



**Government of the Democratic People's Republic of Korea  
United Nations Children's Fund**

## **MASTER PLAN OF OPERATIONS**

**Country Programme of Cooperation  
2004-2006**

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## **AGREEMENT**

### ***PREAMBLE***

The Government of the Democratic People's Republic of Korea, hereinafter referred to as Government, and the United Nations Children's Fund, hereinafter referred to as UNICEF, sharing the aim of furthering their mutual agreement and cooperation for the realization of the rights expressed in the Convention on the Rights of the Child for all children in the Democratic People's Republic of Korea, during the period from 1 January 2004 to 31 December 2006, declaring that these responsibilities shall be fulfilled in a spirit of friendly cooperation,

HAVE AGREED AS FOLLOWS:

### ***ARTICLE 1: Basis of relationship***

The Basic Cooperation Agreement signed between the Government and UNICEF on 28 October 1996 provides the basis for their relationship. This Master Plan of Operations for the period 2004-2006 is to be interpreted and implemented in conformity with the Basic Cooperation Agreement.

This Master Plan of Operations is understood to comprise the Articles wherein the general policies, priorities, objectives, strategies, responsibilities and commitments of the Government and of UNICEF, as well as the related resource allocations are described, and the annexes thereto: summary results matrix, integrated monitoring and evaluation plan, programme results matrices.

The programmes and projects described herein have been jointly formulated and agreed by the Government and UNICEF.

This Master Plan of Operations for the period 2004-2006 supersedes all previous plans of operations.

### ***ARTICLE 2: The situation of children and women***

The Democratic People's Republic of Korea has a population of approximately 23 million, 2 million of whom are children under five years of age. A majority (over 60 per cent) live in urban areas, reflecting the traditional industrial base of the economy.

The Democratic People's Republic of Korea became a State Party to the Convention on the Rights of the Child in 1990 and to the Convention on the Elimination of All Forms of Discrimination against Women in 2001. It has an impressive body of laws committing the State to the realization of children's and women's rights.

The economy of the country suffered significantly from the dissolution of the socialist bloc that provided a market for its industrial goods and was a source of cheap and subsidized raw materials, including fuel. Combined with widespread natural disasters in the mid-1990s and limited interaction with the world economy, this led to a sharp economic downturn seriously constraining the Government's ability to feed and care for its people. Following an appeal to the international community in 1995, the country has benefited from much-needed large-scale humanitarian relief.

According to government figures, from 1993 to 1998, GNP declined from US\$ 991 to US\$ 457; the infant mortality rate increased from 14 to 24 per 1,000 live births and the under-five mortality rate from 27 to 50 per 1,000 live births. This increase in child mortality resulted from acute food shortages, combined with heightened morbidity and reduced capacity of the health system to manage childhood illness caused by a severe shortage of essential drugs and general degradation of health infrastructure and water and sanitation systems. The main causes of child deaths are diarrhoea and acute respiratory infections, with malnutrition an important underlying cause.

According to a 1998 survey, the prevalence of acute malnutrition (wasting) among children aged under seven years was 16 per cent; the prevalence of chronic malnutrition (stunting) was 62 per cent.

The 2002 nutrition assessment shows an improvement in adjusted prevalence for the same indicators to 9 and 42% (39% survey prevalence), respectively. This improvement may be attributed in part to the substantial humanitarian assistance provided by the international community, as well as to the increase in food production due to more favourable climatic conditions and international assistance in agriculture. Child malnutrition is worse in the north-eastern provinces than in the rest of the country, as is true for most child development indicators.

Immunization rates have increased sharply since 1998, providing better protection for children from disease. A 1998 survey found coverage for three doses of combined diphtheria-pertussis-tetanus vaccine (DPT3) at 37 per cent and for measles at 34 per cent. Ministry of Public Health figures in 2002 show coverage of 67 and 86 per cent, respectively, for the same vaccines. Polio eradication activities have been very successful, with around 95 per cent of children under five years old receiving two doses of oral polio vaccine each year for the past six years. Over the past five years, a similar percentage of children aged six months to five years have received twice yearly vitamin A supplementation.

Women form almost half of the total labour force, so practically all children are enrolled in nurseries from the age of three months to four years and go on to kindergartens during their fifth and sixth years. The level of care provided to young children has deteriorated due to shortages of food, fuel for heating and other supplies.

Primary and secondary schooling in the Democratic People's Republic of Korea is free and compulsory, and all children up to the age of 17 years are enrolled. Much effort and dedication, particularly on the part of teaching staff, have gone into maintaining the standard of education. However, economic difficulties have resulted in shortages of textbooks, school materials and fuel for heating during the long sub-zero winters. In some instances, attendance has thus become intermittent. Learning methods have not evolved in step with international developments.

HIV/AIDS has not yet impacted the country. Officially there are no cases, and vigilance is quite high. Nevertheless, it is unlikely that the epidemic sweeping Asia will pass any country by, and preventive measures, especially adequate information to young people and others will be needed urgently. Child labour and other forms of exploitation are illegal, and there are no recorded instances in the country. The Government places a high priority on vigilance to ensure that child exploitation issues do not arise.

Women have equal status with men in law. Working women also have responsibility for household duties. The 2002 nutrition assessment found that 32 per cent of the mothers examined were malnourished and important factor contributing the continuing very high level of stunting in children. The maternal mortality ratio was estimated to be 105 per 100,000 live births in 1998 despite low fertility and the high average age of women at marriage (24-26 years).

For the country to exit from its humanitarian emergency, extensive development cooperation is needed alongside the humanitarian assistance that is vital to assure the survival, growth and development of children. Without reducing humanitarian assistance, more needs to be done to build the capacity for development, which will also increase the effectiveness of humanitarian aid. Such cooperation is, however, constrained by political factors limiting the involvement of most donors to the humanitarian sphere.

### ***ARTICLE 3: Key results and lessons learned from previous cooperation, 2001-2003***

#### ***Key results achieved***

The 2001-2003 country programme benefited from generous contributions, mostly through the Consolidated Appeal Process (CAP) from the Governments of Australia, Canada, Denmark, Finland, Italy, the Netherlands, New Zealand, Norway, the Republic of Korea, Sweden and the United Kingdom; the European Commission Humanitarian Office; Kiwanis International; the German, Korean and United States Committees for UNICEF; and others. It was, however, always under funded.

UNICEF, in close partnership with the World Health Organization (WHO), provided vaccines, vaccination and cold-chain equipment, and training to the national immunization programme. This

helped to achieve the increased vaccination coverage noted above, although universal routine immunization is still a challenge. Factors to be resolved include planning and management and cold-chain performance, especially given the formidable energy constraints. UNICEF and WHO, with major contributions from Rotary International and the United States Centers for Disease Control and Prevention, have supported highly successful National Immunization Days (NIDs) for polio eradication. With WHO support, improvements in acute flaccid paralysis surveillance show that polio is effectively eradicated, although certification will be done for the WHO South-east Asia region as a whole. Together with the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF has provided essential medicines for all health institutions in the country, along with training and technical assistance, with the objective of reducing mortality, particularly from diarrhoea and ARI. UNICEF and WHO, with funding from Diakonie in Germany, have also supported the local production of five vital medicines. Limited funding has constrained the regular supply of medicines in sufficient quantity. Surveys conducted in 1998 and 2002 show almost no drop in diarrhoea incidence, indicating the continued need for attention to this important cause of child mortality, especially the availability of oral rehydration salts and other essential medicines for treatment, and improved capacity for management of childhood illness. Little progress has been achieved in improving maternal care beyond providing equipment to key health institutions due largely to limited funding and prioritization of other parts of the health programme. Women's health will need greater attention in the future.

UNICEF has provided therapeutic foods for the rehabilitation of severely malnourished children, vitamin A supplements, equipment and supplies for salt iodization, and technical assistance. In cooperation with the World Food Programme (WFP), UNICEF has also assisted the local production of fortified blended foods for children and women. Malnutrition rates have fallen from 1998 to 2002 roughly in line with the programme target of about 50 per cent. Low birth weight has declined by two thirds compared to the target of one half, although the reasons are not clear. The child stunting rate is, however, still very high, as is maternal malnutrition, indicating the need to do more to improve the care of women and young children. While vitamin A supplementation of children aged six months to five years has been very successful, the 2002 nutrition assessment found that only 33 per cent of mothers had received post-partum supplementation. Again this shows neglect of women's health and nutrition even though it is extremely influential to the growth and development potential of young children. Anaemia in women has apparently not fallen, although the samples in the two surveys are too small to draw definitive conclusions. Prenatal consultations, which cover many women, do not include systematic iron and folic acid supplementation. Universal salt iodization has not been achieved due to the limited salt refining capacity but a plan for achieving universal salt iodisation by end 2005, one of the "World Fit for Children" goals, has been agreed.

