
2. What are the major factors that influenced the achievement or non-achievement of sustainability of the UNICEF programme?

Over the course of the Country Programme, UNICEF succeeded in contributing to the Government's replication and scalability of work in the field of child and maternal health and welfare primarily through its extensive contributions to drafting government strategies and guidelines. *Table 20* summarizes the major policy achievements of the Country Programme.

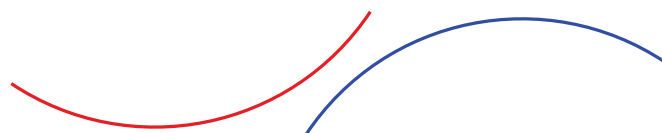
Table 20. Major policy achievements

Health	• DPR Korea's Midterm Strategic Plan for Health was updated. • Guidelines were updated for emergency obstetric and newborn care, integrated management of neonatal and childhood illnesses and integrated management of pregnancy and childbirth and capacity-building through cascade training.
Nutrition	• UNICEF worked with the Ministry of Public Health and the Institute of Nutrition to produce and disseminate nutrition communications, such as infant and young child feeding guidelines and training materials and nutrition education flipcharts, as well as the Facts for Life handbook for parents on early childhood nutrition, health and development.
WASH	• Under the leadership of the Ministry of Urban Management, a five-year multisectoral National WASH Implementation Strategy, including a costed investment plan, was approved by the Cabinet in 2021.

Greater emphasis on training and capacity-building is needed to reinforce programme quality and sustainability. As noted, all major evaluations done during the Country Programme period, including the WASH gravity-fed water systems formative evaluation (2017), the Community-based Management of Acute Malnutrition Programme evaluation (2018), the further analysis of the MICS (2019) and the midterm review of the Country Programme (2019) noted quality issues with both the application of the health and nutrition guidelines developed and with the maintenance of gravity-fed water systems. Thus, the findings of all three urged an increase in training and capacity development as part of the programme.

Extensive capacity development was done with the Central Bureau of Statistics in the framework of preparations for the MICS, as well as cascade training for nutrition and for construction and maintenance of gravity-fed systems and the introduction of health and nutrition guidelines with officials. However, all capacity-development activities ceased with the onset of the COVID-19 preventive measures, which resulted in the depletion of in-country cash available to support training activities and the subsequent May 2020 reprioritization of UNICEF's programme.

The programme became increasingly supply-oriented during the current Country Programme. The previous Country Programme (2011–2016) allocated approximately 60 per cent of its budget to the procurement of supplies. According to informal documentation reviewed on the drafting of the current Country Programme, there had been an aspiration to reduce the supply component. Even before the global pandemic, the midterm review had reported that supplies and commodities made up 81 per cent of UNICEF's budget, with slight increases over this figure during the pandemic due to suspension of all activities but humanitarian supply provision. The supply focus of the programme largely relates to the unique circumstances of the DPR Korea and the sanctions regime; more recently, the COVID-19 preventive measures became an additional factor. Greater sustainability of UNICEF's programming will only be possible with renewed focus on policy advocacy, including costed government strategies in UNICEF's areas of activity and greater emphasis on capacity development.



6 Conclusions

The Country Programme was relevant for the needs of the country, but continued advocacy and better targeting are important to ensure that the needs of the most vulnerable children (and households) are being met. The Country Programme was in line with what the country needs and its priorities as well as with the United Nations Strategic Framework. However, and to the extent that was possible to determine during the evaluation, the convergence and priority counties were not chosen with severity of need as a criterion. In addition, while limited support for children with disabilities was planned in the Country Programme, they were not meaningfully addressed during the period of the evaluation, in part due to the pandemic-related disruptions. Finally, UNICEF's ability to target the most vulnerable households and thus children is dependent on government support for access, which underlines the importance of continued dialogue with the Government to discuss how to better serve the needs of all children in the country.

UNICEF holds an important strategic position as one of the only United Nations agencies in the country that works with government counterparts in more than one ministry (the Ministry of Public Health and the Ministry of Urban Management) as well as with the Central Bureau of Statistics. As such, UNICEF is thus uniquely positioned among the United Nations agencies to advocate for multisectoral approaches and data-driven policy. However, since the onset of the pandemic, all direct contact with government counterparts has ceased, which has prevented UNICEF from moving forward in its dialogue with the Government. Resumption of direct dialogue with government counterparts – and not just through the auspices of national staff, which was the case as of this evaluation – is of great importance for UNICEF to provide any meaningful support to the Government beyond the current provision of humanitarian supplies.

UNICEF's partnership with the Government of DPR Korea between 2017–2019 delivered notable results at the institutional level:

- There was unprecedented work to support the drafting, dissemination and implementation of governmental policies and guidelines in several of UNICEF's priority areas.
- With UNICEF support, the DPR Korea took significant strides forward in its statistical capacity in areas of importance regarding the welfare of mothers and children, including the 2017 MICS, although more work is needed to disaggregate Child Data Management Unit data at the county level.
- The Government authorized three impact evaluations in all major UNICEF sector areas.
- The Government authorized, for the first time, a project involving collaboration between UNICEF and an international NGO.

The informant interviews and the written responses from DPR Korea officials suggest that these achievements are largely attributable to deepening relations of trust between government officials and their UNICEF counterparts in areas of mutual concern. To quote one national staff member, "I am proud to say that I am working in the most collaborative and most productive United Nations agency. There is very close collaboration between UNICEF and the line ministries." In this context, the increasingly high rate of staff turnover, particularly in the pandemic period, was cited by several interviewees as a significant challenge.

The Country Programme was effective in achieving most of its aims up to the outbreak of the pandemic. UNICEF's collaboration with the Government led to impressive strides forward in most target areas, especially policy formation and data generation. Areas with less progress include universal salt iodization (output goal 2.2) due to the pandemic restrictions and support for the National Education Commission to generate data and evidence to improve planning, learning outcomes and address the needs of children with disabilities (output goal 3.2).

The convergence county approach was an important step towards multisector collaboration, but it was not implemented in a manner that could achieve maximum results. The convergence county approach was intended to have two effects: (i) enable the multisectoral first 1,000 days of life approach to programming and (ii) generate data on the efficacy of these efforts. In the programming years prior to the pandemic, the approach did not deliver for two reasons. First, baseline data were never collected and an adequate needs assessment was not done. At the beginning of the Country Programme, the Child Data Management Unit was not yet configured to provide county-level data. This has since been redressed, and the Child Data Management Unit now reports county-level data for convergence counties. Second, while all three programmes worked in parallel in the convergence counties, few meaningful efforts were made to integrate the work into the various sectors and leverage commonalities. This is partially attributed to governmental structures, whereby UNICEF's chief counterparts in the convergence county work remained the respective national ministry rather than local government. As a result, for example, training for each sector was done separately, even when trainees could have benefited from an integrated training package. One exception to this was the *Facts for Life* handbook, which provided C4D messaging in all sectors for families. In 2019, efforts were made to develop a consolidated training package, but the pandemic halted these efforts before training could be implemented.

Capacity development remains insufficient to ensure sustainability and quality of services. The need for more extensive and effective investments in capacity development to ensure quality of services was noted in the evaluations of the gravity-fed water systems and the Community-based Management of Acute Malnutrition Programme, as well as in the further analysis report of the MICS. Capacity development was expanded somewhat during this Country Programme, but it is uncertain whether what transpired was adequate to ensure quality of services because training outcomes were not monitored. But then, all capacity-building activities were suspended in the May 2020 programme reprioritization due to the cash and movement constraints and the need to focus efforts on emergency supplies. Although it was not possible to gather extensive data on the efficacy of training done prior to the pandemic, the informant interviews and the responses to the provincial nutrition and Integrated Management of Neonatal and Childhood Illnesses Programme focal point survey²⁶ suggest that certain improvements are needed: The four provincial nutrition and integrated management of neonatal and childhood illnesses focal points who responded to the evaluation survey highly rated the clarity of the guidelines and the adequacy of training to prepare them to use these guidelines. However, all four expressed less confidence in the adequacy of training to prepare them to do cascade training on a county and village (*ri*) level, suggesting the need for more support for cascade training as well as monitoring of training at the lower levels.

The country team has shown impressive agility in dealing with the high degree of uncertainty inherent in DPR Korea work. There are several factors that have led to an unusual degree of uncertainty and unpredictability in the conduct of UNICEF's work in the country. These include the geopolitical instability, the sanctions regime and donor willingness to fund UNICEF DPR Korea's

²⁶ Only four responses were received of a total of 13 provincial nutrition and integrated management of neonatal and childhood illnesses focal points. Thus, the survey responses cannot be regarded as fully representative of the attitudes of the provincial focal points.

programme; disaster risks due to DPR Korea's high degree of vulnerability to droughts, flooding and other natural disasters; and uncertainty with regard to governmental intentions, priorities and policies, which has been most evident in the continuing uncertainty as to when free cross-border movement of international staff and goods will be restored in the aftermath of the global pandemic. As a result of these factors, work in the DPR Korea is largely the art of the possible, where even in lieu of the unprecedented disruptions of the past two years, full of achievement of the Country Programme depends on many factors out of UNICEF's control or ability to predict.

In particular, since the onset of the pandemic, restrictions affecting the cross-border movement of people, goods and cash have had severe impact on the Country Programme. The country team, with the support of UNICEF's donors and in close dialogue with the Government, has responded to these challenges in creative ways to manage pipeline stocks, address cash shortages and ensure the continuation of supplies wherever possible. One success factor noted in the multiple interviews has been the willingness of donors to the UNICEF programme to accept delays and reschedule deadlines. The availability of prepositioned emergency stocks also has been of key importance in the continuing effectiveness of UNICEF to deliver support in the pandemic period. Finally, the close dialogue between UNICEF staff and the Government, especially in the months after onset of the pandemic, when UNICEF staff were still present in the country, enabled the organization to navigate the extreme challenges.

UNICEF support for the DPR Korea during the pandemic received low relevance and efficacy ratings from the three government bodies who were asked to comment. When asked to rate on a scale of 1 to 5 the relevance and utility of UNICEF's support during the pandemic, the Ministry of Urban Management, the Ministry of Public Health and the Technical Working Group rated the relevance of support, on average, 2 out of 5 and its usefulness at 1.7 out of 5. Although this may be largely attributable to restrictions beyond UNICEF's direct control, the government feedback included suggestions for how capacity-building for crisis management would have been useful: (i) organize study tours or trainings on nutrition management in an emergency and (ii) develop, print and distribute guidelines on disaster risk reduction that cover risk assessment and management and responding to disasters.

Written questionnaire responses from the DPR Korea officials suggest a desire to return to capacity-building and policy work. It may be possible to find ways to continue to work virtually on policy and guideline development and capacity development in all sectors. The experience with this evaluation suggests that it might be possible to do a formative evaluation of the integrated management of neonatal and childhood illnesses with more limited scope and aims than originally planned. However, for this to be possible, it will first be necessary to advocate for direct lines of communication with governmental counterparts.

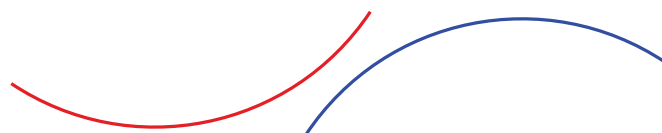
A greater focus on resilience-building would be useful in the DPR Korea context. The vulnerability of the DPR Korea to shocks and disasters necessitates greater focus on emergency preparedness and resilience-building to ensure greater success in addressing crises as they arise. UNICEF, as well as the United Nations system in the DPR Korea, place important emphasis on emergency preparedness through prepositioned stocks in-country and United Nations response and preparedness plans. In addition, the WASH programme has contributed to greater resilience to the effects of droughts and flooding through development of gravity-fed water systems. However, as explained in the section on relevance, although UNICEF has invested in building up its own capacity for crisis response in the DPR Korea and building up WASH infrastructure, over the Country Programme, no parallel efforts were made to build up government capacity to respond to crises. Resilience-building at an institutional

level is an important part of a good resilience strategy, contributing significantly to the likelihood of successful response to crises. This need was also raised by several of the DPR Korea officials who responded to the questionnaire.

The work of the DPR Korea Country Office during the Country Programme evaluation was hindered by high staff turnover, lack of institutional memory or adequate historical records and an inadequate results framework. The lack of good record-keeping on anything other than financial flows was evident throughout the document review. The results framework confuses between output and outcome indicators and does not present a sufficiently useful framework for tracking progress from activities to outputs to outcomes. During the Country Programme evaluation, several questions, such as how convergence counties were chosen or what was the reasoning behind programmatic shifts between the former and present Country Programmes, could not be answered with existing records and institutional memory. The inadequacy of knowledge management in the Country Programme was also one of the findings of the gravity-fed water systems evaluation (2017), which found: "Staff turnover in UNICEF can have significant negative repercussions on programming in the absence of a robust system to ensure an adequate institutional memory in country offices" (p. ii).²⁷

However, the management response to the findings of the gravity-fed water systems evaluation, to "prepare more rigorous hand-over protocols for both UNICEF staff, including international staff and national office", was inadequate to deal with this challenge. In particular, the lack of institutional memory or detailed records of past work is likely to become particularly salient when full resumption of activities in the country commence. At that time, it is likely that none of UNICEF's international staff will have had any in-country experience. In lieu of adequate past document management, understanding what was done in the past, why and how and, perhaps more importantly, what was not done and why, is likely to be challenging.

²⁷ UNICEF, *Formative Evaluation of the UNICEF WASH Programme in DPR Korea with a Focus on Gravity-Fed Water Systems Final Report* (2017).



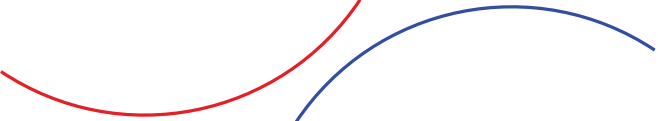
7 Lessons Learned

Policy dialogue guided by a clear Country Office advocacy agenda is essential for progress.

The 2017–2019 Country Programme period was characterized by real progress in the partnership between UNICEF and the Government of DPR Korea, based on deepening relations of trust and an expanding policy dialogue.

Prevailing conditions in the DPR Korea necessitate a high degree of flexibility and agility in operations. The evaluation explored the many ways in which UNICEF operations are influenced by shifting factors that make advance planning highly challenging. Consequently, the DPR Korea Country Programme needs to be managed in a way that maximizes programmatic flexibility.

Extensive field visits for monitoring is an important work tool. Before restrictions at the onset of the pandemic made travel impossible, country team members, both national and international staff, had a full schedule of field visits that were planned for and tracked through the Country Office's K-Trip system. Field visits often took up the majority of work time for several UNICEF country team members, with many important benefits over and beyond the primary purpose of monitoring presence and use of supplies financed by UNICEF. Field visits enabled staff to monitor the relevance and implementation of treatment guidelines that UNICEF helped draft and disseminate, oversee quality of construction in WASH sites, learn about local needs conditions to better adapt UNICEF's response, mentor and support health personnel and develop relationships of trust at all levels. In addition, independent international experts were brought in on a regular basis to monitor supplies and make recommendations. In response to the pandemic restrictions, remote field monitoring protocols were instituted for WASH supplies and quality of WASH construction, with talks launched to institute similar protocols for monitoring of health and nutrition activities. Remote monitoring, although useful for monitoring supplies and construction, cannot replace the importance of field visits, when possible.



8 Recommendations

The recommendations are based on the findings and conclusions of the evaluation. The preliminary recommendations were presented at a virtual co-creation workshop with international DPR Korea country team members and subsequently at a meeting with the UNICEF country representative to give country team members the opportunity to meaningfully inform the final recommendations. The recommendations refer to the status of the Country Programme at the end of the evaluation period, in December 2021. The recommendations are divided into two categories: immediate-term recommendations that are relevant for the current Country Programme and future recommendations, which will only be relevant once international staff have returned to the country and a new Country Programme can be finalized. Because all relations with the DPR Korea Government are managed through the National Coordinating Committee, specific duty-bearers cited for each recommendation refer to UNICEF staff only.