The water and environmental sanitation (WES) programme targeted wide coverage of a large number of child-care institutions and communities with very limited financial and technical resources. UNICEF supplies were spread very thinly. The 2001 annual review agreed to the need for a change of strategy for water supply to cover fully a limited number of focus counties (three in 2002 and a further two in 2003) and child-care institutions, as well as functioning pumping stations. Similarly, sanitation coverage was concentrated on focus counties, which has resulted in higher quality of service provision and national and local capacity building.

UNICEF provided paper for textbook production and basic school supplies. It also cooperated with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Education for All planning and promotion of an educational management information system. Limited funding forced hard prioritization of primary schools in the most vulnerable north-eastern provinces and kindergartens nationwide. The mid-term review (MTR) agreed that there was a need to integrate learning on HIV/AIDS prevention into the school curriculum. A much greater emphasis on improving quality of education will be needed in the future.

The programme information, monitoring and evaluation programme improved analysis and knowledge on the situation of children and women, increased awareness on the Convention on the Rights of the Child and better emergency preparedness. It also covered overall programme communication. UNICEF provided overseas training, equipment and technical assistance to the Central Bureau of Statistics, most visibly in the introduction of ChildInfo, software for the recording and dissemination of data on the situation of children and the successful implementation of the 2002 nutrition assessment. Conducted in collaboration with WFP, the Centre for International Child Health (London) and the Thailand Health Foundation (Bangkok), in addition to the quantitative information collected, the

assessment also provided much qualitative information through the random household visits that it entailed.

### ***Lessons learned***

A key lesson emphasized during annual reviews and the MTR, held in October 2002, has been the importance of strategic programming focus. UNICEF cooperation has continuously adjusted to target its relatively few resources in the face of great humanitarian needs. For example, in 2002, UNICEF reduced the range of essential medicines provided to a few of the most vital to ensure continuity of delivery rather than supplying a wider range of medicines for only a small part of the year. Since human resources are the foundation for all development, the Government and UNICEF have identified integrated early childhood development (ECD) as the area of highest priority. The MTR also concluded that although UNICEF capacity to respond to emergencies has recently improved, emergency preparedness could be developed further.

A further important lesson emphasized in reviews with the Government and in the conclusion of the Common Country Assessment (CCA) and situation analysis of children and women is the need to combine humanitarian action with moves towards development. With limited resources, few external partners and a continuing humanitarian imperative, there is little scope to take interventions to scale. Thus, UNICEF has sought ways to combine humanitarian assistance and development cooperation, for instance, through developing, in conjunction with WHO, the United Nations Population Fund (UNFPA) and IFRC, new standard medicine lists and treatment protocols in addition to providing the medicines themselves. In this context, through the WES programme in particular, the Government and UNICEF have identified the county as the most appropriate level to pilot innovations that can strengthen national planning in the social sector. Counties are relatively autonomous in terms of resources and decision-making, and are of manageable size for modeling development strategies and determining their replicability at an affordable cost. This will also help in planning larger-scale social development actions once financing for these becomes available.

### ***ARTICLE 4: Relationship of the programme of cooperation to national, international and UNICEF priorities***

The Democratic People's Republic of Korea has no national medium-term development plan. However, this country programme of cooperation has been designed with the concerned government authorities and is harmonized with existing laws and policies pertaining to the rights of children and women. It also conforms and contributes to the aims of the National Program of Action for the Well-being of children, 2001-2010.

The programme is designed to help achieve the appropriate Millennium Development Goals to which the Democratic People's Republic of Korea is committed, as well as the goals of the United Nations General Assembly Special Session on Children as contained in the outcome document, "A World Fit for Children." It has been designed based on the findings of the Common Country Assessment and updated Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea. It addresses directly four of the organizational priorities of the UNICEF medium-term strategic plan in areas where UNICEF cooperation has a clear comparative advantage. Linkages are explained in the articles below on country programme goals and strategies and programme objectives and descriptions. These are further elucidated in the annexed results matrix.

Three main focuses of the country programme – reduction of malnutrition, enhanced family and community child-care capacities, and improved collection and use of disaggregated data on children – respond to major comments of the Committee on the Rights of the Child.

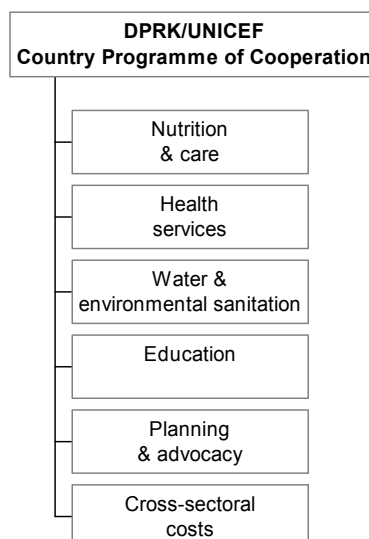
### ***ARTICLE 5: Country programme goal, key results and strategy***

The goal of the country programme is to contribute to improving children's and women's health and nutritional status and assuring that boys and girls are well educated so that by 2006: (a) infant, under-five and maternal mortality are reduced by one-quarter of their year 2000 levels; (b) stunting and maternal malnutrition are reduced by one fifth of their 2002 levels; and (c) all boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels. Achievement of these

results will be measured, *inter alia*, through the conduct of proposed multiple indicator cluster surveys (MICS) in 2004 and 2006.

The two main strategies adopted are the following. National capacity for service delivery and planning will be developed through a combination of training and technical assistance at the national level; continued support to key nationwide activities, such as immunization and supplies to provincial hospitals; and integrated multisectoral action in 10 focus (rural) counties and (urban) districts<sup>1</sup> to develop new, more efficient and effective approaches for comprehensive care of young children and women and improved quality of education. Focus counties / districts will be identified on the basis of their additional vulnerability. It is envisaged that multisectoral action will be initiated in three focus counties in 2004 with expansion, largely determined by progress, to 10 counties/districts in 2006. Focus county/district experience will feed back into national policy review. The majority of regular and other resources will be devoted to this strategy. At the same time, through the consolidated appeals process, essential humanitarian assistance will continue to be provided to maintain basic health and education services and to provide for some improvement in drinking water supply and sanitation. Critical shortfalls in emergency funding may necessitate reallocation of regular resources and regular other resources.

The country programme will be implemented through five programmes, incorporating both regular and emergency elements, and one support programme to cover cross-sectoral costs that are not attributable to the other individual programmes.



## **ARTICLE 6: Programme objectives and descriptions**

The objectives and implementation strategies of the programmes and projects included in this country programme will be as described below. Key results, indicators, means of verification, partnerships and linkages to global goals are also shown in a summary results matrix annexed and integral to this Master Plan of Operations. A full logical framework for each of the programmes is also annexed.

### **Nutrition and care**

This programme will help to facilitate the optimal growth and development of young children by enhancing the quality and quantity of care for women, as a key determinant of early childhood development, and promoting improved family, community and institutional capacity to provide care for children. In conjunction with the health services programme, it will also address micronutrient deficiencies that constrain the growth and development of children and the well-being of women. Key

<sup>1</sup> The Democratic People's Republic of Korea comprises 9 provinces and 3 municipalities, subdivided into 206 counties and districts.

results sought are that: (a) by 2006, 10 focus counties/districts in 6 provinces and 2 municipalities will operate a new strategy for improved family and institutional care of young children and pregnant/nursing mothers, with sustained reduction in malnutrition and a plan to go to national scale; and (b) by 2005, all households will use iodized salt (c) during 2004-2006, all children and women receive adequate intake of critical micronutrients through supplementation and food fortification.

The *care for children and women* project will support the promotion of a range of feeding and care practices, including micronutrient supplementation, for young children and pregnant and nursing mothers. Parental involvement in village/neighbourhood nurseries and parents' education will be key features. The primary facilitators of this process will be staff of the *ri/dong* (small administrative entities within counties/districts in rural/urban areas, respectively) clinics/hospitals and of nurseries. Strategies for this will be developed and implemented in the focus counties and districts, ensuring that the results are used in the formulation of a national policy and plan of action on ECD. The caring and learning capacity of workers in nurseries in focus areas will be strengthened to improve the psychosocial development of children being cared for in those institutions, as well as ways found to strengthen family care. At the national level, the Department for Guidance of Nurseries and the Institute of Child Nutrition, along with other sections of Ministry of Public Health, will provide technical and managerial support. UNICEF will also continue to collaborate with WFP for the local production and distribution of fortified complementary foods for young children and pregnant/nursing mothers.

The *micronutrients* project will support ongoing policy development and enhanced production of iodized salt to provide for universal coverage. Studies will look into more sustainable strategies for micronutrient food fortification and supplementation. This will be implemented by the Ministry of Public Health and the Institute of Child Nutrition, and for salt production, by the State Planning Commission.

The programme will be managed by Ministry of Public Health, with technical input from the departments mentioned above. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities. The Democratic Women's Union will facilitate educational activities for women and collaborate in advocacy. Caritas-Hong Kong and Save the Children (United Kingdom) are anticipated partners in the provision of support to nurseries and clinics.

Regular resources will be used for technical assistance and other resources mostly for support to salt iodization and for supplies. Fortified food production will be financed through CAP.

### ***Health services***

This programme will strengthen the health system's capacity to address the most common causes of mortality in children and women. Key results sought are that: (a) by 2006, the immunization coverage rate is raised to above 90 per cent, in all districts, for all antigens and the vitamin A supplementation rate is maintained at above 95 per cent; (b) during 2004-2006, all provincial paediatric hospitals correctly and adequately provide rehabilitation for severely malnourished children, with referrals from county hospitals fully functioning by 2006, and all health institutions correctly and adequately treat all cases of childhood diarrhoea and ARI; and (c) by 2006, maternity hospitals in 6 provinces and 2 municipalities provide adequate emergency obstetric care, with stabilization and referral operational in 10 focus county/district hospitals, and a plan to go to national scale is developed.

The *immunization plus* project will continue to facilitate the conduct of regular immunization of infants and pregnant women nationwide, including the elimination of neonatal tetanus. Special attention will be given to strengthening the cold chain, improved injection safety, expanded disease surveillance and to extending cooperation with the Global Alliance for Vaccines and Immunization and other potential sources of funding for sustainability of immunization. Although the NIDs for polio eradication ceased at the end of 2002, the project will continue to operate national health days for vitamin A supplementation of young children and other appropriate interventions. UNICEF will collaborate with WHO in all aspects of the project. Vitamin A capsules and technical support will be funded from other resources and vaccines and equipment from other resources and through CAP. Regular resources will be reserved for advocacy and capacity-building.

Through the *maternal and child health* project, in collaboration with WHO, UNFPA and IFRC, the quality of health services available to children and women will be enhanced through implementation of



the Integrated Management of Childhood Illness approach and through improvements to referral services for obstetric emergencies. Support will include training for health personnel, including section doctors, the production of relevant manuals and the appropriate supply of equipment. It will operate especially in the 10 focus counties/districts in order to garner experience for the overall national health policy. The project will also provide support for the rehabilitation of severely malnourished children in all 12 provincial paediatric hospitals. All of this will be underpinned by continuing support to the provision and distribution of essential medicines. As in the past, the focus will be on the continuity of supply, adjusting the range of medicines to available funding and assuring necessary improvements in in-country logistics. In order to begin to foster greater sustainability, the project will facilitate cooperation for the restoration of the country's capacity to produce the most essential drugs locally. Regular resources will be used for advocacy and capacity-building. All supplies and technical support will be funded from other resources and through CAP.

The programme will be managed by the Ministry of Public Health. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities.

### ***Water and environmental sanitation (WES)***

This programme will focus on improvements in the physical environment of children and women in order to prevent common diseases such as diarrhoea and skin infections. With vast needs and limited resources, most interventions will necessarily be constrained geographically to the focus counties/districts. Key results sought are that by 2006: 80 per cent of households and all child-care institutions in 10 focus counties/districts have access to drinking water of adequate quantity and quality; proper sanitation facilities are installed in all child-care institutions and households in the 10 focus counties/districts; and provincial WES improvement plans are developed in six provinces.

The *focus counties* WES project will rehabilitate complete piped water systems, the most common water supply system in the country, progressively covering 10 whole counties/districts. With the lessons learned from these focus counties, province-wide water supply improvement proposals will be prepared for later larger-scale funding. At the same time, key child-care institutions (such as baby homes, nurseries, schools, hospitals) will receive rehabilitation of bathrooms and latrines, and, where technically appropriate, borewells to assure an independent source of water. In conjunction with the *care for children and women* project, this project will also promote hygiene and sanitation among families in focus counties. Local city management and health authorities will be provided with supplies and equipment to monitor water quality. Regular resources will be used for advocacy and training, and other resources for technical support, capacity-building and some supplies, with other supplies funded through CAP.

The *emergency water supply rehabilitation* project will continue to provide disinfectants and spare parts to functioning water treatment stations and for emergency support for areas affected by natural disasters. This project will be funded through CAP.

The programme will be managed by the Ministry of City Management, in conjunction with the Ministry of Public Health anti-epidemic stations for water quality testing and hygiene education. The Health Education Institute and the Grand People's Study House will provide specialized support for communication activities. Cooperation will be fostered with IFRC and European non-governmental organizations that also provide assistance in the WES sector.

### ***Education***

This programme will maintain participation in and improve the quality of the country's system of free and compulsory education. Key results include: during 2004-2006, all boys and girls in the three most vulnerable provinces and in kindergartens nationwide will receive textbooks and basic school supplies; by 2006, 10 focus counties/districts will implement school physical and quality improvement plans, with a plan developed to take this to national scale; and by 2006, all schools nationwide will provide learning for children on child rights and HIV/AIDS.

The programme will continue to provide essential school supplies and paper and ink for the printing of textbooks. At the same time, in conjunction with UNESCO, it will address issues of quality of education, flagged by the Government as a priority area. The programme will help to formulate the

national plan of action for education for all and implementation strategies. In focus counties/districts, the national plan will be translated to a local school improvement plan, and support will be given to improve the physical environment of the school (such as water and sanitation), teaching methods, learner assessment and school-community interaction. This will enhance efficiency and child-friendliness, especially to maintain attendance, in both schools and kindergartens. Nationally, the programme will support the development of an educational management information system to be used as a primary tool to plan educational services for children. The programme will also assure that children receive essential information and learning on child rights and prevention of HIV/AIDS. Regular resources will fund advocacy on educational quality. Other resources will be used for technical support and capacity-building. Most supplies will be funded through CAP.

The programme will be managed by the Ministry of Education. The Ministry of City Management will provide support for water supply and sanitation in schools and kindergartens. In addition to UNESCO, WHO and the Joint United Nations Programme on HIV/AIDS will collaborate on HIV/AIDS prevention.

### ***Planning and advocacy***

This programme will strengthen information-based planning systems responsive to the situation of children and women, and will be the focal point for emergency preparedness. Key results sought by 2006 include: children's situation and National Plan of Action (NPA) targets are fully tracked in six provinces and two municipalities; and NPA targets are reviewed and updated based on progress. The programme will support further development of ChildInfo to track key indicators on the situation of children and women, and will produce an annual assessment of progress in implementing the NPA. Special support will be provided in focus counties/districts. In 2004 and 2006, this will be supplemented by MICS, and specific research topics may also be supported. The information and analysis generated will be used to improve social sector planning and monitoring and to track the progress of the country programme. This programme will support regular monitoring and evaluation of the country programme through the Integrated Monitoring and Evaluation Plan (IMEP). Regular resources will be used for technical support and capacity-building, while other resources will provide for supplies and equipment and some additional capacity-building.

The programme will be managed by the Central Bureau of Statistics, in conjunction with the National Coordinating Committee for UNICEF, the State Planning Commission and line ministries. Close collaboration will be maintained with planning and advocacy activities supported by UNDP, WHO and UNFPA.

### ***ARTICLE 7: Programme management***

The Democratic People's Republic of Korea National Coordinating Committee for UNICEF, comprising all government authorities associated with the country programme, is responsible for overall programme coordination. Responsibilities for management of each of the programmes rest with the following government authorities:

Nutrition and care:	Ministry of Public Health
Health services:	Ministry of Public Health
Water & environmental sanitation:	Ministry of City Management
Education:	Ministry of Education
Planning & advocacy:	Central Bureau of Statistics

For each project, a Government official will be designated who, working with the designated UNICEF counterpart, will have overall responsibility for planning, managing and monitoring project activities.