Recommendation 1: Current Country Programme

UNICEF should endeavour to expand the scope of its activities from its almost exclusive emergency supply position to reintroduce, to the extent possible, capacity development and policy support (country management team²⁸ with EAPRO support).

For the past two years, the UNICEF country team has been working tirelessly to facilitate the entry and distribution of life-saving supplies to the country, including therapeutic foods, childhood vaccines and construction materials for gravity-fed water systems. Management of the procurement, border crossing and distribution of supplies remain major concerns for the country team under the current circumstances. However, it may be possible for UNICEF to do more to achieve the Country Programme goals, even given the pandemic-related restrictions. In particular, the total absence of capacity-development activities in the past two years, with its likely implications for service quality, gives cause for concern.

A prerequisite to expanding UNICEF's present agenda in the DPR Korea is, clearly, the possibility of conducting a direct virtual dialogue with government representatives and not only through the auspices of national staff. Written responses by government officials to the evaluation questionnaire suggest that there may be interest in expanding the current agenda and thus possibly openness to such a dialogue.

To resume capacity development, several options could be considered with the Government: better use of existing telehealth systems for capacity development of health workers; training and empowering national staff to conduct cascade training; training and empowering university-based academics to conduct training; and production of computer learning modules to provide training on important topics, such as the integrated management of neonatal and childhood illnesses guidelines for paediatricians.

²⁸ The country management team includes chiefs of programmes and head of operation units, the representative and the deputy representative).

Recommendation 2: Current Country Programme

Take measures to improve the continuity and knowledge management of the DPR Korea Country Office (knowledge management focal point in the Country Office).

The Country Office should invest in developing a robust and comprehensive records management system, including details on past inputs and outputs as well as the decisions and work processes. In addition, extending the length of posting of international country team members, particularly while the Country Office is still based in Thailand, would be desirable to ensure greater continuity of work.

Recommendation 3: Current and next Country Programme

UNICEF should expand its resilience focus in DPR Korea, including through capacity-building of its governmental counterparts to prepare for and manage crises (country management team with EAPRO support).

Among the primary findings from the review of the feedback given by DPR Korea officials to the evaluation's questionnaire and surveys was the need for more support on emergency management at a sector and subsector level. This should include support not only for building resilient infrastructure, such as gravity-fed water systems and for enhancing programmatic resilience, but also for developing policies and protocols specifically referring to crisis response. For the most part, a greater resilience focus is dependent on re-entry of internationals into the country, although it might be possible to begin with a limited set of capacity-building and/or policy development activities even the current restrictions. Among some of the possibilities for expansion of UNICEF's resilience focus are the following:

- Develop an agenda to **better prepare the Ministry of Public Health and the Ministry of Urban Management** to deal with shocks. This may include local production of fortified foods and capacity development on emergency management of nutrition and health. With the Government, develop guidelines for risk assessment and management. If possible, commission an expert review of emergency preparedness and crisis management guidelines in the Ministry of Public Health and the Ministry of Urban Management to develop a resilience-building agenda.
- Commission a study of **coping mechanisms** during this crisis to inform protocols for future crisis response.
- Review the levels of **prepositioned in-country stocks** after re-entry of personnel to determine the optimal stocking levels.
- Negotiate a priori with donors for greater **flexibility** in grant terms to take into account various unexpected contingencies.
- Review where UNICEF can **increase virtual work** to take better advantage of existing telecommunications networks for capacity development and monitoring.

Recommendation 4: Next Country Programme

Work with the Government to determine how UNICEF could better support the most vulnerable (country management team).

In keeping with UNICEF's mandate, negotiations with the Government on the next Country Programme should explore how the organization's activities could better serve more vulnerable and marginalized children in the country. Among other things, this could include a more robust programme to support

education and other needs of children living with disabilities and a more targeted approach to selecting convergence and priority counties to ensure that UNICEF's efforts are focused on areas of greatest need. An important element for the better targeting of support is the continued work with the Government to disaggregate data at the county level nationwide and to expand data collection on relevant indicators, including the monitoring of water quality and access to hygiene facilities in schools and health care institutions.

Recommendation 5: Next Country Programme

The Convergence County approach should be renewed but with improved targeting, data-gathering and multisectoral activities (deputy representative with chiefs of programmes).

To improve the relevance and efficacy of the convergence county approach, several changes are recommended:

- Select convergence counties in cooperation with the Government, according to explicit criteria and with the intent of targeting areas of greater need.
- Gather baseline data before commencement of activities in convergence counties.
- Involve local People's Committees in needs assessment and development of the countywide multisectoral plans for convergence counties to facilitate responsiveness to local needs and conditions.
- Enhance the multisector nature of activities in the convergence counties to better leverage resources.

Recommendation 6: Next Country Programme

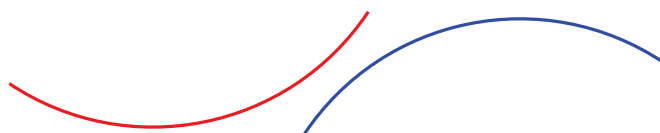
Focus more on capacity-development activities in all sectors (deputy representative and chiefs of programmes).

Greater focus on capacity development is needed in the next Country Programme to ensure service quality. New methods of capacity development should be explored to increase and sustain the capacity development, including during shocks. Among the measures that should be considered:

- Explore greater use of virtual training methods, including through existing telecommunications systems in the DPR Korea and through the development of computer-based independent training modules.
- Build up capacity and systems for monitoring and for quality assurance of cascade training.
- Bring training in line with global good practice through greater use of on-the-job skills-building activities.

Recommendation 7: Next Country Programme

As part of preparations for the next Country Programme, a policy advocacy strategy should be formulated with areas of potential dialogue for future policy support to government (Representative, EAPRO and OSEB) This strategy can form a framework for further discussions on potential policy support to bring the DPR Korea in line with global best practice.



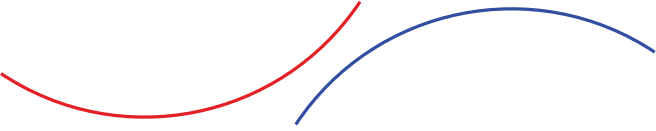
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- UNICEF, *Evaluation of Community-based Management of Acute Malnutrition Programme Supported by UNICEF in DPR Korea 2015–2017*, 2018.
- UNICEF, *Country Office Annual Report: DPR Korea*, 2017.
- UNICEF, *DPR Korea Country Programme Document*, 2017.
- UNICEF, *Formative Evaluation of the UNICEF WASH Programme in DPR Korea with a Focus on Gravity-Fed Water Systems Final Report*, 2017.
- UNICEF, *Multiple Indicator Cluster Survey: Survey Findings Report*, 2017.

Appendix 1. Interviewees

Name	Title	Interview Format	Male/Female
UNICEF International Country Team Members			
Edward Carwadine	Country Representative (2021-)	Virtual Interview	M
Myo-Zin Nyunt	Country Representative (2019-2021)	Virtual Interview	M
Oyunsaihan Dendevnorov	Country Representative (2017–2019)	Virtual Interview	F
Tim Schaffter	Country Representative (2014-2016)	Virtual Interview	M
Odile Bulten	Deputy Representative (2018-2021)	Virtual Interview	F
Bishnu Pokhrel	Chief of WASH (2020-2021)	Virtual Interview	M
Kencho Namgyal	Chief of WASH (2017–2020)	Virtual Interview	M
Ngozi Kennedy	Chief of Health (2020-2021)	Virtual Interview	F
Elana Velilla-Cerdan	Chief of Health (2017–2019)	Virtual Interview	F
Ridwan Gustiana	Adjunct Chief of Health (2019 – 2021)	Virtual Interview	M
Paula Ghrist	Global Fund Programme Manager (2020-)	Virtual Interview	F
Muhiadin Abdulahi	Chief of Nutrition (2018 -)	Virtual Interview	M
Wisam Hazem	Chief of Nutrition (2014-2018)	Virtual Interview	M
Juliet Alyek Ocherro	Health/Nutrition Specialist (2018 -)	Virtual Interview	F
Halfdan Broch-Due	Planning, Monitoring and Evaluation Specialist (2020 -)	Virtual Interview	M
Silas Rapold	Planning, Monitoring and Evaluation Specialist (2017–2020)	Virtual Interview	M
UNICEF National Country Team Staff			
Kwang Hyok Kim	National Officer for WASH (2019-)	Virtual Interview	M
Jin Hyok Ko	National Officer for TB and Malaria Coordinator (2020-)	Virtual Interview	M
Yun Hyok Choe	National Officer for Nutrition (2017–)	Virtual Interview	M
Ja Yong Sim	National Officer for Health (2019 -)	Virtual Interview	F

Name	Title	Interview Format	Male/Female
Partner Organizations			
Frode Muring	United Nations Resident Coordinator (2019-)	Virtual Interview	M
Kundur Sathyanarayana	UNFPA Representative (2014 -)	Virtual Interview	M
Edwin Salvador	WHO Representative (2019 -)	Written Questionnaire	M
Andrea Bagnoli	WFP Representative (2021 -)	Virtual Interview	M
Praveen Agarwal	WFP Representative (2017–2021)	Virtual Interview	M
Saroj Dash	Concern International Representative (2015-2021)	Virtual Interview	M
Yvonne Muller	Swiss Development Cooperation Head of WASH Programme (2017–2020)	Virtual Interview	F
DPR Korea Government Offices			
	Central Bureau of Statistics	Written Questionnaire	
	Ministry of Public Health	Written Questionnaire	
	Institute of Child Nutrition	Written Questionnaire	
	State Planning Commission	Written Questionnaire	
	Head of Technical Working Group for Child Nutrition	Written Questionnaire	
	Grand People's Study House	Written Questionnaire	
	Education Commission	Written Questionnaire	
	Ministry of Urban Management	Written Questionnaire	



Appendix 2. Terms of reference

Terms of Reference **Evaluation Team Members for UNICEF DPRK Country Programme Evaluation** **(2017-2021)**

Background

The Democratic People's Republic of Korea (DPRK) presents a uniquely challenging, highly complex operating environment for UNICEF and its partners. January 2020, anti-pandemic measures have resulted in movement restrictions and an embargo on importation of supplies. This has resulted in significant shortages and in some cases stock outs of essential supplies and considerable logistical challenges for the UNICEF Country Programme.

According to the Central Bureau of Statistics of DPRK, the population of the country in 2020 was around 24.7 million, with almost 7 million children, 1.7 million of these under 5 years old. Life expectancy is 72 and DPRK has a high rate of urbanisation, estimated at 60%. The country is prone to disaster, ranked 39 out of 191 on disaster risk (IASC). Of particular concern is the impact of protracted, under-funded humanitarian crises, exacerbated by droughts, and hampered by limited access to services.

Recent years have seen strong improvement in infant and under-five mortality and malnutrition in DPRK, but challenges remain in neonatal and maternal mortality, multi-drug resistant tuberculosis (TB) and services for children with disabilities, including disability inclusive education. Significant inequities continue to exist between rural and urban areas, socioeconomic status, provinces and gender relations in access to services and social welfare. The continued gains for young child mortality and malnutrition, along with relatively high enrolment in early childhood education (73 per cent for children between 3 and 5 years, and 97 per cent for one year prior to primary school entry age), provide children with a good start to life.²⁹

The government sets out its priorities in a five-year strategy for national economic development. However, the strategy is not shared with international partners and subsequently it is difficult for international partners to trace alignment of their programmes to Government priorities. The limited data management capacity in the country hinders analysis, planning, monitoring and evaluation, and the ability to report accurately on results for children. This includes monitoring progress against SDGs and understanding inequalities in different areas and population groups.

The key development partners active in DPRK include six UN agencies, European Union Food Security Office (FSO) and five international INGOs³⁰, as well as IFRC and ICRC, Swiss Agency for Development and Cooperation, FAHRP/ FIDA International, and French and Italian Cooperation Offices based in Pyongyang. Programmatic activities are mainly humanitarian orientated due to restrictions on development activities and funding from donors due to sanctions.

²⁹ Drawn from UNICEF Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2019.

³⁰ There is an agreement between the European Commission and the Government of DPR Korea regarding the DPR Korea Food Security Thematic Programme. Under this, EU-supported INGOs who have an office in the DPR Korea are established and referred to as, "European Union Project Support (EUPS) units". Initially seven, five of these are still operating in the country: Triangle Génération Humanitaire, Première Urgence Internationale, Concern Worldwide, Welthungerhilfe and Humanity and Inclusion.

UNICEF is one of the largest UN organisations working in the country and contributes to inter-agency sector coordination. In addition to leadership of sector working groups in WASH, Nutrition and co-leading the Health Working Group with WHO, UNICEF actively supports coordination of evidence and learning through the UN M&E/Results Group. With average annual funding of around \$25 million, UNICEF remains amongst the largest humanitarian United Nations partners in DPRK in terms of funding volume and geographical programme coverage.

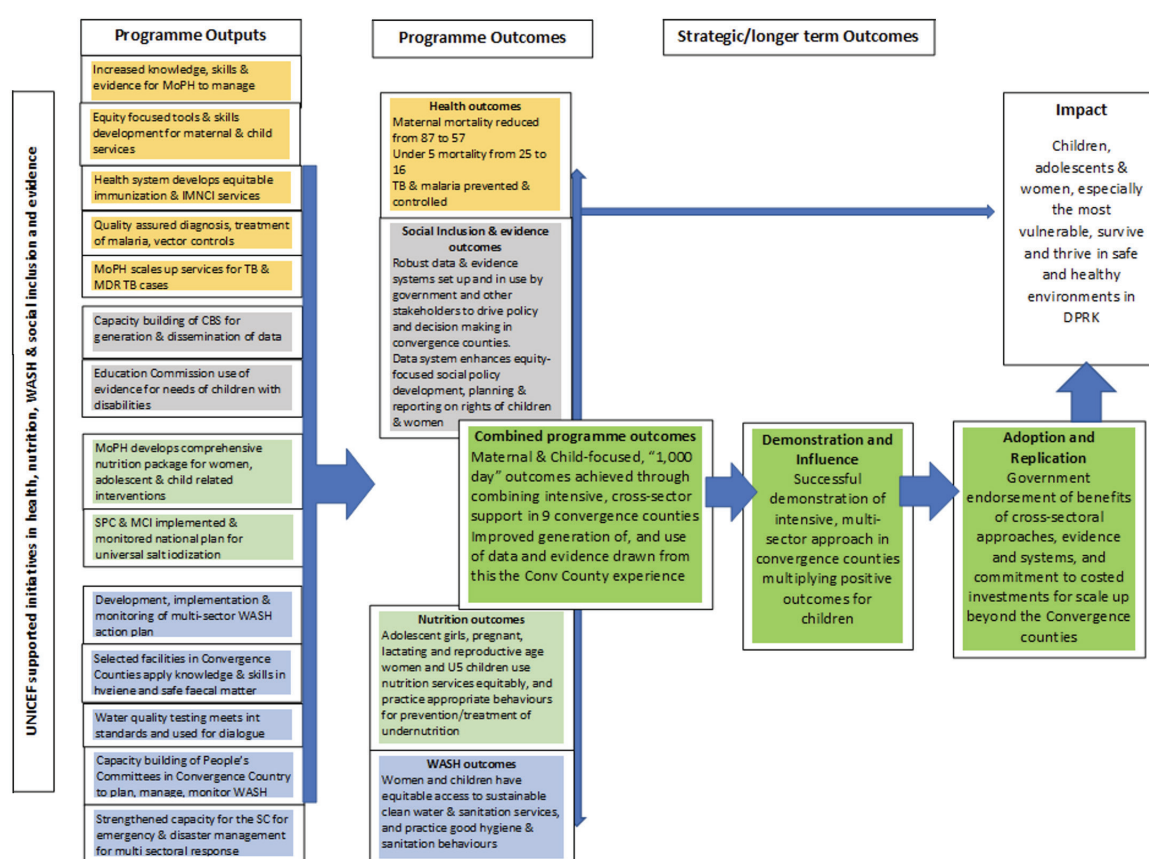
The global COVID-19 pandemic has had a profound impact on the humanitarian situation in the country, further exacerbating prevailing humanitarian needs. Though DPRK has not officially reported any cases of COVID-19, the enforcement of strict national COVID-19 prevention measures has caused significant disruptions to UN operations, including the delivery of UNICEF's Country Programme. These measures include a complete suspension on the importation of life-saving supplies and goods since August 2020 leading to stock outs of vaccines, critical medical supplies, and therapeutic products and supplements for the prevention and treatments for malnutrition. All UN and international NGO staff together with a large number of diplomatic missions had temporarily vacated the country by March 2021; presently, border closures prevent the return of international staff to DPRK. UNICEF's Country Office remains open but is remotely managed by international staff outposted in Bangkok with support and facilitation by seconded national staff. The situation has reversed significant progress made on key child wellbeing indicators in recent years.