The Government and UNICEF shall jointly conduct annual planning and review meetings for all programmes covered by this Master Plan of Operations in the last quarter of each year. Mid-year reviews by programme will be held at the end of the second quarter or beginning of the third quarter of each year. Other UN agencies and representatives of multilateral and bilateral donors shall be invited to participate in these meetings as appropriate.

Annual project plans of action (PPAs) prepared jointly by the Government and UNICEF, in collaboration with other appropriate partners, will detail the annual results sought from programme cooperation, activities to be carried, responsible implementing institutions, timeframes and planned inputs from the Government and UNICEF. The PPAs will be formulated in the last quarter of each year, endorsed by the annual planning and review meeting and signed by the Government and UNICEF at the beginning of the implementing year. The PPAs are the basis for the Government to request disbursements, supplies and services from UNICEF.

#### ***ARTICLE 8: Coordination with other development partners***

The country programme will be implemented in close collaboration with other United Nations agencies and members of the Humanitarian and Development Working Group in the Democratic People's Republic of Korea in support of the consolidated appeals process and progress towards the Millennium Development Goals. Funding partners will be closely involved both to maximize resources and to profit from their substantive input into programme reviews and assessments, including facilitation of project visits for donors and National Committees for UNICEF.

Specific partnerships pertaining to individual programmes and projects have been noted in Article 6.

#### ***ARTICLE 9: Monitoring and evaluation***

The country programme will be monitored and evaluated according to the provisions of the integrated monitoring and evaluation plan annexed and integral to this Master Plan of Operations.

Regular joint field visits will be undertaken by Government and UNICEF staff for the purpose of monitoring the end use of programme assistance, assessing progress and collecting information for programme and project development, monitoring and evaluation.

Mid-year and annual reviews will focus on monitoring provision of inputs, availability and expenditure of programme funds, and achievement of annual results, as specified in the annual Project Plans of Action. Annual assessments of progress will also be organized in each of the focus counties and districts with the participation of the local authorities.

To help assess the impact of programme activities and update knowledge on the situation of children, multiple indicator cluster surveys are proposed in 2004 and 2006. In addition, periodic reviews will be carried out in focus counties and districts.

The national database on children will be further developed utilizing ChildInfo software. Similar local databases will be developed for focus counties and districts.

Major reviews will be made in 2004 of the focus and impact of humanitarian action and in 2005 of the progress in the focus county strategy. These will contribute to the preparation of an updated analysis of the situation of children and women in the Democratic People's Republic of Korea to be prepared in 2005, in anticipation of the updating of the United Nations Common Country Assessment and as an initial step towards the preparation of a new country programme to begin in 2007.

#### ***ARTICLE 10: Commitments of UNICEF***

The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of US\$ 3,310,000 from UNICEF Regular Resources, subject to availability of funds, to support the activities detailed in this Master Plan of Operations, for the period beginning 1 January 2004 and ending 31 December 2006.

The UNICEF Executive Board has also authorized UNICEF to seek additional funding to the programmes specified in this Master Plan of Operations, referred to therein as Other Resources, to an amount equivalent to US\$ 9,000,000. The availability of these funds will be subject to donor interest in proposed projects. To this end, UNICEF will undertake to advocate their support within the local and international donor community.

# DPRK-UNICEF Master Plan of Operations 2004-2006

The initial allocation of these Regular Resources (RR) and Other Resources (OR) by programme and by year will be as follows:

PROGRAMME	FUNDING SOURCE	AMOUNT (US\$ thousands)			
		2004	2005	2006	TOTAL
Nutrition & care	RR	500	500	500	1,500
	OR	500	500	500	1,500
	Sub-total	1,000	1,000	1,000	3,000
Health services	RR	100	100	100	300
	OR	1,300	1,300	1,300	3,900
	Sub-total	1,400	1,400	1,400	4,200
Water & environmental sanitation	RR	100	100	100	300
	OR	900	900	900	2,700
	Sub-total	1,000	1,000	1,000	3,000
Education	RR	43	43	43	129
	OR	250	250	250	750
	Sub-total	293	293	293	879
Planning & advocacy	RR	200	200	200	600
	OR	50	50	50	150
	Sub-total	250	250	250	750
Cross sectoral costs	RR	100	173	208	481
	OR	0	0	0	0
	Sub-total	100	173	208	478
<b>Country programme</b>	<b>RR</b>	<b>1,043</b>	<b>1,116</b>	<b>1,151</b>	<b>3,310</b>
	<b>OR</b>	<b>3,000</b>	<b>3,000</b>	<b>3,000</b>	<b>9,000</b>
	<b>TOTAL</b>	<b>4,043</b>	<b>4,116</b>	<b>4,151</b>	<b>12,310</b>

Note: The amounts shown in the table above are ceiling estimates, subject to the availability of funds.

The above funding commitments and proposals are exclusive of funding received in response to emergency appeals, which may be launched by the Government or by the United Nations System in response to a Government request.

UNICEF support to the development and implementation of activities within this Master Plan of Operations may include technical support, cash assistance, supplies and equipment, procurement services on behalf of the Government, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities, and staff support. Part of UNICEF support may be provided to non-governmental organizations as agreed within the framework of the individual programmes.

UNICEF shall appoint project staff and consultants for programme development, programme support, technical assistance and monitoring and evaluation activities.

Subject to annual reviews and progress in the implementation of the country programme, UNICEF funds are distributed by calendar year and in accordance with the Master Plan of Operations. These budgets will be reviewed and further detailed in the annual Project Plans of Action. By mutual consent between the Government and UNICEF, if the rate of implementation in any project is substantially below the annual estimates, funds not earmarked by donors to UNICEF for specific projects may be reallocated to other programmatically equally worthwhile projects that are expected to achieve faster rates of execution.

UNICEF will consult with ministries and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, in order to facilitate efficient and timely clearing, warehousing and distribution.

In consultation with the National Coordinating Committee, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this Master Plan of Operations and annual Project Plans of Action, for the purpose of reprogramming those commodities within the framework of the Master Plan of Operations.

## ***ARTICLE 11: Commitments of the Government***

The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support necessary for the country programme, except as provided by UNICEF and/or other United Nations agency, international organizations or bilateral agencies, or non-governmental organizations.

The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the country programme and will cooperate with UNICEF by: encouraging potential donor governments to make available to UNICEF the funds needed to implement the unfunded components of the country programme; endorsing UNICEF's effort to raise funds for the programme from the private sector both internationally and in the Democratic People's Republic of Korea; and by permitting contributions from individuals, corporations and foundations in the Democratic People's Republic of Korea to support this country programme, which shall be tax exempt.

In accordance with the Basic Cooperation Agreement, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment or services furnished by UNICEF under this Master Plan of Operations, whether procured in the Democratic People's Republic of Korea or imported from other countries.

With respect to cash assistance from UNICEF, the Government shall designate the names, titles and account details of recipients authorized to receive such assistance. Responsible officials will utilize cash assistance in accordance with Government regulations and UNICEF regulations and rules, in particular ensuring that cash is expended against prior approved budgets and ensuring that full reports on proper utilization of cash assistance are submitted to UNICEF within six months after receipt of the funds. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNICEF. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in International Civil Service Commission circulars.

The Government shall facilitate periodic visits to project sites and observation of programme activities for UNICEF officials.

When organizing periodic programme review and planning meetings, including annual reviews, the Government shall encourage and facilitate the participation of donors, United Nations agencies, members of the UNICEF Executive Board and non-governmental organizations, as appropriate.

The Government will authorize the publication through various national and international media of the results of the country programme and experiences derived therefrom.

As per the provisions of the Basic Cooperation Agreement, the Government will be responsible for dealing with any claims, which may be brought by third parties against UNICEF and its officials, advisers and agents. UNICEF and its official, advisers and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by the Government and UNICEF that such claims and liabilities arise from gross negligence or misconduct of such advisers, agents or employees.

## ***ARTICLE 12: Final provisions***

This Master Plan of Operations shall supersede any previously signed Master Plan of Operations and become effective on signature, but will be understood to cover programme activities to be implemented during the period from 1 January 2004 to 31 December 2006.

The Master Plan of Operations may be modified by mutual consent in writing of the Government and UNICEF, based on the outcome of annual reviews or compelling circumstances.

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Nothing in this Master Plan of Operations shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to with the Government of the Democratic People's Republic of Korea is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Master Plan of Operations on the 20th day of January 2004 in Pyongyang, Democratic People's Republic of Korea.