Object of the Evaluation

The UNICEF DPRK Country Programme 2017-2021 **focuses on service delivery, promotion of inclusion and improved cross-sectoral working, in addition to expanding systems of data and evidence generation**. Given the impact of the COVID-19 pandemic on programme and operations in DPRK, the United Nations Strategic Framework (UNSF) and UNICEF's Country Programme Document (CPD) have been extended for one year in consultation with national stakeholders and partners. As a result, the current Country Programme covers the period from 2017 to 2022. The Executive Board Country Programme Document contains the following outcomes (See Figure 1 on next page: Country Program Results Logic):

- a. By 2021, pregnant women, new born and under-five children have equitable access to essential health care services; and tuberculosis and malaria are prevented and controlled.
- b. By 2021, adolescent girls, women of reproductive age, pregnant and lactating women and under-5 children utilize nutrition services equitably and practice age-and context-appropriate behaviours for the prevention and treatment of undernutrition.
- c. By 2021, women and children have equitable access to sustainable, clean water and sanitation services, and practice improved hygiene and sanitation behaviour in humanitarian situations.
- d. Government uses disaggregated data for equity-focused social policy development and planning and for reporting on the rights of children and women in humanitarian situations.
- i. Programme effectiveness: Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.

Figure 1: Country Program Results Logic



Key Strategies for Delivering Outcomes

UNICEF seeks to further equity-focused, risk-informed and gender-sensitive programme implementation and monitoring, using the following inter-linked strategies³¹:

- Service delivery** for the provision of vital services and life-saving supplies for children and women with a special focus on geographical convergence prioritizing integration of service delivery in 9 convergence counties within 50 priority counties and at national level.
- A human rights-based approach** to address the country's humanitarian needs and priorities in a sustainable manner
- Communication for development** in humanitarian settings
- Evidence generation, policy and budget influence**, and communication and advocacy to address the underlying vulnerabilities and structural causes of deprivation
- Cross-sectoral activities** to strengthen child-related data availability and quality across sectors, and encourage programme convergence through application of 'the first 1,000 days of life' approach

31 UNICEF Country Programme Document 2017-2021

- f. In the absence of civil society organizations, the private sector and international financial institutions, **partnerships** will be centred within the United Nations and multilateral funds (i.e. GAVI, the Vaccine Alliance, the Global Fund for AIDS, Tuberculosis and Malaria ('the Global Fund'), academia and international organizations)

The Country Programme includes a geographically targeted approach (see figure 2) in order to be able to demonstrate benefits for children and make the case for replication and increased investment of both domestic public finances and donor resources. Under this approach, UNICEF has focused resources on 50 **Priority Counties** and most intensively in nine **Convergence Counties**³² among the fifty. UNICEF's strategy for the Convergence Counties was to bring together all three sectoral interventions (in Health, Nutrition and WASH), emphasise cross-sectoral approaches, and complement these with a strong emphasis on data collection and evidence generation.

Implementing agencies and contributions

With a strong focus on striving to achieve human rights, child rights and gender equity, the main sectoral areas and UNICEF partnerships are:

- The Nutrition Sector Working Group is co-led by UNICEF with WFP. UNICEF's nutrition programmes work with Ministry of Public Health and aim to reach at least 1.6 million children (6-59 months) representing 100 per cent with Vitamin A supplementation, and screening and referral for treatment for all under-five children identified with SAM and MAM in all provinces. It also targets 500,000 (100 per cent) children (6-23 months) with multi-micronutrient powder supplements for food fortification and 316,000 (40 per cent) pregnant and lactating women
- The WASH Sector Working Group is chaired by UNICEF and co-led by EUPS 3 (Concern Worldwide) and IFRC. UNICEF in collaboration with the Ministry of Urban Management will provide access to safe drinking water through gravity-fed water supply systems to reach 233,000 people in five provinces

The Health Sector Working Group is chaired by WHO and co-led by UNICEF. UNICEF supports the Ministry of Public Health in maternal, new-born and child health through capacity building of health facilities staff and provision of supplies directly targeting over 1.6 million people in 10 provinces. UNICEF also has a nationwide immunization programme targeting the total under 1 population in DPRK. In addition, UNICEF is the Principal Recipient for the Global Fund Grant, supporting the MoPH in implementing life saving TB and Malaria Services including PSM for TB and Malaria diagnostics and therapeutics. **Partnerships for the cross-cutting Outcome areas include:**

Social Inclusion: for evidence generation, advocacy and knowledge management and communication for development approaches, key partners include **Central Bureau of Statistics**, the **Grand People's Study House**, and national counterpart institutions of UNICEF's country programme. UNICEF was an active member of the UN Data Sector Working Group, that is co-chaired by **UNFPA** and **Central Bureau of Statistics**, as well as of the UN-internal Monitoring and Evaluation Working Group 2017-2019. In 2020, these will be replaced by a **Results Working Group** chaired by UNICEF and supporting UN and inter-agency planning, monitoring and reporting in the humanitarian-development nexus.

³² Kosong (Kangwon), Myonggan (North Hamgyong), Junghwa (North Hwanghae), Jongju City (North Pyongan), Kangnam (Pyongyang), Samjiyon (Ryanggang), Rakwon (South Hamgyong), Chongdan (South Hwanghae), Jungsan (Pyongan).

Country Programme Progress to date

A Mid-Term Review (MTR) was carried out in August 2019 and this assessed progress on the current Country Programme. The MTR found:

- UNICEF's Country Programme continues to be fully aligned with the UNSF and contributes to commitments under each of the four UNSF Strategic Priorities
- The Programme focus on Health, Nutrition and WASH, supplemented with efforts to strengthen the quality and use of data and evidence for children remained valid and should continue to the end of the country programme, and that most of the strategic focus and emphasis of the programmes were solidly grounded and contributing to significant achievement in the DPRK for children and women, particularly those affected by the chronic humanitarian crisis
- Modifications to the country strategy were recommended: Accelerate the move beyond access to services to a greater focus on quality of systems and services; Strengthen integration, collaboration and multi-sectoral approaches; and Intensify support to fill gaps in timely data, evidence and analysis

The MTR also found that in the Convergence Counties there had been more synergistic actions across the programmes, compared to other areas of operation, particularly in relation to capacity development, including more frequent monitoring and supportive supervision. The MTR determined that it was not possible to assess the impact of the convergence county approach at the time with the available evidence, and that this needed formative research, ongoing monitoring and a strong commitment by Government and UNICEF to stronger coordination and demonstrating the benefits to children's survival and healthy development in order for the programme to achieve its goals.

Purpose, Objectives and Scope of the evaluation

This **Country Programme Evaluation (CPE)** Terms of Reference (ToR) is developed taking the local context of DPRK into consideration. Given the ongoing COVID-19 pandemic and the severe limitations in conducting a full-fledged evaluation in DPRK, the UNICEF East Asia and Pacific Regional Office (EAPRO) and the UNICEF Country Office in DPRK have decided to take a light and real-time approach to conducting this evaluation. This ToR seeks an international consultant to join an evaluation team designated for the CPE of the DPRK Country Programme 2017-2022. It should be noted that due to the local context, we can not fully comply with 2018 UNICEF CPE guidelines; yet an innovative approach is proposed to ensure the next CPD is informed by an evaluative approach.

Evaluation Purpose

The main purposes of this evaluations are:

- a) To identify key lessons from implementation of the ongoing Country Programme (2017 to 2021) to inform the design of the next CPD; specifically in the areas of relevance, strategic positioning, responsiveness to national needs, management and staffing.
- b) To inform findings and recommendations for the UNSF 2017-2021 Evaluation; which in turn will influence the development of the next UN Sustainable Cooperation Development Framework (UNSCDF)

- c) To capture learning from UNICEF's investment in service delivery, evidence generation and usage, plus effects of the cross sectoral collaboration through the convergence county approach with the application of 'the first 1,000 days of life'
- d) Better understand the indirect impact of COVID-19 and continued relevance of UNICEF's programmes to address emerging needs.

The primary users of the CPE are the senior management and staff of UNICEF DPRK Country Office as well as East Asia and Pacific Regional Office (EAPRO). Secondary users include the Government of DPRK, UN Country Team and other key partners operating in DPRK, as well as UNICEF's relevant HQ staff.

Evaluation Objectives

The objectives of the evaluation are the following:

- To identify the most effective implementation strategies for UNICEF to adopt in the country for the next phase of programme development in DPRK.
- To determine how UNICEF can most effectively position itself to contribute towards improvement of the lives of children and women in DPRK and increase understanding on how UNICEF can build on its comparative advantage.
- To inform a forward-looking reflection on the implementation of the DPRK country office response to COVID-19.
- To identify possibilities of a more sustainable programming within the humanitarian- development nexus.

The evaluation will assess the Country Programme in achieving stated outcomes while focusing on four key areas:

- **Service delivery** will be primarily evaluated based on previously conducted thematic evaluations and desk review of other existing information and data, with limited additional data collection beyond stakeholder consultations.
- **Evidence and data** usage of the Country Office will be evaluated primarily through an assessment of the UNICEF DPRK engagement on an evidence and learning agenda with the Government of DPRK through partnership with the Central Bureau of Statistics' Child Data Management Unit and line institutions in terms of results in evidence-based, equity-focused programmes, policies and procedures.
- **Cross-sectoral working** will be primarily assessed through a focus on the Convergence County approach to determine the extent that this has been appropriate and successful achieving positive change in the lives of women and children targeted in these areas. The evaluation will also assess the extent to which this experience has been successful in influencing government receptiveness to cross-sectoral working, and commitments and resource allocation for child-centred investments.
- **Impact of COVID-19** will be assessed through the available evidence on the indirect impact of COVID-19 on the humanitarian situation for children in DPRK and the extent to which the current Country Programme has maintained its relevance to meet the new emerging challenges of a

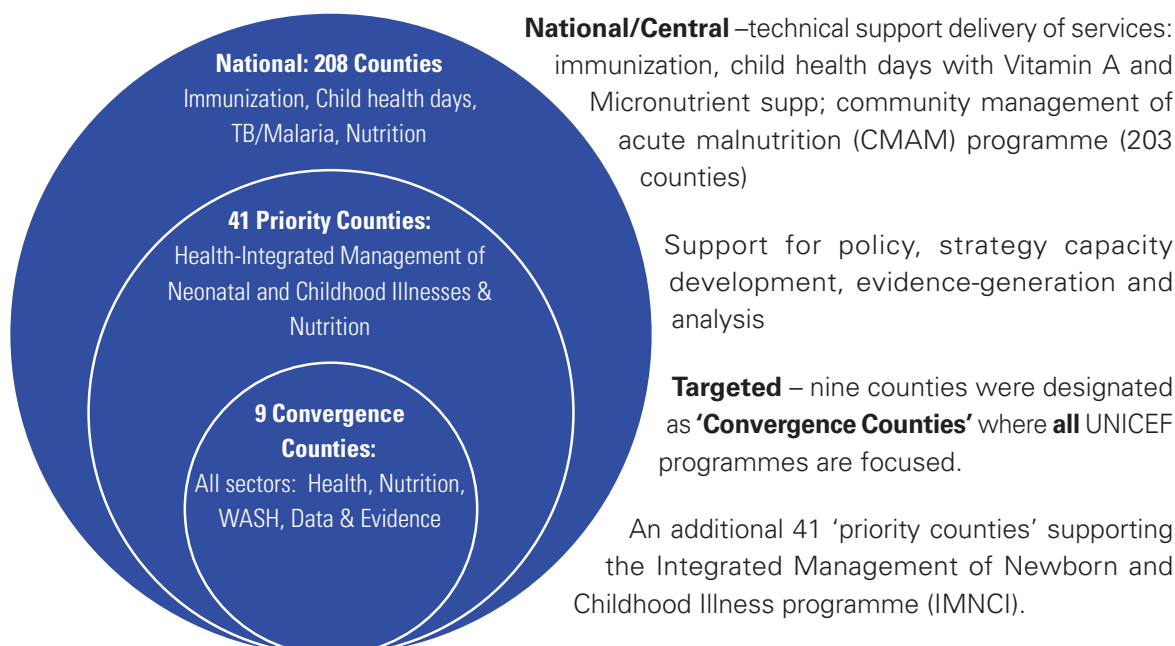
post COVID-19 operating environment and associated emerging humanitarian needs. This will include consideration of the programmatic implications of meeting new COVID-19 related challenges in order to inform UNICEF's programme strategies in DPRK going forward.

Evaluation Scope

The timeframe to be evaluated is the first four and a half years of the Country Programme from January 2017 to mid-year 2021. This would cover the period from the beginning of the ongoing CPD and UNSF implementation to the date of evaluation, including both pre-and ongoing COVID-19 situation.

The geographic emphasis of the evaluation will be at national level, with a particular sub-national focus on assessing progress in the 50 priority counties including 9 convergence counties where the majority of UNICEF's implementation and resources have been focused.

Figure 2: UNICEF geographic scope and sectoral targets



Evaluation Criteria and Questions

A theory-based evaluation will be conducted with an emphasis on assessing the strategies, approaches and theories of change (as set out in the Programme Strategy Notes) adopted in realizing the outcomes of the Country Programme.

The CPE prioritises OECD/DAC Evaluation criteria of **relevance**, **effectiveness**, **coherence** and **sustainability**:

- e. **Relevance:** it is critically important for UNICEF to be able to assess the extent to which it's programme objectives, and design respond to the needs of beneficiaries and other stakeholders in the highly complex context of DPRK;

- f. **Effectiveness:** The extent to which the country programme achieved, or is expected to achieve its objectives including support for / working with Government and other local partners ;
- g. **Coherence:** The extent that the Country Programme approaches and interventions have internal and external coherence, specifically for external coherence if they are compatible, synergistic and coordinated with those of other actors (particularly other UN agencies) in DPRK
- h. **Sustainability:** the extent to which UNICEF's work has succeeded in creating potential adoption by the government in future, have been scaled up and included in national systems and policy guidelines and enhancing the likelihood that results will continue in future.

The overarching question for this CPE is: *to what extent has the UNICEF 2017-21 country programme proven successful in its programme delivery, strategy choices and approaches, and what implications are there for future strategy development for UNICEF and for its contributions to the joint UN strategy in DPRK also in light of the recent COVID-19 land shift?*

The following evaluation questions have been developed.