For the Government of the Democratic People's  
Republic of Korea

For the United Nations Children's Fund

Ri Hung Sik  
Secretary-General

Pierrette Vu Thi  
Representative

ANNEXES:      Summary results matrix  
                 Integrated monitoring and evaluation plan  
                 Programme results frameworks

## **PART 2**

## SUMMARY RESULTS MATRIX

<b>Country programme strategic intent:</b>	Children and women's health and nutritional status is improved; boys and girls are well educated.
<b>Key results/indicators:</b>	<p>By 2006:</p> <ul style="list-style-type: none"><li>▪ Infant, under-five and maternal mortality reduced by one quarter of 2000 levels</li><li>▪ Stunting and maternal malnutrition reduced by one-fifth of 2002 levels</li><li>▪ All boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels.</li></ul>
<b>Key mean of verification:</b>	<ul style="list-style-type: none"><li>▪ Multiple indicator cluster surveys (by province/municipality) in 2004 and 2006.</li><li>▪ Educational management information system.</li><li>▪ Annual national and provincial reviews.</li></ul>
<b>Overall strategies:</b>	<p>National capability improved for service delivery and planning.</p> <p>Provision of essential humanitarian assistance, including disaster preparedness planning (through the annual consolidated appeals process).</p>
<b>Coordinating authority:</b>	DPRK National Coordinating Committee for UNICEF.



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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Nutrition & care	<ul style="list-style-type: none"> <li>By 2006, ten focus counties/districts (in six provinces and two municipalities) operate new strategy for improved family and institutional care of young children and pregnant/nursing mothers, with reduction in malnutrition and a plan to go to national scale developed, national IECD plan adopted.</li> <li>By 2005, at least 90% of all households use iodized salt.</li> <li>During 2004-2006, all children and women receive adequate intake of critical micronutrients through supplementation and food fortification</li> </ul>	<ul style="list-style-type: none"> <li>Numbers of counties/districts adopting new care practices, resulting in reduction of child and maternal malnutrition.</li> <li>National IECD plan.</li> <li>Percentage of households using iodized salt.</li> <li>Percentage children and pregnant women receiving micronutrients</li> </ul>	<ul style="list-style-type: none"> <li>Annual national and provincial reviews; growth monitoring records; MICS in 2004 and 2006.</li> <li>National plan document.</li> <li>Annual national and provincial reviews; baseline assessments in all ten focus counties in 2003 and 2004; MICS in 2004 and 2006</li> </ul>	Ministry of Public Health, Ministry of Education, Institute of Child Nutrition, State Planning Commission, Central Bureau of Statistics, Grand People's Study House, Democratic Women's Union, WHO, WFP, CARITAS, Save the Children (UK)	<p><u>MTSP priority areas:</u> Integrated early childhood development; child protection.</p> <p><u>WFFC goal to:</u> Promote healthy lives; protect against abuse, exploitation and violence.</p> <p><u>MDGs to:</u> Eradicate extreme poverty and hunger; promote gender equality and empower women; reduce child mortality; improve maternal health.</p>

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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Health services	<ul style="list-style-type: none"> <li>By 2006, immunization coverage rate raised to above 90% in all districts for all antigens; during 2004-2006 vitamin A supplementation rate maintained at above 95% of children aged 6 months to 5 years.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of children under one vaccinated and of children aged 6 months to 5 years receiving vitamin A supplements.</li> </ul>	<ul style="list-style-type: none"> <li>MoPH national, provincial, and district coverage reports and MICS in 2004 and 2006.</li> </ul>	MoPH, ICN, WHO, UNFPA, IFRC, CARITAS, Save the Children (UK)	<p><u>MTSP priority area:</u> Integrated early childhood development; Immunization plus</p> <p><u>WFFC goal to:</u> Promote healthy lives.</p> <p><u>MDGs to:</u> Reduce child mortality; improve maternal health.</p>

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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Health services (continued)	<ul style="list-style-type: none"> <li>During 2004-2006, all provincial paediatric hospitals correctly and adequately provide rehabilitation for severely malnourished children; by 2006 referral from county hospitals fully functioning</li> <li>During 2004-2006, all health institutions nationwide correctly and adequately treat diarrhoea and acute respiratory infections.</li> <li>By 2006, maternity hospitals in six provinces and two municipalities provide adequate emergency obstetric care; stabilization and referral operational in ten focus county/district hospitals; plan to go to national scale developed.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of severely malnourished children in hospital who are rehabilitated (improve from severe to moderate status and underlying infections treated)</li> <li>Number of children correctly treated according to national protocols and adequacy of drug supply.</li> <li>Number of hospitals providing emergency obstetric care, stabilization and referral according to national minimum standards.</li> <li>National plan.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital records; annual national and provincial reviews; MICS in 2004 and 2006.</li> <li>Annual national and provincial reviews; MICS in 2004 and 2006.</li> <li>Annual and provincial reviews; reproductive health surveys (in collaboration with UNFPA).</li> <li>National plan document.</li> </ul>		

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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Water & environmental sanitation	<ul style="list-style-type: none"> <li>By 2006, 80% of households and all child care institutions in ten focus counties/districts have access to drinking water of adequate quantity and quality.</li> <li>By 2006, proper sanitation facilities installed in all childcare institutions in ten focus counties/districts.</li> <li>By 2006, provincial WES improvement plans developed in six provinces.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of households and institutions with adequate water supplies and sanitation facilities.</li> <li>Provincial plans</li> </ul>	<ul style="list-style-type: none"> <li>Annual national and provincial reviews; county assessments; MICS in 2004 and 2006</li> <li>Plan documents.</li> </ul>	Ministry of City Management, MoPH, WHO, IFRC, German Agro Action, CESVI, Concern Worldwide, Triangle.	<p><u>MTSP priority area</u>: Integrated early childhood development.</p> <p><u>WFFC goal to</u>: Promote healthy lives.</p> <p><u>MDGs to</u>: Reduce child mortality; ensure environmental sustainability.</p>

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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Education	<ul style="list-style-type: none"> <li>During 2004-2006 all girls and boys in three most vulnerable provinces and in kindergartens nationwide receive textbooks and basic school supplies.</li> <li>By 2006 ten focus counties/districts implement school physical and quality improvement plans; plan developed to go to national scale.</li> <li>By 2006, all primary and secondary schools nationwide provide learning for children on child rights and the prevention of HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of children and schools receiving school materials.</li> <li>Number of counties/districts and schools implementing improvement plans.</li> <li>Percentage of schools providing learning on child rights and on HIV/AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Annual national and provincial reviews; sample surveys.</li> <li>Educational management information system; annual national and provincial reviews.</li> <li>EMIS; annual and provincial reviews.</li> </ul>	MoE, MoCM, UNESCO, WHO, UNAIDS.	<p><u>MTSP priority areas:</u> Girls' education; HIV/AIDS.</p> <p><u>WFFC goal to:</u> Provide quality education; combat HIV/AIDS.</p> <p><u>MDGs to:</u> Achieve universal primary education; promote gender equality and empower women; combat HIV/AIDS, malaria and other diseases.</p>

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Programme	Key results expected in this programme	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	The expected key results in this programme will contribute to:
Planning & advocacy	<ul style="list-style-type: none"> <li>By 2006, children's situation and National Plan of Action targets tracked in six provinces and two municipalities</li> <li>In 2006, NPA targets reviewed and updated based on progress</li> <li>During 2004-2006, emergency preparedness of UNICEF maintained, response implemented in coordination with partners as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Number of key national institutions and provinces operating ChildInfo tracking relevant national and province specific targets</li> <li>Revised NPA</li> <li>UNICEF EPR plans updated and implemented</li> </ul>	<ul style="list-style-type: none"> <li>Annual reviews at central, province and national levels</li> <li>MICS in 2004 and 2006.</li> <li>Revised NPA document</li> <li>Annual reviews and updated EPR Plan</li> </ul>	Central Bureau of Statistics, NCC, SPC, UNDP, WHO, UNFPA, OCHA, IFRC	<p><u>MTSP priority area</u>: All priority areas.</p> <p><u>WFFC goal to</u>: All</p> <p><u>MDGs to</u>: All. Millennium Declaration Section VI, Protecting the Vulnerable.</p>

**INTEGRATED THREE-YEAR MONITORING AND EVALUATION PLAN**

Activity Types	2004	2005	2006
<b>Studies and Surveys</b>	<p>MICS October 2004</p> <p>Focus county (5) baseline assessments Focus county (2) WES assessments Growth faltering, feeding practices in focus counties School textbook needs / production study Learning factors study Vital medicines availability and use study Review of severe malnutrition referral practices in focus counties</p>	<p>Updated situation analysis of children and women Learning assessments for primary and secondary school girls / boys</p> <p>Focus county (5) baseline assessments Focus county (5) WES assessments Review of obstetric emergencies and referral barriers in focus counties</p>	<p>MICS October 2006</p> <p>Learning assessments for primary and secondary school girls / boys</p> <p>Vital medicines availability and use study</p>
<b>Evaluations</b>	<p>Assessment of focus and results of humanitarian action</p>	<p>Evaluation of early experiences in the focus county approach</p>	
<b>M&amp;E Management Systems</b>	<p>DevInfo installed to track NPA, MDG goals</p>	<p>DevInfo use reviewed</p>	<p>DevInfo use reviewed</p>

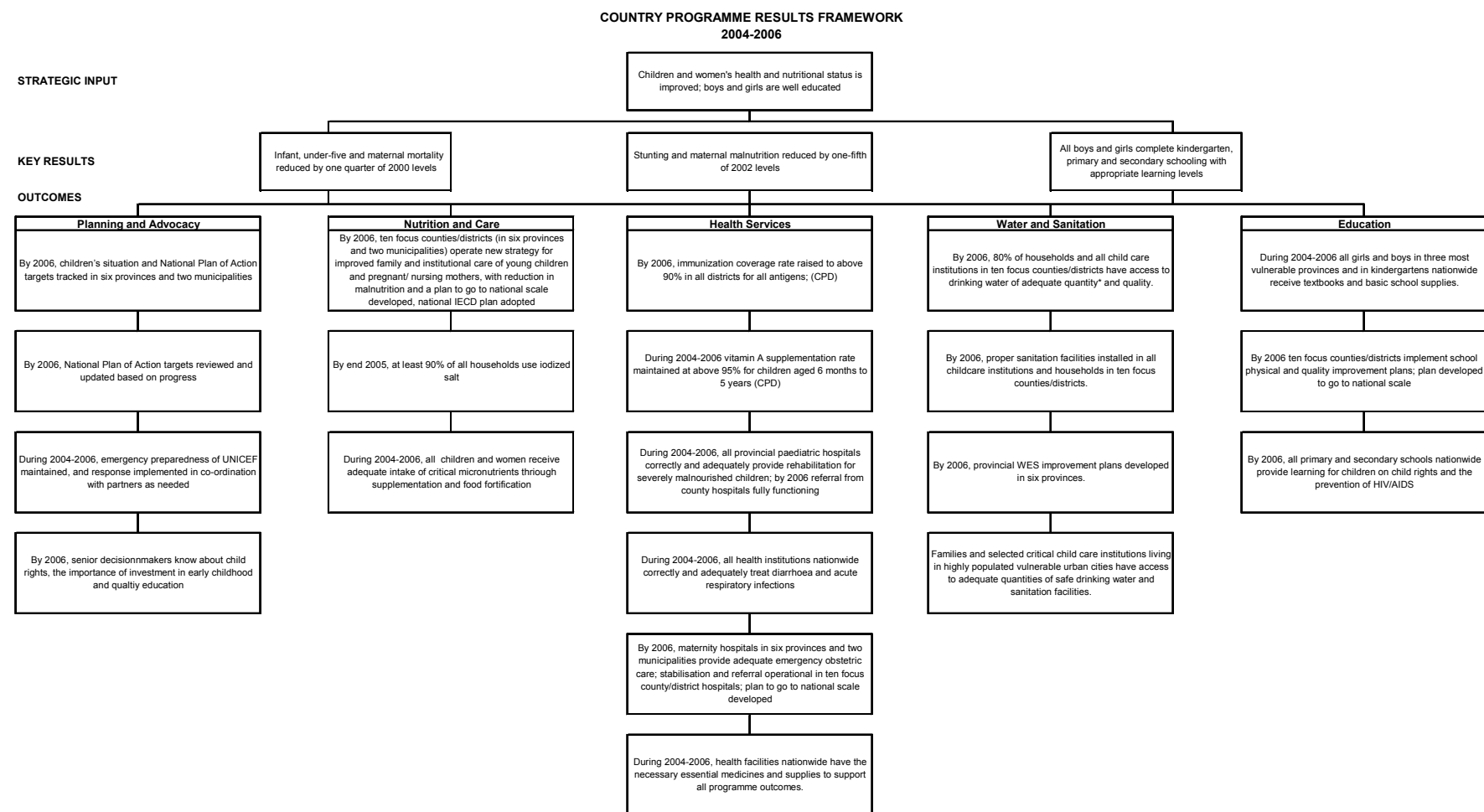
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<b>M&amp;E Capacity Building</b>	<p>MICS training for CBS</p> <p>ChildInfo / DevInfo refresher training</p> <p>EPI coverage reporting – training for national / provincial managers</p> <p>EMIS training / national report preparation</p>	<p>ChildInfo / DevInfo refresher training</p>	<p>MICS training for CBS</p> <p>ChildInfo / DevInfo refresher training</p>
<b>Landmark Events</b>	<p>UNDAF (as like) preparation (to be confirmed)</p> <p>Annual programme review (Dec)</p> <p>Annual CAP preparation (Aug)</p> <p>EPRP preparation (April)</p>	<p>Strategy process (Jun-Dec)</p> <p>Annual / mid-term type review (Nov)</p> <p>CCA update (to be confirmed)</p> <p>NPA mid-term review and update</p> <p>Annual CAP preparation (Aug)</p> <p>EPRP updated (Dec)</p>	<p>Strategy meeting (March)</p> <p>Annual programme review (Dec)</p> <p>Strategy meeting (March)</p> <p>Annual CAP preparation (Aug)</p> <p>EPRP updated (Dec)</p>
<b>&amp;E Activities of Partners</b>	<p>To be confirmed</p>	<p>To be confirmed</p>	<p>To be confirmed</p>
<b>Publications</b>	<p>Baseline assessment in 5 focus counties</p> <p>2002 Reproductive Health Survey in 3 provinces (UNFPA)</p>	<p>MICS 2004 report</p> <p>Baseline assessment in 5 focus counties</p>	<p>Situation analysis of children and women</p> <p>MICS 2006 report</p> <p>Revised NPA 2001-2010</p>



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## COUNTRY PROGRAMME RESULTS FRAMEWORK / PROGRAMME LOGICAL FRAMEWORKS



**LOGICAL FRAMEWORK: NUTRITION AND CARE PROGRAMME**

#	Level	Indicators	Baseline	Targets	MOV	Geographic Focus	Risks and assumptions
1	<b>Strategic Result(s)</b> Stunting and maternal malnutrition reduced by one-fifth of 2002 levels	% children under five years low height for age  % mothers with low BMI	42% (adjusted prevalence)  No data	< 33%  <20%	Multiple indicator cluster surveys (by province / municipality) in 2004 and 2006.	National	<b>Overall Risk Analysis</b>  No further declines in government expenditures on health from current levels Continued humanitarian aid (food / non-food) at least at current levels
<b>PROJECT: CARE FOR CHILDREN AND WOMEN</b>							
1.1	<b>Outcome</b> By 2006, ten focus counties/districts (in six provinces and two municipalities) operate new strategy for improved family and institutional care of young children and pregnant/nursing mothers, with reduction in malnutrition and a plan to go to national scale developed, national IECD plan adopted.	Numbers of counties / districts adopting new care practices, resulting in reduction of child and maternal malnutrition.  National IECD plan.	0  No plan	10  Plan adopted	Annual national and provincial reviews; growth monitoring records; MICS in 2004 and 2006.  National plan document.	10 focus counties	<b>Risks and assumptions specific to Results Chain # 1.1</b>  Adequate availability of nutritional foods for young children and pregnant women through national and international sources including local food production (WFP-UNICEF) Mothers / families bring children not attending nurseries to be weighed on the monthly child weighing day.  All households and care institutions in focus counties apply key caring practices that they have learned.