Relevance

- a) To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in DPRK, especially the most marginalized, are met including after impact of COVID-19.
- b) Which Country Programme objectives, approaches (including the Convergence County approach) and modalities are the best aligned, most relevant and adapted to the country context?

Effectiveness

- c) To what extent have programme outputs and outcomes (short-term/intermediate results) been delivered, and how did they contribute to progress toward the stated programme outcomes (e.g. supporting an enabling environment, improving supply and quality of services, improving demand for services in DPRK and ensuring human rights and gender equity are factored in.
- d) How effectively have the UNICEF DPRK Country Programme strategies and partnerships with government (in terms of service delivery, evidence generation, cross sector working and the geographically focused approach/intervention) delivered the intended results and influenced national policies, strategies and guidelines?-
- e) To what extent has the Country Office been able to effectively prepare for, and respond to changes in national needs and priorities, including shifts caused by emergencies and COVID-19, meeting the needs and rights of women and children?

Coherence and synergies

- f) Internal Coherence: To what extent has UNICEF's various programme implementation in DPRK been synergistic and coherent?

- g) External Coherence: To what extent has UNICEF's implementation in DPRK (in terms of corporate features and those specific to the country office), been synergistic and coherent with other UN agencies and development partners. How should improved coherence with other UN agencies be pursued in future?

Sustainability

- h) To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross sector working and geographical focus) enhanced potential for government or local replication and scalability in future?
- i) What are the major factors which influence the achievement or non-achievement of sustainability of the UNICEF programme?

Methodology and approach

Overall design and approaches

The methodology described in this section are indicative and the evaluation team (ET) is expected to interrogate the approach and methodology set out in the ToR and propose improvements on this along with detailed methodology to suit the task.

The design of the evaluation will be non-experimental, and theory based in assessing the UNICEF strategy, the Theory of Change and approaches adopted in the current programme cycle against their intended aims. With a strong focus on the utility of the evaluation, the approach of the evaluation will concentrate on engaging with the principle users of the evaluation process and report – UNICEF country and regional offices, key stakeholders in national government ministries and departments (to the extent possible given current challenges), and other UN organisations working in DPRK.

Mixed methods will be incorporated as far as possible. The evaluation team will need to draw on available data from recent evaluations, progress reports and other sources. It is expected that most data gathering will be done using remote methods from internal UN stakeholders considering the lack of international staff presence in DPRK in addition to travel restrictions.

Participatory approaches will be adopted within the evaluation process as far as possible within the practical constraints of access, with engagement and consultation of key stakeholders in government (national and local levels) and partner agencies throughout the process.

The Evaluation Team will be expected to conform to guidance and standards set by UN and UNICEF. The consultant will be guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Code of Conduct for Evaluation in the UN system](#) (2008), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017). For other useful resources and documents, please see Annex 3.

Data collection methods

At minimum, it is expected that the evaluation will draw on the following methods:

- **Comprehensive desk review** of available documentation. In recent years the MTR and several evaluations have been conducted by UNICEF DPR Korea and these give a strong evidence base for the . These include:
 - » Evaluation of Community-based Management of Acute Malnutrition (CMAM) Programme supported by UNICEF in DPRK 2015–2017 (UNICEF 2018)
 - » Formative evaluation on the scalability and sustainability of gravity fed water systems (2017)
 - » Formative Evaluation of the Integrated Management of Newborn and Childhood Illnesses Programme (IMNCI) Inception Report (this evaluation is currently on hold due to COVID-19 situation).
 - » Mid-Term Review of the 2017-2021 CPD
 - » Socio Economic Impact Assessment 2021 (in progress)
 - » United Nations Strategic Framework Evaluation 2017-2021 (in design phase)
 - » Country Office Annual Reports

Key informant interviews (KIs) with available Government focal points, current and previous UNICEF DPRK senior staff and programme leads, representatives of other UN agencies – WFP, UNFPA, UNDP, FAO and WHO and the RC's office, key UNICEF EAP regional staff in Bangkok, as well as representatives of donors, such as EU, Sweden, Germany, and UK, as well as INGOs. With Covid-19 restrictions these interviews will be carried out virtually or via phone calls.

A survey/focus group discussion should also be considered to complement the evidence collected through the above-mentioned data collection tools and access stakeholders such as former staff.

Evaluation findings and conclusion will be presented to selected stakeholders in a validation workshop to assess the accuracy of the findings. Based on the findings, the ET, relevant EAPRO and the DPR Korea Country Office senior managers will jointly develop recommendations of the evaluation report.

Limitations

The ET for the evaluation will be required to identify methodological limitations and mitigation measures. Within the constraints caused by the DPRK context, presently the limitations include:

- g. No possibility to conduct travel to DPRK and gather first-hand consultation with beneficiaries. To a certain extent the previous evaluation reports will give some insight into beneficiary feedback and views on UNICEF's contributions, but the evaluation team will be confined to engaging with other stakeholders as identified in Section Two (note: there are limitations in directly meeting and having online calls with Government focal points. Communication is envisioned to be facilitated through UNICEF national staff)
- h. The lack of an independent national consultant bringing deep understanding and perspectives of the context is a limitation the evaluation team will have to compensate for. Assessment

of the consultant's proposal will place emphasis on previous and relevant DPRK experience so that there is reassurance of relevant insight on the DPRK context.

- i. Data and access deficits. The 2019 UNICEF Situation Analysis of Children and Women in DPRK noted deficits in reliable and comparable data sources that affected UNICEF's ability to assess the situation accurately over time and the distribution, depth of disparities and needs in key areas, varying quality of key documents, absence of gender-disaggregated data in areas of critical importance. There has been significant progress in generating and making available routine statistical data in the key sectors in the nine convergence counties supported by UNICEF's data interventions and the influence of the 2017 MICS and CMAM evaluation, with quarterly reports generated since mid-2018 under the UNICEF-CBS Memorandum of Understanding on the Child Data Management Unit. This is a major step forward. Data against indicators of the CPD's results framework DPRK-UNICEF Annual Work Plans mostly exist, but limitations exist as outlined below and either full time-series or sufficient geographical and other disaggregation may not be available. For the CPE, specific data requests may be submitted to CBS and line ministries to process historical routine data with requisite breakdown.
- j. Limitations were also noted in insufficient opportunities to reach relevant duty bearers and very limited opportunities to meet with rights holders, making it challenging to sustain a rights-based approach in parts of the analysis. These constraints will also make it difficult to triangulate findings outside a small group of stakeholders.
- k. Due to elevated levels of turnover among UNICEF international staff and national seconded personnel, as well as challenges in knowledge management and system continuity, certain programme documentation related to earlier years of the evaluated period may be difficult to locate and certain programmatic decisions may not have been documented.
- l. These limitations together present an unusually challenging set of constraints. As noted, secondary data and analysis from reports and findings from previous evaluations will provide some insight and it will be critically important for the evaluation that stakeholders consulted and stakeholder groups such as the Reference Group are as broad and diverse in make-up as they can be.

Ethical considerations

The ET will set out how they expect the evaluation process to be designed and undertaken in accordance with ethical guidelines as set out in [UNEG Ethical Guidelines](#) and the [UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis](#) (2015). During the evaluation process, the full compliance with all UNEG and UNICEF ethical guidelines will be required. All informants should be offered the option of confidentiality, for all methods used. Dissemination or exposure of results and of any interim products must follow the rules agreed upon in the contract. In general, unauthorized disclosure is prohibited. Any sensitive issues or concerns should be raised, as soon as they are identified, with the evaluation management team.

Gender and Human Rights, Child Rights

Human Rights, child rights and gender equality will be incorporated in the evaluation through a mainstreaming approach to these issues in the evaluation questions, data collection processes, and analysis.

Evaluation Workplan: deliverables and timeline

Under the leadership of the Evaluation Team Leader, the ET is expected to make substantial contribution to the following deliverables:

1. An evaluation Inception Report which includes an evaluation work plan with response to the ToR and proposals for any changes to this; evaluation questions and sub questions, approach and methodology detailing methods used and final report outline
2. A presentation to available stakeholders of the findings and conclusions in a telcon / videocon workshop for validation
3. First Draft Report and a final report reflecting comments from the Evaluation Reference Group and participants in the stakeholder workshops

The evaluation report and other deliverables must be compliant with UNICEF-adapted UNEG Evaluation Reporting Standards (2017), and the [UNICEF Style Book, Brand Book](#) and [Publication Toolkit](#). All deliverables must be in professional level standard English and they must be proof-read by a native English speaker. The results of the evaluation will be disseminated per the Dissemination Plan, and be made available to a wider-public on UNICEF web-site. The quality of the final evaluation report will be independently assessed as per UNICEF's [Global Evaluation Report Oversight System \(GEROS\) guideline](#).

Below is the proposed timeline:

Steps	Timing
Kick off telecon / video con	July 2021
Desk review and initial remote key informant interviews	
Finalized evaluation plan and production of inception report	
Data collection and presentation of preliminary findings at a validation workshop	August 2021
Draft evaluation report presented to stakeholders	September 2021
Comments on draft from reference group	September 2021
Final report produced	October 2021
Evaluation summary and learning brief	November 2021

Evaluation Management and Dissemination

The following summaries set out the main roles and responsibilities for those involved in the evaluation.

The Evaluation Manager

This role would be taken up by the EAPRO Regional Evaluation Advisor (Koorosh Raffii kraffii@unicef.org), based in Bangkok. Primary responsibilities include:

- Help develop scoping for the CPE
- Set out and update a detailed plan for the process

- Support the recruitment of the Evaluation Consultant, and provides supervision and support to the Evaluation Team
- Day-to-day oversight and management of the evaluation process and budget, in coordination with ERG members and other key stakeholders.
- Leading on quality assurance throughout the process.

The Evaluation Team (ET)

Due to the current extraordinary situation in DPRK including operational with no international staff presence on the ground, it is proposed that the ET be made up of an external consultant as team leader and two UNICEF staff. The evaluation will be conducted remotely. All communication between UNICEF national staff who in turn will facilitate communication with Government stakeholders must go through UNICEF DPRK outposted International Staff. The two UNICEF staff being proposed are the newly appointed M&E Specialists Halfdan Broch-Due (hbrochdue@unicef.org) and Khamhoung Keovilay (kkeovilay@unicef.org). These staff have not been inside DPRK and have had very little involvement in direct programme implementation and can therefore provide a rapid and independent evaluative work and support for the office. The Terms of Reference for the consultant are under development but expected profile is included below.

The Evaluation Reference Group (ERG)

The CO should select suitable candidates for the ERG. The purpose of the ERG is to provide external insight, perspectives and challenge to the CPE. ERG member contributions tend to include technical expertise in areas relevant to the CPE, represent key stakeholders, and ideally have some evaluation experience to add value at critical points. In general, it is best to limit staff contributions to key resource people for ERG discussions to maintain the independence of the ERG. The ERG should comprise of representatives from:

- Key government ministries (to the extent possible): NCC; Public Health; Urban Management; Education Commission; CBS
- UN Resident Coordinator's office (the Planning and Team Leader postholder of the office if in place)
- Representatives or senior staff of UN sister agencies – WHO, WFP, UNFPA, RC/HC's office

Quality Assurance

Quality assurance through the process will be undertaken by the Evaluation Manager with support from the MCE Specialist for China, Mongolia and DPRK (Xin Xin Yang xxyang@unicef.org) leading on quality assurance of all deliverables, will provide quality assurance in line with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures.

Dissemination

Early consideration of the most appropriate options and ensuring resource allocation for dissemination is essential. Dissemination processes and products should be built into evaluation budget. An **Evaluation**

Summary and Learning Brief³³ must be produced for the CPEs. These should be translated into Korean. The CO should consider additional dissemination materials suitable for particular audiences to share the findings of the evaluation. In the case of DPRK, particular attention should be given to a suitable summary product for key government staff.

Expected profile of the Evaluation Consultant

This ToR intends to recruit an evaluation team member with backgrounds, skills and experience in the following:

- o A minimum of 10 years of evaluation experience in developing countries with excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, including previous experience supporting evaluations involving national government partners
- o Experience in conducting evaluations for UN agencies or major bilateral donor country programmes, and familiarity with UNEG Norms and Standards
- o Experience in leading and managing country programme evaluations of UNICEF or other UN organizations is preferred.
- o Diplomacy and tact in carrying out and presenting findings of evaluation processes in sensitive contexts.
- o Strong English report writing skills and a track record of producing high quality reports.
- o Previous experience of working in DPRK or other sensitive context is strongly preferred.

Bidders for this ToR need to submit a proposal containing:

- CV including details of previous experience conducting UN evaluations
- A methodological proposal
- Workplan and expected schedule of key milestones for the evaluation
- Anticipated fees (all inclusive)

³³ See examples in <https://unicef.sharepoint.com/sites/EO/SitePages/EvaluationBriefs.aspx>



Appendix 3: Inception Report



Acronyms

CBS	Central Bureau of Statistics
CMAM	Community Management of Acute Malnutrition
COVID	Coronavirus Disease
CPD	Country Programme Document
DPRK	Democratic People's Republic of Korea
EAP	East Asia and Pacific
EU	European Union
EUPS	European Union Project Support
FAO	Food and Agricultural Organization of UN
IASC	Inter-Agency Standing Committee
ICRC	International Committee for the Red Cross
IFRC	International Federation of Red Cross
IMNCI	Integrated Management of New-born and Childhood Illness
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MTR	Mid-term Review
MoPH	Ministry of Public Health
NCC	National Coordinating Committee
PiN	People in Need
TB	Tuberculosis
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nation's Children Fund
UNSF	United Nations Strategic Framework
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Programme

1. Introduction

The purpose of this Inception Report is to contextualize the evaluation process for the DPRK 2017-2022 Country Programme Evaluation, present its objectives, purpose, and scope, and to introduce the methodology and work plan that will be followed for this assessment. The Inception Report also presents the unique limitations and challenges of the DPRK context in the global COVID-era which will necessarily impact the purpose, scope, and methodology of this evaluation. The inception phase consisted of a preliminary desk review and remote consultations between evaluation team members with key members of the UNICEF DPRK country team. This preliminary data collection provided further insights into the mandate and the scoping, which have been integrated into this report.

2. Country Context

Socio-Economic Context

According to census data released by the Central Bureau of Statistics of the DPRK in 2021, the population of the country is over 25 million, with almost 7 million children, 1.6 million of these under 5 years old. Life expectancy is 69 for men and 76 for women. There is relatively high enrolment in early childhood education (73% for children between 3 and 5 years, and 97 per cent for one year prior to primary school entry age). Despite these positive figures, challenges remain in neonatal and maternal mortality, multi-drug resistant tuberculosis (TB) and services for children with disabilities, including disability inclusive education. In addition, significant inequities continue to exist between rural and urban areas, socioeconomic status, provinces, and gender relations in access to services and social welfare. While it is difficult to presently make estimates as to the situation on the ground due to ongoing COVID restrictions, according to the 2021 UNICEF DPRK Humanitarian Action for Children Appeal, there are an estimated 10.6 million people in need, including 2.7 million children.

A lack of quality reproductive health services contributes to a high maternal mortality ratio. According to CDMU data, the maternal mortality rate in 2020 was 49.1 per 100,000 live births. The UN Situation Analysis of 2019 cites a rate of 59 for 2014.³⁴ Leading direct causes of maternal mortality according to latest available data (2011) include haemorrhage (28.9 per cent), sepsis and infection (8.9 per cent) and eclampsia (7.8 per cent), while indirect causes include cardiovascular disease (8.8 per cent), digestive disease (8.2 per cent) and respiratory system disease (7.5 per cent).³⁵

Under 5 mortality rates have been steadily dropping since 1998 and, as of 2017, according to UNICEF's Situation Analysis of Women and Children 2019, citing from MICS data, the infant mortality rate is estimated at 12 per 1,000 live births, compared to 19 per 1,000 live births in 2009. Further, under-five mortality is estimated at 17 per 1,000 live births compared to 26 per 1,000 live births in 2009. High immunization coverage (only 3 in 100 children aged 24-35 months do not finish the full vaccination schedule recommended for completion around 15 months of age) significantly contributed to these achievements but is highly donor dependent. Despite this, young children continue to die from common and preventable childhood illnesses. Moreover, as will be detailed below, since the onset of the pandemic, due to depleted stocks and effects of the ongoing global COVID-19 pandemic, there has been a significant drop in vaccination rates.

The UNICEF Analysis of the Situation of Women and Children in 2019 found that among countries without a large HIV prevalence, the DPR Korea has one of the highest TB incidences. In recent years, the tuberculosis incidence rate was around 513 per 100,000 population. According to the TB Global Report 2021, WHO estimates that this has increased slightly to 523 per 100,000 population.

34 According to SITAN 2019, this data was taken from Central Bureau of Statistics and United Nations Population Fund, 2015, 'Democratic People's Republic of Korea Socio-Economic, Demographic and Health Survey 2014', Pyongyang: CBS and UNFPA, <https://www.undp.org/content/dam/unct/dprk/docs/2014%20SDHS%20Report_E_final.pdf>, accessed 15 July 2019.

35 UNICEF (2019). Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea, 2019, p.50. Data drawn from Central Bureau of Statistics and United Nations Population Fund, 2011, 'Knowledge, Attitudes and Practices Survey on Reproductive Health in DPRK', Pyongyang: CBS and UNFPA.

Malaria incidence has been reduced due to the preventative efforts of the Government of DPR Korea with support from the Global Fund. One of those measures has been to provide families with long-lasting insecticide treated nets. As a result, 98.3 per cent of children under the age of 5 sleep under such treated bed nets. The DPRK's success depends on continued access to the drugs, personnel, and resources necessary to keep these malaria programmes going. According to MoPH data, the incidence rate of malaria in 2014 was 0.4 per 1,000 people.³⁶

The country is highly prone to natural disaster. The Inter-Agency Standing Committee (IASC) Index for Risk Management (INFORM) ranked the DPRK 29 out of 191 countries in terms of risk assessment for humanitarian crises and disasters in 2021. The country experiences yearly flooding and drought alongside tropical storms, landslides, and heat waves. Early warning systems for environmental hazards are reportedly limited, which impacts emergency preparedness and response. Over the program period, the following emergency events occurred:³⁷

- 2017 – a national emergency was declared in June following a dry spell that affected key food producing provinces in the southwest of the country. The dry spell compounded the undernutrition situation, putting at risk the lives of 782,000 children under five and 313,629 pregnant and lactating women.
- 2018 – A midyear heatwave affected key agricultural areas, with temperatures up to 11 degrees higher than normal. In late August, flooding affected 340,000 people in North and South Hwanghae and Kangwon provinces, displacing more than 11,000 and destroying over 17,000 ha of crops.
- 2019 – Tropical cyclone Lingling in September flooded arable land in the country's breadbasket region, leading to five deaths and 6,323 displaced persons.
- 2020 – between August and September, tropical cyclones Francisco, Bavi, Maysak and Haishen caused flooding and damage in the eastern, western, and central parts of the country. According to the government, the flood and landslides damaged 39,296 ha of farmland, particularly in North Hwanghae and Kangwon, just before the autumn rice harvest.
- 2021 - heavy rains in August led to flooding in the agriculturally rich North and South Hamgyong provinces. The flooding was preceded by a heatwave causing droughts which damaged crops, as reported by State media.

According to the WHO/UNICEF Joint Monitoring Programme Report, in 2020 66.4 percent of the population, did have access to a safely managed drinking water source, with this figure dropping to 48.8 in rural areas.³⁸ According to the 2017 MICS Report, 71 per cent of the population in urban areas have access to safely managed drinking water, compared to only 44 per cent in rural areas. Roughly one in four households (23.5 per cent of the population) have water sources contaminated with faecal matter, but people in rural areas have contaminated water sources almost five times as often as people in urban areas. In urban areas 10 per cent of the population drink contaminated water, while in rural areas it is 45 per cent. Amongst the most vulnerable households, 55 per cent of people from the lowest wealth index group are using contaminated household drinking water. As well as differences between urban and rural areas, disparities also exist between provinces. Almost four out of five people have access to safely managed drinking water in North Hamgyong, while in South Hwanghae, only half of the population has such access. Provinces identified as those with the most

36 UNICEF (2019). Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2019, p. 53.

37 DPRK Response Plan 2021, Internal Draft Dated April 2021, Office of the UN Resident Coordinator, p. 16.

38 <https://washdata.org/data/household#1/table?geo0=country&geo1=PRK> accessed February 23, 2022.

severe WASH-related needs are Kangwon, North Pyongan, and North and South Hwanghae. Per the MICS Analysis, the stunting prevalence among those children living in households without access to an improved water source is 60 per cent higher than of children living in households using an improved drinking water source.

There are notable disparities between rural and urban areas in accessing sanitation facilities. Overall, 14.7 per cent of people use unimproved sanitation facilities, including in rural (26.9 per cent) and urban areas (7.3 per cent).³⁹ Nine out of ten people in rural areas, and three out of ten in urban areas, live in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities (MICS 2017). Inadequate access to sanitation further aggravates health risks. Key findings from MICS further analysis revealed that stunting in the group without correctly managed sanitation is 40 per cent higher than in the group with correctly managed sanitation. Under-five children using unimproved sanitation have a higher incidence of diarrhoea; specifically, 36 per cent more often than those using improved sanitation.⁴⁰

Impact of COVID-19

Since the onset of the COVID-19 pandemic in 2020, DPR Korea has faced multiple burdens, further exacerbating the humanitarian situation:

- The indirect impact of the COVID-19 pandemic and associated prevention measures, including lockdowns, restrictions on travel and border closures, severely limited movement of cargo and persons across provincial areas, and disruption of the humanitarian programmes and supplies. A reduction in the flow of goods and trade across the border has likely impacted the DPRK economy and exacerbated socio-economic indicators.
- Torrential rains followed by unprecedented three consecutive typhoons in less than three weeks in the agriculturally rich southern and eastern provinces.

The global COVID-19 pandemic has had a profound indirect impact on the capacity of multilateral and international agencies to deliver support in the DPRK. Although the DPRK has not officially reported any cases of COVID-19, the introduction of strict national COVID-19 prevention measures has caused significant disruptions to UN operations, including the delivery of UNICEF's Country Programme. These measures have indirectly disrupted the regular flow and importation of supplies with no new supplies entering the country as a result between August 2020 and August 2021. Stockouts and shortages of therapeutic foods, polio vaccines, TB diagnostics and essential medicines and other supplies have necessitated rationing of supplies and have reduced service availability and access. A large quantity of humanitarian supplies, including food commodities, medicines, agricultural inputs, and PPEs have been stranded at the border and transit ports, resulting in high demurrage and storage costs. Given these challenges, UNICEF, alongside other UN agencies, instituted a hold on new procurements from Supply Division since August 2020 pending explicit government assurances that supplies will be allowed to enter the country.⁴¹ Towards the end of 2021, some supplies were brought over the border, including 50 containers of health and nutrition supplies. This is however a small proportion of the overall number of supplies that have been waiting to be imported outside the country. Some of these stocks were released from quarantine and disinfection by year end and placed in the Central Medical Warehouse for distribution, including nutrition supplies, emergency medicines, and TB preventative therapy and treatment.

³⁹ <https://washdata.org/data/household#!/table?geo0=country&geo1=PRK> accessed February 23, 2022.

⁴⁰ UNICEF (2019). Further Analysis of the DPRK Multiple Indicator Cluster Survey 2017.

⁴¹ DPRK Response Plan 2021, Internal Draft Dated April 2021, Office of the UN Resident Coordinator

Due to travel restrictions and COVID-19 prevention measures, there are currently no UN international personnel in the DPRK. All UN and international INGO staff together with a large number of diplomatic missions had temporarily vacated the country by March 2021; presently, border closures prevent the return of international staff to the DPRK. UNICEF's Country Office remains open but is remotely managed by international staff outposted in Bangkok with support and facilitation by seconded national staff. It is likely that there will be no international presence in country until the borders are reopened and staff are able to gain access into the country. In addition, movement restrictions at the onset of the pandemic and, in particular, shortage of cash availability for operations on the ground have made it extremely difficult for local staff to continue to pursue operations in the DPRK, and the lack of any independent field data collection has left donors without a clear line of vision for program monitoring and the country situation. Facing the same challenges, the international NGO community operating in the DPRK also gradually suspended their programmes during the course of 2020. To date, it remains unclear when COVID-19 restrictions will be lifted, and when the access to the country will be reinstated.

3. UNICEF Country Program 2017-2022

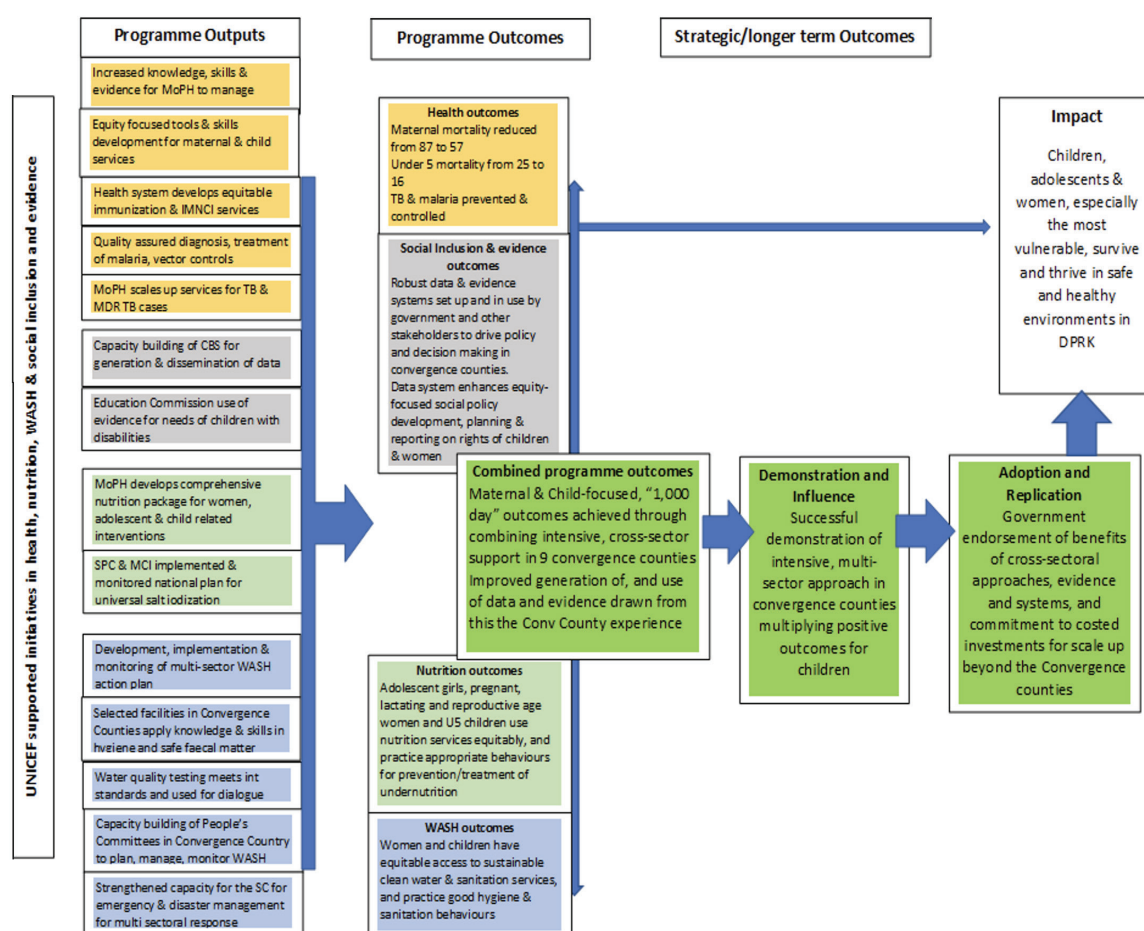
Sector Focus

The UNICEF DPRK Country Programme 2017-2022 focuses on service delivery, promotion of inclusion and improved cross-sectoral working, in addition to expanding systems of data and evidence generation. Given the impact of the COVID-19 pandemic on programming and operations in the DPRK, the United Nations Strategic Framework and UNICEF's Country Programme Document (CPD) have been extended for two years in consultation with national stakeholders and partners. As a result, the current Country Programme covers the period from 2017 to 2023.

The UNICEF Executive Board approved-Country Programme Document contains the following outcomes (See Figure 3.1: Country Program Results Logic):

- j. Health - By 2021, pregnant women, newborn and under-five children have equitable access to essential health care services; and tuberculosis and malaria are prevented and controlled.
- k. Nutrition - By 2021, adolescent girls, women of reproductive age, pregnant and lactating women and under-5 children utilize nutrition services equitably and practice age-and context-appropriate behaviours for the prevention and treatment of undernutrition.
- l. WASH - By 2021, women and children have equitable access to sustainable, clean water and sanitation services, and practice improved hygiene and sanitation behaviour in humanitarian situations.
- m. Social Inclusion, Planning, Monitoring and Evaluation - Government uses disaggregated data for equity-focused social policy development and planning and for reporting on the rights of children and women in humanitarian situations.
- n. Programme effectiveness: Country programme is efficiently designed, coordinated, managed, and supported to meet quality programming standards in achieving results for children.

Figure 3.1: Country Program Results Logic

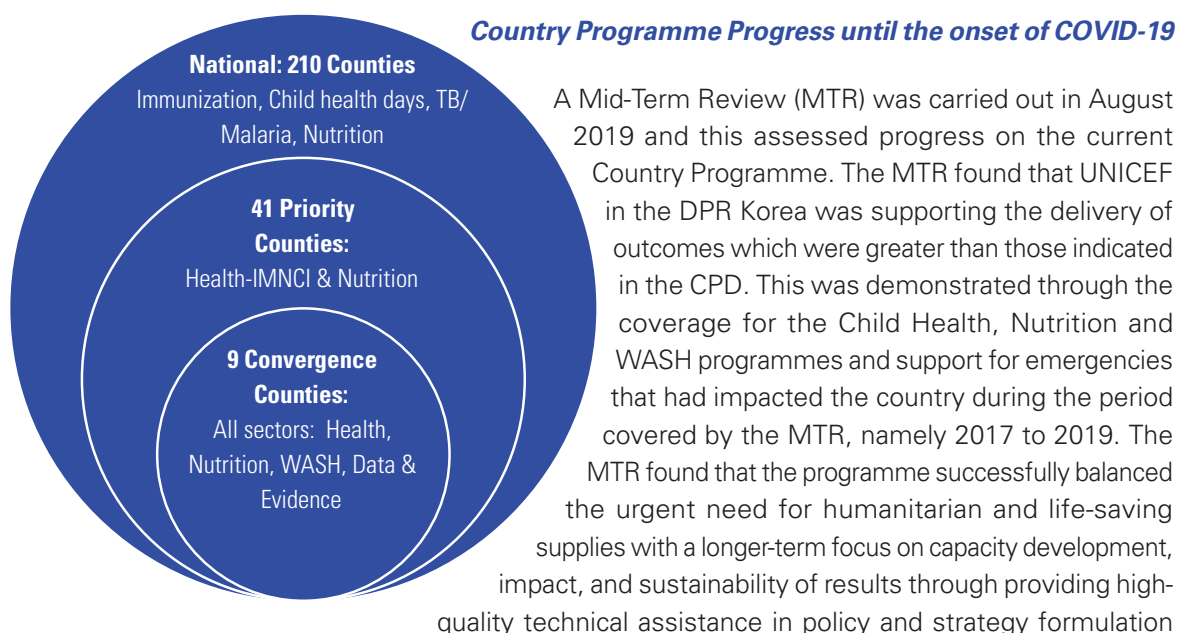


Geographic Targeting

The Country Programme includes a geographically targeted approach (see figure 3.2) in order to increase programme efficacy through a multi-sectoral approach, and to be able to demonstrate benefits for children and make the case for replication and increased investment of both domestic public finances and donor resources. Under this approach, UNICEF has focused resources on 50 Priority Counties where support was provided for Integrated Management of Newborn and Childhood Illness (IMNCI). Nine of these priority counties were designated as **Convergence Counties**. UNICEF's strategy for the Convergence Counties was to bring together all three sectoral interventions (in Health, Nutrition and WASH) in a "first 1,000 days of life" approach, emphasise cross-sectoral approaches, and complement these with a strong emphasis on data collection and evidence generation. The convergence of programming locations was intended to allow for coordinated planning for integrated services to reduce high rates of mortality and morbidity; promote early childhood development; address undernutrition among women and girls; facilitate equitable access to WASH services and build community resilience. The aim of the convergence county approach was to demonstrate how coordination and integration can accelerate progress for children and women, and to then inform replication and scale-up across the country. The nine counties selected were: Chongdan, Jongju City, Junghwa, Jungsan, Kangnam, Kosong, Myonggan, Rakwon, and Samjiyon, one county in each of the 9 provinces. In addition to these more targeted programs, at a national/central level, UNICEF provided technical support for delivery of services: immunization, child health days with

Vitamin A and Micronutrient supplementation; community management of acute malnutrition (CMAM) programme (203 counties) as well as technical support for policy, strategy capacity development, evidence-generation, and analysis.