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1.1.1	<b>Output</b> All nurseries and kindergartens adequately equipped for optimum child care, growth and development and; all health clinics adequately equipped to monitor weight gain of pregnant women (and sick children linked to Health Services Programme)	% of care institutions and clinics adequately equipped	No data	>90%	MoPH records  Field visit reports	10 focus counties	
	<b>Course of Action</b> Procurement and distribution of weighing scales, height measuring boards, printing and distribution of growth charts and recording tools for all nurseries, play / stimulation materials for nurseries and kindergartens, weighing equipment for clinics.						
1.1.2	<b>Output</b> All care staff of nurseries and clinics have the necessary knowledge/skills* to be able to; weigh children / pregnant women at least every month; interpret results and counsel mothers; take action as needed; report results to the local committee  * Optimal feeding practices understand the growth chart, know what to do if growth / weight gain falters, know when and how to refer special children to the health services etc.	% of nurseries and clinics with staff with adequate knowledge of growth monitoring, recording, interpretation and reporting.  % applying this knowledge	No data  No data	>90%  >80%	MoPH records.  Field visit reports	10 focus counties	
	<b>Course of Action</b> Updating the nursery care giver training curriculum, training workshops for nursery staff with external technical assistance. Refresher training for health staff of clinics / section doctors on monitoring on weight gain during pregnancy (links with Health Services Programme)						

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1.1.3	<b>Output</b> The growth and development status of children and the nutritional status of pregnant women discussed by the local committee authorities at least quarterly and actions taken as agreed in the meeting.	Number of leader's meetings where growth / weight gain is reviewed  Number of agreed actions actually implemented	0  0	4 annually  100%	Local leaders reports  Field visits records.	10 focus counties	
	<b>Course of Action</b> Development of an orientation package for local authorities on ECD/growth monitoring of children and pregnant women, orientation meetings for local authorities by MoPH/ICN. Quarterly leaders review meetings.						
1.1.4	<b>Output</b> All families, nursery and kindergarten caregivers, health clinic staff have the necessary knowledge and skills to be able to apply the most essential set of key practices* for optimum child growth and development including care during pregnancy  *To be defined	% of households, nurseries, kindergartens and clinics with adequate knowledge of key family practices % applying this knowledge	No data.  No data	>90%  >80%	Baseline county assessments in 2003/2004, and follow up assessments in 2006	10 focus counties.	
	<b>Course of Action</b> Printing and distribution of already developed family practices books to all households. County Women's Association networks provided with information and mobilised to support information dissemination. Develop, print and distribution of updated caring protocols to nurseries and kindergartens. Updating of caregiver training curricula, training on child-care for nursery and kindergarten care-givers. Training on care during pregnancy for health clinic staff (links with Health Services Programme)						
1.1.5	<b>Output</b> One national team equipped with the necessary knowledge and skills on the new strategy for improved family and institutional care, able to support provincial and county implementation and advocacy for a national IECD plan.	National team formally set up capable of supporting implementation.	0	One team	UNICEF reports	Central	

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	<b>Course of Action</b> Training a core team of MoPH/ICN staff as “master trainers” on ECD/care approach, external technical assistance, overseas study visits/training						
1.1.6	<b>Output</b> Experiences and lessons learned in applying this new approach to improved care in the focus counties fully evaluated and documented and a plan for replication in other counties agreed.	Joint review in late 2004 and evaluation in 2005/6.  Plan agreed	No plan	Formal review and evaluation completed  Plan	Government-UNICEF review and evaluation reports  Plan available	10 focus counties	
	<b>Course of Action</b> Annual reviews with central, provincial and county authorities, formal evaluation and expansion plan development in 2005.						
1.1.7	<b>Output</b> Maternity hospitals in the ten focus counties and six provinces / two cities practice good breastfeeding practices and designated baby friendly.	Maternity hospitals designated baby friendly	0	18	Internal assessment reports.	National.	
	<b>Course of Action</b> Refresher training of central and provincial breastfeeding teams, training of maternity hospital staff on BFHI, internal assessment of the BFHI status in all maternity hospitals, external technical assistance.						
1.1.8	<b>Output</b> Families with young children know about the most critical child care practices	Families with young children know about ORT, breast feeding and feeding the sick child	No data	>80%	MICS 2004 and 2006	National	
	<b>Course of Action</b> Dissemination of information through mass media, printed materials, GPSH, HEI and the Women’s Union networks.						

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1.1.9	<b>Output</b> Progress towards outcome results monitored / evaluated.	% focus counties visited by central MoPH/ICN teams at least every quarter	0	100%	MoPH reports	National	
		# joint MoPH-UNICEF field visits made	0	6 annually	UNICEF trip reports		
		Regular joint MoPH-UNICEF review meetings held	0	4 annually	UNICEF / MoPH reports / minutes		
	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, quarterly reviews, compilation and reporting of county, progress reports and the availability of essential supplies. Baseline focus county assessments (see Planning and Advocacy Programme) studies in growth monitoring / faltering / feeding practices in focus counties (2004) evaluation of focus county approach (2005).						

PROJECT: MICRONUTRIENTS							
2.1	<b>Outcome</b> By end 2005, at least 90% of all households use iodized salt	Percentage of households using iodized salt.	30% estimated	>90%	Baseline assessments in all ten focus counties in 2003 and 2004; MICS in 2004 and 2006	National	<b>Risks and assumptions specific to Results Chain # 1.1</b>

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2.1.1	<b>Output</b> 43,000 MT of iodized salt of produced annually and distributed to all provinces nationwide	Annual iodised salt production quantity  Iodised salt available in the main provincial market	18,000 MT  No data	43,000 MT  All provinces	SPC records.  Factory sale records  Field visit reports	National.	
	<b>Course of Action</b> Upgrading of factory production capacity in line with already developed action plan. Provision of new equipment for salt washing, potassium iodate and packaging materials as well as for salt quality testing. Training of salt workers on quality testing.						
2.1.2	<b>Output</b> Families know the importance of using iodised salt	% of mothers knowing importance	No data	>90%	MICS 2004 and 2006	National	
	<b>Course of Action</b> Dissemination of key messages nationwide through TV, radio, school children, Women's Union and family practices books.						
2.1.3	<b>Output</b> Plan for sustaining the achievement of USI developed and adopted	Plan agreed	No plan	Plan	Plan available	Central	
	<b>Course of Action</b> Review of production costs, producer prices, factory income and expenditures. Preparation of cost sharing agreements.						
2.1.4	<b>Output</b> Progress towards outcome results monitored / evaluated.	Production factory visits conducted at least quarterly	0	4 annually	SPC / UNICEF field visit reports	National	
		Joint SPC-UNICEF-progress review meetings held monthly	0	12 annually	SPC / UNICEF Meeting reports		

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	<b>Course of Action</b> Field visits to factories by UNICEF, SPC staff and jointly, quarterly reviews, compilation and reporting of salt production and distribution and the use/stocks of essential supplies. Study of household iodised salt use as part of MICS 2004 and MICS 2006.					
3.1	<b>Outcome</b> During 2004-2006, all children and women receive adequate intake of critical micronutrients through supplementation and food fortification  Vitamin A – see Health Services programme 2.1)	% children in nurseries and pregnant women receiving fortified foods and micronutrient supplements	>80%	>90%	Field visits  WFP field records	National
3.1.	<b>Output</b> Locally produced foods (WFP-UNICEF) for young children in 22,000 nurseries as well as 200,000 pregnant women in vulnerable provinces fortified with vitamins and minerals.	% of locally produced blended foods that are fortified.	100%	100%	WFP LFP records	National
	<b>Course of Action</b> Procurement and distribution of mineral and vitamin premix to 18 local food production factories in collaboration with WFP					
3.1.2	<b>Output</b> All health facilities have at least one staff member with adequate knowledge as well as adequate multi-micronutrient supplements at all times to provide supplements pre-pregnancy, during pregnancy and during breastfeeding.	% health clinics with supplements in stock on the day of the visit	0	>90%	MoPH reports  Field visit reports	National
	<b>Course of action</b> Development of protocols, procurement and provision of multi-micronutrient supplements through the essential medicines distribution channels and antenatal care links with Health Services Programme), provision of family information.					