Figure 3.2: UNICEF geographic scope and sectoral targets



A Mid-Term Review (MTR) was carried out in August 2019 and this assessed progress on the current Country Programme. The MTR found that UNICEF in the DPR Korea was supporting the delivery of outcomes which were greater than those indicated in the CPD. This was demonstrated through the coverage for the Child Health, Nutrition and WASH programmes and support for emergencies that had impacted the country during the period covered by the MTR, namely 2017 to 2019. The MTR found that the programme successfully balanced the urgent need for humanitarian and life-saving supplies with a longer-term focus on capacity development, impact, and sustainability of results through providing high-quality technical assistance in policy and strategy formulation as well as strengthening evidence generation and use of child-centred data such as MICS 2017, Situation Analysis 2019, and routine monitoring systems. The MTR also found that in the Convergence Counties there had been more synergistic actions across the programmes, compared to other areas of operation, particularly in relation to capacity development, including more frequent monitoring and supportive supervision. However, the MTR determined that it was not possible to assess the impact of the convergence county approach with the available evidence in 2019, and that this needed formative research, ongoing monitoring and a strong commitment by Government and UNICEF to stronger coordination and demonstrating the benefits to children's survival and healthy development in order for the programme to achieve its goals.

Country Programme Re-Prioritization due to the pandemic

The onset of COVID-19 severely impacted the delivery of the Country Programme, due to the departure of all international staff, severe restrictions on movement and a near complete suspension of humanitarian supplies from August 2020 onward. In the face of these considerable challenges, UNICEF carried out a programme criticality assessment together with the Government in May 2020, revising its Annual Management Plan and prioritizing urgent and essential lifesaving activities. These included: immunization; treatment of children with severe acute malnutrition; TB and Malaria; COVID-19 response and developing WASH infrastructure as critical interventions for 2020. The annual work plan for 2021 reflected a similar approach to 2020 with carried over of delayed activities from 2020.

UNICEF has adapted its programme in several ways in the DPRK. In collaboration with WHO, UNICEF supported the Government in developing the Country Strategic Preparedness and Response Plan (CSPRP) for COVID-19. UNICEF was the first agency to procure and pre-position Personal Protective

Equipment (PPEs) for up to 500 frontline healthcare workers and distributed critical WASH items supporting handwashing and hygiene practices to more than 41,573 people and 121 health facilities. In preparation for introduction of new vaccines including COVID-19 vaccines, UNICEF supported the MoPH to develop and verify a cold chain distribution strategy, including mapping the potential port(s) of entry, points of storage (stores) and stocking, and fallback facilities in the country with their respective cold chain storage and assess the transportation capacity for vaccines and ancillary products, and ensure necessary human resource capacity is in place. In addition, an assessment of dry storage and cold chain capacity and infrastructure needs at all levels with regards to the COVID-19 vaccines characteristics was conducted and guidance provided for filling of the identified supply and logistic gaps. Following this assessment, UNICEF plans to work with MoPH to introduce a real time immunization supply chain logistics system to monitor vaccine quality and storage temperatures

4. Key Partnerships and Coordination Structures

The Country Programme is formally implemented through signed workplans with the National Coordinating Committee (NCC) and respective line Ministries. The NCC facilitates the work of UNICEF with all counterparts, approves the number of UNICEF international professional staff and facilitates visas for staff and consultants at the national level. UNICEF's main governmental programme partners are the Ministry of Public Health (nutrition, maternal, new-born and child health, TB and Malaria and immunizations) and the Ministry of Urban Management (WASH). Other governmental program partners include: The Academy of Medical Sciences (Health), Institute of Child Nutrition, State Planning Commission, Technical Working Group on Nutrition (Nutrition), and the Education Commission (Education). For evidence generation, advocacy and knowledge management and communication for development approaches, key partners include the Child Data Management Unit of the Central Bureau of Statistics and the Grand People's Study House.

The key development partners active in the DPRK include six UN agencies, the European Union funded Food Security Office (FSO) and four international INGOs⁴², as well as IFRC and ICRC, Swiss Agency for Development and Cooperation, FAHRP/ FIDA International, and French and Italian Cooperation Offices based in Pyongyang. Programmatic activities are mainly humanitarian-orientated due to restrictions on development activities and funding from donors due to sanctions.

UNICEF is one of the largest UN organisations working in the country and plays an important role in inter-agency sector coordination. In addition to leadership of sector working groups in WASH, Nutrition, and co-leadership of the Health Working Group with WHO, UNICEF actively supports coordination of evidence and learning through the UN M&E/Results Group. With average annual funding of around \$25 million, UNICEF remains amongst the largest humanitarian United Nations partners in the DPRK in terms of funding volume and geographical programme coverage. Sector coordination bodies with UNICEF participation include:

- f. Nutrition Sector Working Group, co-led by UNICEF with WFP;
- g. WASH Sector Working Group, chaired by UNICEF and co-led by EUPS 3 (Concern Worldwide) and IFRC;

⁴² There is an agreement between the European Commission and the Government of DPRK regarding the DPRK Food Security Thematic Programme. Under this, EU-supported INGOs who have an office in the DPRK are established, and referred to as, "European Union Project Support (EUPS) units". Initially seven, five of these are still operating in the country: Triangle Génération Humanitaire, Première Urgence Internationale, Concern Worldwide and Welthungerhilfe.

- h. Health Sector Working Group, chaired by WHO and co-led by UNICEF;
- i. UN Data Sector Working Group, co-chaired by UNFPA and Central Bureau of Statistics
- j. UN Internal Monitoring and Evaluation Working Group

At present, meetings of these working groups are generally ad-hoc and irregular due to the present pandemic.

5. Evaluation Approach and Methodology

Evaluation Purpose, Objectives and Scope

There are four main purposes for this evaluation, mainly focused on learning due to the limitations faced in DPRK, specifically:

- a. To identify key lessons from implementation of the ongoing Country Programme (2017 to 2021) to inform the design of the next CPD, specifically in the areas of relevance, strategic positioning, responsiveness to national needs, management, and staffing.
- b. To inform the development of the next UN Sustainable Cooperation Development Framework (UNSCDF), alongside the findings and recommendations of the UNSF 2017-2022 Evaluation.
- c. To capture learning from UNICEF's investment in service delivery, evidence generation and usage, plus effects of the cross sectoral collaboration where present.
- d. To better understand the implications of the COVID-19 pandemic for the Country Programme, and to identify strategies for progress.

The objectives of the evaluation are the following:

- e. To identify the most effective implementation and monitoring strategies for UNICEF to adopt in the country for the next phase of programme development in the DPRK.
- f. To determine how UNICEF can most effectively position itself to contribute to improvement of the lives of children and women in the DPRK and increase understanding on how UNICEF can build on its comparative advantage.
- g. To inform a forward-looking reflection on the implementation of the DPRK country programme in light of the global COVID-19 pandemic.
- h. To identify possibilities for more sustainable programming within the humanitarian-development nexus.

The evaluation will assess the Country Programme's success in achieving stated outputs and outcomes while focusing on three key areas:

- **Service delivery** will be primarily evaluated based on previously conducted thematic evaluations and desk review of other existing information and data, with limited additional data collection beyond key informant interviews and surveys. Where accountability information is available, it will be documented within the final report.

- **Evidence and data** usage of the Country Office will be evaluated primarily through an assessment of the UNICEF DPRK engagement on an evidence and learning agenda with the Government of the DPRK through partnership with the Country Child Data Management Unit and line institutions in terms of results in evidence-based, equity-focused programmes, policies, and procedures.
- **Impact of the global COVID-19 pandemic** on the humanitarian situation for children in the DPRK and on UNICEF's role and performance will be assessed primarily through key informant interviews. Where possible, written surveys will be used to gather reports and evidence at a district and country level. The evaluation will examine the extent to which the current Country Programme has maintained its relevance and efficacy in meeting the new emerging challenges created by the global pandemic, as well as the implications for future programming. The evaluation will endeavour to draw from this assessment relevant lessons for UNICEF programme management in this and future crises. The evaluation will also endeavour to determine the extent to which the main lessons learned and recommendations of the 2019 Mid Term Review were implemented and remain relevant for the COVID period and beyond

The cross sectoral component of the key areas will also be investigated. The evaluation period covers January 2017 to end of December 2021. The temporal period would cover from the beginning of the ongoing CPD and UNSF implementation to end of 2021, which includes both pre-and ongoing global COVID-19 situation.

The geographic scope of the evaluation will be at national level, with efforts being made to gather field inputs from district level officials through surveys of nutrition focal points and government beneficiaries of capacity development activities.

The users of the evaluation will be the senior management and staff of UNICEF DPRK Country Office as well as the East Asia and Pacific Regional Office (EAPRO), the Government of the DPRK, UN Country Team and other key partners operating in the DPRK, as well as UNICEF's relevant HQ staff.

Evaluation Criteria

This is a Country Programme Evaluation (CPE) modified to the local context prevailing in DPRK. The data gathering will abide with the rules, regulations and limitations set by the Government of DPRK. The CPE will use OECD/DAC Evaluation criteria of relevance, effectiveness, coherence, and sustainability:

- i. **Relevance:** the extent to which UNICEF's programme objectives and design respond to the needs of beneficiaries and other stakeholders in the highly complex context of the DPRK;
- j. **Effectiveness:** The extent to which the country programme achieved, or is expected to achieve its objectives including support for / working with Government and other local partners;
- k. **Coherence:** The extent to which the Country Programme approaches and interventions have internal and external complementarity, with a logical and synergistic fit;
- l. **Sustainability:** the extent to which UNICEF's work has succeeded in creating potential adoption by the government in future, have been scaled up and included in national systems and policy guidelines and enhancing the likelihood that results will continue in future.

Evaluation Questions

The overarching question for this CPE is: *to what extent has the UNICEF 2017-21 country programme proven successful in its programme delivery, strategy choices and approaches, and what implications are there for future strategy development for UNICEF and for its contributions to the joint UN strategy in the DPRK also in light of the ongoing global COVID-19 pandemic?*

The evaluation will be guided by the following questions:

Relevance

- a) To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in DPRK, including the most vulnerable, are met?
- b) Which Country Programme objectives, approaches (including the Convergence County approach) and modalities are the best aligned, most relevant and adapted to the country context?

Effectiveness

- j) To what extent have programme outputs and outcomes (short-term/intermediate results) been delivered, and how did they contribute to progress toward the stated programme outcomes (e.g. supporting an enabling environment, improving supply and quality of services, improving demand for services in the DPRK and ensuring human rights and gender equity are factored in).
- k) How effectively have the UNICEF DPRK Country Programme strategies and partnerships with government (in terms of service delivery, evidence generation, cross sector working and the geographically focused approach/intervention) delivered the intended results and influenced national policies, strategies and guidelines?-
- l) To what extent has the Country Office been able to effectively prepare for, and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic, meeting the needs and rights of women and children?

Coherence and synergies

- a) Internal Coherence: To what extent has implementation of UNICEF's various programmes in the DPRK been synergistic and coherent?
- b) External Coherence: To what extent has UNICEF's implementation in the DPRK (in terms of corporate features and those specific to the country office), been synergistic and coherent with government priorities and other UN agencies and development partners. How should improved coherence with other UN agencies be pursued in future?

Sustainability

- a) To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross sector working and geographical focus) enhanced potential for government or local replication and scalability in future?
- b) What are the major factors which influence the achievement or non-achievement of sustainability of the UNICEF programme?

Evaluation design and approaches

Given the greater availability of data in the pre-Covid period, the evaluation will adopt a unique split-period approach. For the pre-COVID period, the evaluation will take a theory-based approach, based on a desk review of existing data and documentation, assessing the strategies, approaches, and theories of change (as set out in the Program Strategy Notes), to document program achievements and identify recommendations. The evaluation will draw on available data from pre-COVID evaluations, progress reports and other sources, triangulating data received by multiple sources wherever possible.

For the COVID period, with its extreme limitations in both activity and data availability, a desk review will be done of progress reports and other available documentation, with additional data gathering primarily taking the form of as wide a range of key informant interviews as possible. The aim of data gathering will be to trace inputs and outputs in this period as well as identifying major challenges, success factors and key recommendations.

Data gathering will be done using remote methods considering the lack of international staff presence in the DPRK in addition to travel restrictions. The evaluation will concentrate on engaging the principal users of the evaluation process and report – UNICEF country and regional offices, key stakeholders in national government ministries and departments (to the extent possible given current challenges), and other UN organisations working in the DPRK.

In keeping with the methodology proposed in the TOR, the following will be the main data gathering methods of the evaluation:

- d. Key informant interviews with Government focal points, current and previous UNICEF DPRK senior staff and programme leads, representatives of other UN agencies as well as representatives of key donors and partners. Given communication constraints, and to ensure we are compliant with DPRK Government's rules and regulations, it is anticipated that the majority of interviews with DPRK officials will be through written questionnaires to be filled in by the official rather than one-on-one interviews. Interviews with UNICEF staff and other internationals will be held remotely using semi-structured interview protocols. The interviews will address the four evaluation criteria of relevance, effectiveness, coherence, and sustainability, as well as looking into cross-cutting issues such as monitoring and data collection methodology for UNICEF interventions: design, coordination and management of UNICEF interventions and the impact of COVID-19. Appendix 3 has evaluation question protocols for speaking to UNICEF programme managers and international donor and partner organizations. Questionnaires for DPRK governmental counterparts from different sectors will be individually designed to ensure maximum brevity and relevance.
- e. Comprehensive desk review of available documentation including, but not restricted to, the list of relevant documentation supplied in the TOR. Key informant interviews and a bibliography search will be used in order to identify other relevant documentation beyond this original list, including, where available, relevant evaluation findings from UN and donor partners active in the DPRK and contextual analyses.
- f. Structured surveys of nutrition focal points and government counterparts of capacity building support in order to assess the relevance and efficacy of UNICEF support on a sub-national level. (Pending government approval).

Data collected through these methodologies will be inputted into a series of matrices (see appendix) which will aid in processing and analysis of data. The analysis will critically examine the information gathered from the various sources and attempt to synthesize the information in an objective manner. Information inputted into the matrices will be used to draft the final CPE report, according to standard UNICEF format.

Methods for ensuring validity and reliability at analysis stage will include:

- a) **Triangulation** – to confirm and corroborate results;
- b) **Complementarity** - to explain and understand findings obtained by one method by applying a second;
- c) **Interrogation** - where diverging results emerge from the application of different methods, these will need to be interrogated to either reconcile, or explain, the differences apparent.

Evaluation findings and conclusion will be presented to selected stakeholders in a validation workshop to assess the accuracy of the findings. Based on the findings, the ET, relevant EAPRO and the DPRK Country Office senior managers will jointly develop recommendations of the evaluation report.

6. Evaluability & Limitations

The Democratic People's Republic of Korea (DPRK) presents a uniquely challenging, highly complex operating environment for UNICEF and its partners. The government sets out its priorities in a five-year strategy for national economic development. However, the strategy is not shared with international partners and consequently it is difficult for international partners to trace alignment of their programmes to Government priorities. Limitations on data management capacity in the country hinders analysis, planning, monitoring and evaluation, and the ability to report accurately on results for children. This includes monitoring progress against SDGs and understanding inequalities in different areas and population groups. Data against indicators of the CPD's results framework and DPRK-UNICEF Annual Work Plans mostly exist, but limitations exist as outlined below and either full time-series or sufficient geographical and other disaggregation may not be available and the possibility of verification of data is restricted. Even before the onset of the current pandemic, the 2019 UNICEF Situation Analysis of Children and Women in the DPRK noted deficits in reliable and comparable data sources that affected UNICEF's ability to assess the situation accurately over time and the distribution, depth of disparities and needs in key areas, varying quality of key documents, absence of gender-disaggregated data in areas of critical importance.

COVID-era restrictions have exacerbated data gathering limitations. In particular:

- m. There is no possibility for international consultants to travel to the DPRK and speak directly with stakeholders and beneficiaries. Moreover, communications restrictions severely limit the possibility to conduct phone or video interviews with duty bearers and other DPRK officials so that the primary method of data gathering from DPRK sources is likely to be through written questionnaire.
- n. Internal travel within the DPRK is similarly limited with local cash shortages impacting operations requiring fuel and DSA, leaving little or no opportunity for site visits even by locally based personnel.

- o. Given present cash constraints, there is no possibility for hiring an independent national consultant capable of bringing deep understanding and perspectives of the context.
- p. There is little or no possibility for direct engagement with service beneficiaries and rights holders. These constraints also make it difficult to triangulate findings outside a small group of stakeholders.
- q. Due to elevated levels of turnover among UNICEF international staff and national seconded personnel, as well as challenges in knowledge management and system continuity, certain programme documentation related to earlier years of the evaluated period are likely to be difficult to locate and certain programmatic decisions may not have been documented.
- r. Very little relevant primary data has been collected by any stakeholders during the global COVID period, and continuing COVID-19 prevention measures make collection of primary data as part of the CPE infeasible.⁴³

Given the extreme limitations on data availability at this time, it will be impossible to fully trace programme outcomes and impact, particularly since January 2020, and difficult to obtain a comprehensive picture of program implementation on the ground. As such, and in lines with the CPE TOR, this evaluation will have a strong utility focus, gathering data on outcomes and impact where possible, but concentrating on engaging with the principle users of the evaluation process and report – UNICEF country and regional offices, key stakeholders in national government ministries and departments (to the extent possible given current challenges), and other UN organisations working in the DPRK in order to understand operational challenges, successes and success factors and areas for improvement, and to make useful recommendations that can feed into the drafting of the next Country Programme Document. The potential list of stakeholders that will be interviewed is presented in [Appendix Two: Evaluation Tables](#). Please note that children, vulnerable groups, marginalized groups or members of households will not be part of the data gathering efforts.

7. Ethical review and Quality Assurance

The Evaluation Team will conform to guidance and standards set by UN and UNICEF. The consultant will be guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Code of Conduct for Evaluation in the UN system](#) (2008), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017). Quality assurance throughout the process will be undertaken by the Evaluation Managers and the Evaluation Reference Group. They will be leading on quality assurance of all deliverables, will provide quality assurance in line with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures.

The ET team will ensure that the principles of integrity, independence and impartiality and accuracy, completeness and reliability are respected. Hence, the ET team will prevent any form of potential conflict of interest and ensure that the evaluation is conducted in a transparent and accountable manner.

⁴³ Draft UN Baseline Synthesis Analysis Report: COVID 19 and the Democratic People's Republic of Korea, July 2021.

In interaction with stakeholders, the ET will ensure that privacy and respect of rights are honoured. Ahead of each interview, the evaluators will inform key informants about the purpose of the evaluation, the criteria applied and the intended use of findings. Consent forms will be established, and the ET will obtain necessary consent before each interview or data gathering activity. The ET will adhere to confidentiality related to feedback elicited during the interviews, group discussions, and in the surveys. Interviewees will remain anonymous unless clear permission is granted to the ET to include qualitative information provided in the final report. The perception survey will be anonymous; the identity or name of stakeholders will not be shared with UNICEF.

As noted in the methodology section of this Inception Report: children, vulnerable groups, marginalized groups, or members of households will not be part of the data gathering efforts. Thus, as per UNICEF rules and regulations, external ethical clearance is not required.

8. Work Plan, Roles and Responsibilities

The evaluation work plan, including activities deliverables, and timeline, are detailed in Table 8.1.

Table 8.1			
Phase	Activities	Deliverables	Timeframe
Preparation	- Kick-off telecon - Initial desk review	Meeting summary reflecting shared understanding of the work	November 2021
Design/Inception	- Consultations with evaluation team (ET) - Consultations with UNICEF DPRK team - Interview question templates designed for all types of interviews (primarily UNICEF staff, donors and partner organizations, government officials) - Evaluation Matrices Designed	Inception report	December 2021
Data collection and analysis	- Key informant interviews - Document review - Analysis of quantitative secondary data - Survey? Focus group discussion?	Evaluation matrixes completed for all UNICEF priority areas in the DPRK and all evaluation criteria	January-March 2022

Table 8.1			
Phase	Activities	Deliverables	Timeframe
Report Drafting	• Presentation of preliminary findings at a validation workshop • Submission of first draft of finalized report	• Draft Report	March-April 2022
Report Submission	• Submission of final draft, based on consolidated comments from evaluation management team, inclusive of annexes and bibliography.	• Final Approved Report	April 2022

Roles and Responsibilities

Due to the current extraordinary situation in the DPRK, the evaluation team is comprised of one independent external evaluation manager, Dr. Aliza Inbal, who will be supported by UNICEF staff members. The necessity for this unique team composition is due to the present impossibility of sending external evaluators to the country or engaging local consultants and the need of country team support in order to obtain approval for and arrange any interviews with DPRK officials. In addition, the delicate nature of relations with the DPRK necessitate a high degree of guidance by the country team in order to ensure that the evaluation is able to on the one hand generate as much relevant data as possible while, on the other hand, not negatively impacting UNICEF's activities in the DPRK.

The Multi-Country Evaluation Specialist for China, Mongolia and DPRK Xin Xin Yang (xxyang@unicef.org), M&E Specialists Halfdan Broch-Due (hbrochdue@unicef.org) and Khamhoung Keovilay (kkeovilay@unicef.org) have been appointed to support this evaluation. These staff have not been inside DPRK and have had very little involvement in direct programme implementation. They will be responsible for facilitating all communication with Government stakeholders, as well as supporting the evaluation with needed insights and guidance on work with the DPRK.

EAPRO Regional Evaluation Advisor (Koorosh Raffii kraffii@unicef.org), based in Bangkok will serve as the Evaluation Manager. His primary responsibilities include:

- Helping develop scoping for the CPE and set out and update a detailed plan for the process;
- Supporting recruitment of the Evaluation Consultant.
- Day-to-day oversight and management of the evaluation process and budget, in coordination with ERG members and other key stakeholders and supervision of the evaluation team.
- Leading on quality assurance throughout the process.

Appendix 1: Bibliography

Ministry of Public Health of DPR Korea, (2017). National Nutrition Strategy for Women and Children (2017–2021).

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UNICEF (2019). Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2019.

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UNICEF (2019). UNICEF DPR Korea Country Programme of Cooperation 2017-2021 Mid-Term Review Report.

UNICEF (2017). DPRK Country Programme Document.

UNICEF (2017). Multiple Indicator Cluster Survey: Survey Findings Report.

UN Resident Coordinator (2017). DPR Korea Strategic Framework for Cooperation (2018–2021).

Appendix 2: Evaluation Tables

Evaluation Matrix

Questions	Indicators	Data Collection Methods and Sources
Relevance		
To what extent is the Country Program appropriate to ensure that the needs and the rights of children and women in DPRK, including the most vulnerable, are met including after impact of COVID-19?	• Evidence of linkages between specific aspects of the Country Programme and diagnosed country needs, priorities of UN Agencies, and SDG targets • Perceptions on the relevance of the CP by other organizations active in DPRK and by DPRK country officials • Degree of alignment of UNICEF interventions with the needs and priorities of children. • Degree of alignment with DPRK sector strategies • Extent to which geographic focus of UNICEF activities matches areas of greatest needs	Document Review • UNICEF CPD • UNICEF MTR and other programme evaluations undertaken during the CP period (for example, CMAM) • UNICEF strategic documents • UNSDF • Resident coordinator and other UN strategic documents Individual remote interviews • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials.
Which Country Programme, approaches (including the Convergence County approach) and modalities are the best aligned, most relevant and adapted to the country context?	• Perceptions of key informants as to the relevance of approaches tried. • Evidence of the efficacy of various approaches from RAM, COAR.	Document Review • UNICEF DPRK workplans, COAR, RAM, MTR data Individual Remote Interviews • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials
Effectiveness		
To what extent have programme outputs (short-term/intermediate results) been delivered, and how did they contribute to progress toward the stated programme outcomes (e.g., supporting an enabling environment, improving supply and quality of services, improving demand for services in DPRK and ensuring human rights and gender equity are factored in.	• % of activities completed • % outputs achieved/on track toward achievement • Evidence of outputs' convergence toward achievement of intended outcomes	Document Review • Results data from COAR, RAM • Results data from previous evaluations including MTR, evaluation of CMAM Interviews • Survey of nutrition focal points • Survey of beneficiaries of capacity development initiatives • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials

Questions	Indicators	Data Collection Methods and Sources
How effectively have the UNICEF DPRK Country Programme strategies and partnerships with government delivered the intended results and influenced national policies, strategies, and guidelines?	• % of institution building activities completed • % institution building outputs achieved/on track toward achievement • Evidence of outputs' convergence toward achievement of intended outcomes • Extent to which UNICEF supported strategies and policies adopted by government counterparts	Document Review • Results data from COAR, RAM • Results data from previous evaluations including MTR, evaluation of CMAM Individual Remote Interviews • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials
To what extent has the Country Office been able to effectively prepare for, and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic, meeting the needs and rights of women and children?	• %Activities completed and outputs achieved/on track to achievement during the global COVID period • Evidence of appropriateness of re-prioritized initiatives	Document Review • UNICEF and UN Resident Coordinator strategic documents • Results data from COAR, RAM Individual Remote Interviews with • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials
Coherence & Synergies		
Internal Coherence: To what extent has implementation of UNICEF's various programmes in DPRK been synergistic and coherent?	• Evidence of coordination and cooperation between UNICEF programmes in ways that are likely to enhance results.	Document Review • UNICEF CPD • UNICEF MTR and other programme evaluations undertaken during the CP period (for example, CMAM) • UNICEF strategic documents Individual Remote Interviews with • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK

Questions	Indicators	Data Collection Methods and Sources
External Coherence: To what extent has UNICEF's implementation in DPRK (in terms of corporate features and those specific to the country office), been synergistic and coherent with government priorities and other UN agencies and development partners. How should improved coherence with other UN agencies be pursued in future?	• Analysis of the efficacy of coordination mechanisms • Evidence of coordination and cooperation between UNICEF and other UN agencies in ways that are likely to enhance results.	Document Review • UNICEF CPD • UNICEF MTR and other programme evaluations undertaken during the CP period (for example, CMAM) • UNICEF strategic documents • UNSDF • Resident coordinator and other UN strategic documents Individual Remote Interviews with • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK
Sustainability		
To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross sector working and geographical focus) enhanced potential for government or local replication and scalability in future?	• Examples of concrete mechanisms initiated to ensure appropriation of results by national and or local counterparts • # of professionals dealing with children trained through TOT mechanisms • # of institutions whose organizational capabilities were strengthened	Documents • UNICEF COAR and other monitoring and evaluation products (MTR, programme evaluations, etc). Individual Remote Interviews with • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials
What are the major factors which influence the achievement or non-achievement of sustainability of the UNICEF programme?	• Types of factors contributing/hindering the sustainability of results supported by UNICEF	Documents • UNICEF COAR and other monitoring and evaluation products (MTR, programme evaluations, etc). Individual Remote Interviews with • UNICEF DPRK staff • Staff of other UN and donor agencies active in DPRK • Written interviews with relevant DPRK officials

Data Gathering

Outcomes	Outputs	Changes to Out-puts	Activities	Changes to Activit-ies	Activities completed?				Targets Achieved?				Donorcoord-ination	Impact of global COVID pandemic	Source of Data	Implemen-tation Success Factors	Implemen-tation Challenges
					2017	2018	2019	2020	2017	2018	2019	2020					
Health	1.1																
	1.2																
	1.3																
	1.4																
Nutrition	2.1																
	2.2																
WASH	3.1																
	3.2																
	3.3																
Social Inclusion PM&E	4.1																
	4.2																
	4.3																
	4.4																

Preliminary List of Potential KII & Survey Questionnaire

Program Area	Organization (full name)	Contact person	Title	Interview or Questionnaire
Health	Academy of Medical Sciences	Mrs. O Hye Ran	Section chief	TBD
Health	Ministry of Public Health	Dr. Choe Suk Hyon	Deputy director of MoPH, focal point for UNICEF	Questionnaire
Nutrition	Ministry of Public Health	Dr. Choe Suk Hyon	Deputy director of MoPH, focal point for UNICEF	Questionnaire
Nutrition	Institute of Child Nutrition	Dr. Kim Hye Gyong	Researcher, Former UNICEF consultant	
Nutrition	State Planning Commission	Mr. Kim Nam Gi	USI Program Manager	Questionnaire
Nutrition	Grand People's Study House	Mrs. Choe Bok Gyong	Director of External Affairs Department	TBD
Nutrition	Technical Working Group on Nutrition	Dr. Paek Hyang Ok	Chief of Child Health Management Unit Okryu Children's Hospital, Chief of TWG	Questionnaire
Nutrition	WFP, EU Food Security Office			
WASH	Ministry of Urban Management	Mrs. Choe Un Sun	Director of Ministry of Urban Management	Questionnaire
WASH	Education Commission	Mrs. Ri Hye Ryon	Senior official, EC	Questionnaire
Data	Central Bureau of Statistics	Mrs. Jang Myong Son	Director of Data Dissemination Department	Questionnaire
				Questionnaire
Country Team	UNICEF	Edward Carwadine	DPRK Representative (current)	Interview
Country Team	UNICEF	Myo-Zin Nyunt	former DPRK Representative	Interview
Country Team	UNICEF	Odile Bulten	Deputy Representative for Programmes – since September 2018	Interview
Health	UNICEF	Ridwan Gustiana	Immunization programme	Interview

Program Area	Organization (full name)	Contact person	Title	Interview or Questionnaire
Health	UNICEF	Bakhodir Rahimov	Health specialist, IMNCI programme 2017-2018	Interview
Health	UNICEF	Elana Vellila Cerdan	Chief of Health, March 2017 – September 2019	Interview
Health (GAVI)	UNICEF	Paula Ghrist	Global Fund Programme Manager	Interview
Health	UNICEF	Ngozi Kennedy	Chief of Health	Interview
WASH	UNICEF	Bishnu Pokhrel	Chief of WASH	Interview
WASH	UNICEF	Anil Pokhrel	Chief (until Nov. 2017)	Interview
WASH	UNICEF	Kencho Namgyal	Chief (Nov. 2017-?)	Interview
PM&E	UNICEF	Halfdan Broch-Due	PME Specialist (current)	Interview
PM&E	UNICEF	Silas Rapold	PME Specialist June 2017-March 2020	Interview
Nutrition	UNICEF	Muhiadin Abdulahi	Chief	Interview
Nutrition	UNICEF	Wisam Hazem	Chief (former)	Interview
Nutrition	UNICEF	Ajwang Fatuma	Nutrition Specialist (former)	Interview
Country Team	UNICEF	Oyunsaihan Dendevnorov	UNICEF Representative	Interview

In addition, interviews with representative of partner UN agencies, INGOs and donors in DPRK will be undertaken.

Appendix 3: Evaluation Question Protocols

Questions for Programme Managers

Preamble and Introduction

- **Thanks for agreeing to this interview.** This is part of the Country Program Evaluation for UNICEF's DPRK Programme from 2017-2021. This evaluation will be heavily learning-focused. It will endeavor to assess the CP in two distinct phases: pre-pandemic and post-pandemic, in order to inform and improve design of the next UNICEF country program, whether in the context of an ongoing pandemic or post-pandemic.
- **Commitment to Honesty and Confidentiality:** We understand the sensitivities of conducting interviews and will aggregate all the interviews to achieve an overview of the findings without compromising your identities in any way. It is important that you express yourself openly—there are no right or wrong answers, just YOUR views. WE GUARANTEE that your responses will not be linked with your name, position, or department in any way. Everything will be summarized in our report and presented in an anonymous manner.
- **Consent:** Engaging further and answering the questions posed will be an indication of your consent to take part in this evaluation.

Introduction Questions

- When did you join the UNICEF DPRK Country Office? How long did you work/have you worked there? What were/are your main responsibilities?
- Please describe the main activities during your tenure:
 - o What has been implemented when, and where?

Relevance

To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in DPRK, especially the most marginalized, are met including in the future.

- Did UNICEF DPRK Country Office have a consultation process to factor the needs of internal and external stakeholders (women, men) and foster inclusiveness in the design process? And what has been the approach to reach out all key stakeholders?
- What analyses were conducted or used to understand needs/priorities?
- To what extent do you believe that your programme was appropriate and sufficient to ensure that the needs and the rights of children and women in DPRK, especially the most marginalized, are met including during the pandemic?

Which Country Programme objectives, approaches (including the Convergence County approach) and modalities are the best aligned, most relevant and adapted to the country context?

- What are UNICEF DPRK CO comparative advantages?
- What is the strategy of UNICEF DPRK CO for achieving its goals? Is there a clear idea of the approach?
- To what extent has it been possible to implement the convergence county approach in your programme?
- To what extent do you believe that the convergence country approach has aided in achievement of the programme objectives?

Effectiveness

To what extent have programme outputs and outcomes (short-term/ intermediate results) been delivered, and how did they contribute to progress toward the stated programme outcomes (e.g. supporting an enabling environment, improving supply and quality of services, improving demand for services in DPRK and ensuring human rights and gender equity are factored in.

- To what extent is UNICEF DPRK Country Office meeting the needs of children in your programme area? What have been UNICEF's major contributions? Please give examples.
- In what way can UNICEF improve its effectiveness in your programme area?

How effectively have the UNICEF DPRK Country Programme strategies and partnerships with government (in terms of service delivery, evidence generation, cross sector working and the geographically focused approach/ intervention) delivered the intended results and influenced national policies, strategies and guidelines?

- Has sufficient attention been given to measuring, monitoring, and reporting results? How effectively has evidence been used to inform changes and adjustments of policies and programmes?
- What needs were you not able to meet and why?

To what extent has the Country Office been able to **effectively** prepare for, and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic, meeting the needs and rights of women and children?

- What have been the main success factors and challenges implementing the CP?
- How did the onset of the pandemic affect programme management? In what ways did/is your programme support issues arising from the global COVID-19 pandemic?
- What were the main challenges and success factors for your work in the COVID-19 period?

Timeliness

- What were the main adjustments made to the timeline, activities or objectives of the programme during your tenure and why?
- How did this adjustment effect the timeliness of the intervention?

Coherence and synergies

Internal Coherence: To what extent has UNICEF's various programme implementation in DPRK been synergistic and coherent?

- How does the CO coordinate between programs? To what extent has the CO been able to work cross-sectorally and can you give examples? Who are your main government partners and how do you collaborate and coordinate with them? What were the main challenges/success factors to coordination and how could coordination be improved?

External Coherence: To what extent has UNICEF's implementation in DPRK (in terms of corporate features and those specific to the country office), been synergistic and coherent with other UN agencies and development partners. How should improved coherence with other UN agencies be pursued in future?	• Who are the other UN Agencies/donors/NGOs active in your programme area and how do you collaborate and coordinate with them? What were the main challenges/success factors to coordination and how could coordination be improved? • To what extent and how appropriately have partnerships been mobilized in a manner that contributes effectively to the implementation of the CP in a coordinated manner?
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Sustainability

To what extent has UNICEF (with strategies and interventions in service delivery, evidence generation, cross sector working and geographical focus) enhanced potential for government or local replication and scalability in future?	• To what extent have activities in your programme area enhanced potential for government or local replication and scalability in the future?
What are the major factors which influence the achievement or non-achievement of sustainability of the UNICEF programme?	• What are the major factors which have influenced the achievement or non-achievement of sustainability in your programme area?

Lessons learned and recommendations

- Looking forward to the next country programme, what would you say are the main lessons from this Country Programme (CP) that should inform development of the next UNICEF CP?
- What other relevant lessons or advice can you share – including advice in terms of approach to partners?
- Further research: Who are the key people in your programme area that we should speak with as part of the evaluation? What are the key documents to review?

Questions for donors/ partners

Preamble and Introduction

- **Thanks for agreeing to this interview.** This is part of the Country Program Evaluation for UNICEF's DPRK programme from 2017-2021. This evaluation will be heavily learning-focused. It will endeavour to assess the CP in two distinct phases: pre-pandemic and post-pandemic, in order to inform and improve design of the next UNICEF country program, whether in the context of an ongoing pandemic or post-pandemic.
- **Commitment to Honesty and Confidentiality:** We understand the sensitivities of conducting interviews and will aggregate all the interviews to achieve an overview of the findings without compromising your identities in any way. It is important that you express yourself openly—there are no right or wrong answers, just YOUR views. WE GUARANTEE that your responses will not be linked with your name, position, or department in any way. Everything will be summarized in our report and presented in an anonymous manner.

- **Consent:** Engaging further and answering the questions posed will be an indication of your consent to take part in this evaluation.

Introduction Questions

- o How long have you been working in DPRK?
- o What are the key initiatives of your organization in DPRK?
- o How long have you been engaged with UNICEF in DPRK?

Relevance

To what extent is the Country Programme appropriate to ensure that the needs and the rights of children and women in DPRK, especially the most marginalized, are met including due to the impact of the global COVID-19 pandemic.

- How have you engaged and coordinated with UNICEF before and during the pandemic? In what ways has UNICEF's work complemented and/or reinforced your activities?

Which Country Programme objectives, approaches (including the Convergence County approach) and modalities are the best aligned, most relevant and adapted to the country context?

- If you have actively partnered with UNICEF, in your opinion, what was the added value of your partnership?

Effectiveness

To what extent have programme outputs and outcomes (short-term/ intermediate results) been delivered, and how did they contribute to progress toward the stated programme outcomes (e.g. supporting an enabling environment, improving supply and quality of services, improving demand for services in DPRK and ensuring human rights and gender equity are factored in.

- What do you see as UNICEF's major contributions in your area of activity during your tenure?
- To the extent that you have actively partnered with UNICEF what were the major challenges, success factors and achievement of your partnership?
- Anything to add on how to improve the way UNICEF is achieving results?

How effectively have the UNICEF DPRK Country Programme strategies and partnerships with government (in terms of service delivery, evidence generation, cross sector working and the geographically focused approach/ intervention) delivered the intended results and influenced national policies, strategies, and guidelines?

- What has been done (if anything) to help improve coordination, i.e., for more efficient planning/ financing/implementation of response?
- How could UNICEF help improve results in your sector?

To what extent has the Country Office been able to effectively prepare for, and respond to changes in national needs and priorities, including shifts caused by emergencies and the global COVID-19 pandemic, meeting the needs and rights of women and children?	• How has the global COVID-19 pandemic affected your activities? What strategies have you employed to maintain your program during the pandemic? • How have you engaged and coordinated with UNICEF before and during the pandemic? In what ways has UNICEF's work complemented and/or reinforced your activities?
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Coherence and synergies

External Coherence: To what extent has UNICEF's implementation in DPRK (in terms of corporate features and those specific to the country office), been synergistic and coherent with other UN agencies and development partners. How should improved coherence with other UN agencies be pursued in future?	• To what extent is UNICEF's work synergistic with that of other UN agencies? • How did/does UNICEF coordinate with your agencies? • Do you see major gaps or overlaps in the UN's work in UNICEF's programme areas?
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Lessons learned and recommendations

- What advice do you have for UNICEF in terms of the way it approaches partners?
- In what ways could coordination/collaboration with UNICEF be improved?
- How could UNICEF help improve results in your sector?

Questions for Government Officials (preliminary)

Preamble and Introduction

- **Thanks for agreeing to this interview/participate in this survey.** This is part of the Country Program Evaluation for UNICEF's DPRK programme from 2017-2021. This evaluation will be heavily learning-focused. It will endeavour to assess the CP in two distinct phases: pre-pandemic and post-pandemic, in order to inform and improve design of the next UNICEF country program, whether in the context of an ongoing pandemic or post-pandemic.
- **Commitment to Honesty and Confidentiality:** We understand the sensitivities of conducting interviews/surveys and will aggregate all the interviews/survey results to achieve an overview of the findings without compromising your identities in the evaluation report. It is important that you express yourself openly—there are no right or wrong answers, just YOUR views. WE GUARANTEE that your responses will not be linked with your name, position, or department in the final report in any way.
- **Consent:** Engaging further and answering the questions posed will be an indication of your consent to take part in this evaluation.

Preliminary Question List (to be refined and targeted in collaboration with CO):

1. How long have you been in your present position?
2. What are your unit/office's two or three most important achievements during your tenure, or if you have been in your post for more than 5 years, since 2017? In what ways has your unit/office been able to ... (name goal of program, for example, expand access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care (EmONC).

3. To what extent has UNICEF supported your work in this field since 2017 and how?
4. To what extent have other international organizations supported your work in this field in the past 5 years since 2017 and how?
5. In what ways could UNICEF or other international organization better support ... (eg. access to quality maternal, neonatal and child health services, including emergency obstetric and newborn care (EmONC)).
6. In what ways has your work changed due to the global COVID pandemic and associated restrictions?
7. In what ways have you been able to adjust your approach to address these changes to your work conditions?
8. What important lessons learned can you share with us on how to best achieve results when working with UNICEF?

Survey of Nutrition/IMNCI Focal Points

A written survey of the 13 provincial level nutrition focal points who were trained as trainers in nutrition as well as the 41 county level and 9 convergence county Nutrition/IMNCI focal points will be conducted.

The purpose of this survey will not be to gather quantitative data but rather qualitative information as pertains to the usefulness of the inputs funded/provided by UNICEF (primarily TOT and written materials) in order to help UNICEF better adapt its programme to needs.

Preamble and Introduction

- **Thanks for agreeing to this interview/participate in this survey.** This is part of the Country Program Evaluation for UNICEF's DPRK programme from 2017-2021. This evaluation will be heavily learning-focused. It will endeavour to assess the CP in two distinct phases: pre-pandemic and post-pandemic, in order to inform and improve design of the next UNICEF country program, whether in the context of an ongoing pandemic or post-pandemic.
- **Commitment to Honesty and Confidentiality:** We understand the sensitivities of conducting interviews/surveys and will aggregate all the interviews/survey results to achieve an overview of the findings without compromising your identities in the evaluation report. It is important that you express yourself openly—there are no right or wrong answers, just YOUR views. WE GUARANTEE that your responses will not be linked with your name, position, or department in the final report in any way. **Consent:** Engaging further and answering the questions posed will be an indication of your consent to take part in this evaluation.

Questions, pending drafting and finalization, will include the following categories:

- the relevance and utility of the IMNCI and Nutrition training they received from UNICEF
- relevance and utility the written informational materials provided by UNICEF.
- the extent to which they apply the IMNCI and Nutrition diagnostic tools and their relative utility.
- the extent to which the focal points are able to provide cascade training and refresher training at the Ri level.

Survey of Participants in WASH in Schools Regional Learning Event

A written survey of the 13 provincial level nutrition focal points who were trained as trainers in nutrition as well as the 41 county level and 9 convergence county Nutrition/IMNCI focal points will be conducted.

The purpose of this survey will not be to gather quantitative data but rather qualitative information as pertains to the usefulness of the inputs funded/provided by UNICEF (primarily TOT and written materials) in order to help UNICEF better adapt its programme to needs.

Preamble and Introduction

- **Thanks for agreeing to this interview/participate in this survey.** This is part of the Country Program Evaluation for UNICEF's DPRK programme from 2017-2021. This evaluation will be heavily learning-focused. It will endeavour to assess the CP in two distinct phases: pre-pandemic and post-pandemic, in order to inform and improve design of the next UNICEF country program, whether in the context of an ongoing pandemic or post-pandemic.
- **Commitment to Honesty and Confidentiality:** We understand the sensitivities of conducting surveys and will aggregate all the survey results to achieve an overview of the findings without compromising your identities in the evaluation report. It is important that you express yourself openly—there are no right or wrong answers, just YOUR views. WE GUARANTEE that your responses will not be linked with your name, position, or department in the final report in any way.
- **Consent:** Engaging further and answering the questions posed will be an indication of your consent to take part in this evaluation.

Questions:

1. To what extent was the WASH in Schools learning event useful to you? Please rate on a scale of 1 to 5 where 5 is very useful and 1 is not useful at all. 1 2 3 4 5
2. Please elaborate in what ways the training was useful.
3. Have you incorporated any changes to as a result of the learning? Yes/No
4. If yes, please give examples of changes that you have made/are making as a result of materials learned.
5. Please let us know what, if anything, could have been improved in the learning event?
6. One of the main purposes of the learning event was to give you the opportunity to share challenges, good practice, information, and materials with other countries in the region. Are there other topics that you would like to see discussed in future regional WASH learning events?

Appendix 6. Research ethics approval



Research Ethics Approval

28 April 2022

Koorosh Raffi
P.O. Box 2-154
Bangkok 10200 Thailand

RE: Ethics Review findings for: *Inception Report UNICEF DPRK Country Programme Evaluation 2017-2022*

Dear Koorosh Raffi,

Protocols for the protection of human subjects in the above study were assessed by an independent Multi-Country Evaluation Specialist (MCES)¹. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You, the evaluation team lead, and your project staff remain responsible for ensuring compliance with the feedback provided to ensure full ethical compliance that is in line with UNICEF rules and regulations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to the MCES of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the approval until any proposed changes have been reviewed and approved by the MCES, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying MCES when your study is completed.

Sincerely,

James Kimani.
Multi Country Evaluation Specialist

cc: Wassana Kulpisitticharoen and Catalina Salazar Silva,

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