**LOGICAL FRAMEWORK: HEALTH SERVICES PROGRAMME**

#	Level	Indicators	Baselines	Targets	MOV	Geographic Focus	Risks and assumptions
<b>1</b>	<b>Strategic Result(s)</b> Infant, under-five and maternal mortality reduced by one quarter of 2000 levels  Stunting and maternal malnutrition reduced by one-fifth of 2002 levels  * current mortality estimates need to be confirmed through new survey	IMR, U5MR, MMR  % children under five years low height for age  % mothers with low BMI	22* 55 110  42% (adjusted prevalence)  No data	*  <33%  <20%	Multiple indicator cluster surveys (by province / municipality) in 2004 and 2006.  UNFPA survey 2005	National	<b>Overall Risk Analysis</b>  No further declines in government expenditures on health from current levels  Continued humanitarian aid (food / non-food) at least at current levels
<b>PROJECT: IMMUNISATION PLUS</b>							
<b>1.1</b>	<b>Outcome</b> By 2006, immunization coverage rate raised to above 90% in all districts for all antigens; (CPD)  By 2006, at least 90% of children and pregnant women are fully immunised / protected against six vaccine preventable diseases (results language)	% children under one year fully immunised BCG DPT3 OPV3 Measles % pregnant women immunised TT 2 plus	98%* 80%* 80%* 75%*  70%*  *estimated	>98% >90% >90% >90%  >90%	MoPH national, provincial and district coverage reports  MICS 2004 and 2006	National	<b>Risks and assumptions specific to Results Chain # 1.1</b>  GAVI resources are committed and disbursed as planned  Adequate local budgets for transport, generator fuel and other cold chain running costs

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1.1.1	<b>Output</b> All health facilities providing immunisation services have the necessary potent vaccines, injection / safety devices available in adequate quantities for vaccination sessions	# stock shortages at central cold stores % counties with supply shortages during the year	0  No data	0  0	MoPH/AES stock reports  County stock reports	National	
	<b>Course of Action</b> Procurement and distribution of vaccines and bundled supplies for routine immunisation services (injection equipment and safety boxes) to all provinces						
1.1.2	<b>Output</b> All health facilities, AES stores at central, provincial and county levels have an adequate and functioning cold chain and adequate transport for vaccine delivery and supervision  * all items on a standard cold chain equipment / transport list are present and working and no expired / sub-potent vaccines based on vial monitor / expiry checks	# stores with adequate equipment and functioning cold chain*	No data  No data	176	Cold chain inventory reports  Field visit reports	National 176 stores	
	<b>Course of Action</b> Procurement, distribution and installation of cold chain equipment, spare parts and accessories and transport (bicycles, motorcycles). Updated cold chain inventory and equipment repair / replacement system put into place.						
1.1.3	<b>Output</b> All immunisation programme managers, technicians as well as key staff of health facilities providing immunisation services have the necessary knowledge and skills to manage the programme, store and distribute vaccination supplies and to deliver immunisation services	% health facilities and % central, provincial and county AES stores with staff with adequate knowledge % staff applying this knowledge	No data No data  No data	>80% >90%  >80%	MoPH / EPI training reports  Field visit reports	National 5,500 facilities  176 stores	

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	<b>Course of Action</b> Revision, developed of training manuals, training workshops with external technical input on immunisation services delivery, logistics and cold chain, planning and monitoring, supervision for mid-level managers etc.. Overseas study visits and training for senior managers.						
1.1.4	<b>Output</b> All provincial and county vaccine stores and immunisation sites monitored quarterly by MoPH supervisors using formal checklists and quarterly coverage reported for all counties.	% provinces and counties receiving at least four supervisory visits during the year % counties reporting vaccination coverage	No data  No data	>80%  100%	MoPH reports  Field visit reports	163 counties  206 counties	
	<b>Course of Action</b> Training of supervisory staff for checking vaccine availability and cold chain status as well as adequacy and safety of immunisation sessions, regular field visits by MoPH staff, development of supervisory checklists and provision of record books / vaccination cards.						
1.1.5	<b>Output</b> Progress towards outcome results monitored / evaluated.	% provinces visited by central MoPH supervisors at least every quarter # joint MoPH-UNICEF field visits made Regular joint MoPH-UNICEF-WHO review meetings held	No data  0  4 annually	  4 annually  6 annually	MoPH reports  UNICEF trip reports  UNICEF / MoPH reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, quarterly reviews, compilation and reporting of county, provincial and national coverage reports, cold chain reports and the availability of essential supplies. Training for MoPH on coverage reporting, National EPI coverage surveys as part of MICS 2004 and MICS 2006.						

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PROJECT: MATERNAL AND CHILD HEALTH							Risks and assumptions specific to Results Chain # 1.1
2.1	<b>Outcome</b> During 2004-2006 vitamin A supplementation rate maintained at above 95% for children aged 6 months to 5 years (CPD)  During 2004-2006 at least 95% of children 6 months to 59 months receive vitamin A twice each year and all pregnant women receive vitamin A once immediately after delivery (results language)	% children aged 6 months to 5 years receiving two supplements during each year	98%	Above 95%	MoPH national, provincial and district coverage reports  MICS 2004 and 2006	National	
2.1.1	<b>Output</b> Two national child health days in May and November providing vitamin A and deworming to young children in all villages.	# child health days held as planned	2	2	MoPH reports	National	
	<b>Course of Action</b> Procurement and provision of vitamin A and deworming medicines - see outcome 6 below. Organisation of two health days each year. Field monitoring on each day.						
2.1.2	<b>Output</b> All health facilities have at least one staff member with adequate knowledge as well as adequate vitamin A capsules at all times to provide supplements to post-partum mothers.	% health facilities with staff aware of vitamin A protocols % facilities with adequate vitamin A on day of visit	50%  40%	100%  >95%	Field visit reports  Field visit reports  Medicine stock / use study	National 5,500  National 5,500	
	<b>Course of Action</b> Re-issue of vitamin A protocols, staff knowledge reinforced through MoPH guidelines. Provision of vitamin A – see outcome 6.						

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3.1	<b>Outcome</b> During 2004-2006, all provincial paediatric hospitals correctly and adequately provide rehabilitation for severely malnourished children; by 2006 referral from county hospitals fully functioning	% severely malnourished children in hospital who are rehabilitated (improve from severe to moderate status and underlying infections treated)	No data	>90%	Hospital records; annual national and provincial reviews;	National 50 facilities in all 12 provinces / cities and around 30 counties	<b>Risks and assumptions specific to Results Chain # 3.1</b>  WFP produced blended foods (RMB) are regularly available in adequate quantities at all treatment centres.  MoPH CMW logistics performance is improved so that all treatment centres have the necessary medicine items available.  Supervisory / support visits conducted by MoPH and patient numbers available for monitoring progress.  No insurmountable constraints to an effective referral system and increased referrals are identified in the review of referral barriers.
3.1.1	<b>Output</b> Key health staff of all provincial paediatric hospitals and selected county hospitals have the necessary knowledge and skills to properly treat severely malnourished children	% of hospitals with staff with adequate knowledge / skills  % applying this knowledge	No data	>80%	MoPH training reports  Field visit reports	National All 12 provinces / cities and around 30 counties	
<b>Course of Action</b> Treatment protocols updated and made available to all hospitals, training workshops held for all hospital staff on latest treatment methods with external technical input.							
3.1.2	<b>Output</b> All treatment facilities have the necessary medicines and therapeutic foods available for successful rehabilitation	% treatment centres with adequate stocks of medicines / foods on day of visit	50%	100%	Hospital stock reports  Field visit reports	National All 12 provinces / cities and around 30 counties	
<b>Course of Action</b> Procurement and distribution of essential medicines and therapeutic foods. See outcome 6 below.							

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3.1.3	<b>Output</b> Plan of action for increased referral to rehabilitation centres developed in pilot provinces and a plan to go to scale (to probably include communication campaigns through health staff and local authorities) developed and implemented.	Referral plans developed and adopted	No plan	Plan	Plan available	Selected focus counties	
	<b>Course of Action</b> Review of barriers to referral in three focus counties, provincial review seminar held linked to training of staff. National communication campaigns promoting identification and referral of severely malnourished children.						
3.1.4	<b>Output</b> All treatment centres with adequate technical and supervisory support by MoPH supervisors using formal checklists	% centres receiving at least four supervisory visits during the year	<10%	>80%	MoPH reports  Field visit reports	National All 12 provinces / cities (and around 30 counties)	
	<b>Course of Action</b> Training of supervisory staff for checking quality of care, field visits by MoPH staff to treatment centres.						
3.1.5	<b>Output</b> Progress towards outcome results monitored / evaluated.	% hospitals visited by MoPH supervisors at least every quarter # joint MoPH-UNICEF field visits made Regular joint MoPH-UNICEF review meetings held	No data  0  4 annually	>90%  4 annually  6 annually	MoPH reports  UNICEF trip reports  UNICEF / MoPH reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, quarterly reviews, reporting and compilation of numbers of children referred and treated and availability of essential supplies.						

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4.1	<b>Outcome</b> During 2004-2006, all health institutions nationwide correctly and adequately treat diarrhoea and acute respiratory infections	Number of children correctly treated according to national protocols Adequacy of drug supply.	50%  80%	>90%  >90%	Annual national and provincial reviews; MICS in 2004 and 2006.		Risks and assumptions specific to Results Chain # 1.1
4.1.1	<b>Output</b> Key health staff of all hospitals and clinics have the necessary knowledge and skills to properly treat children with diarrhoea and acute respiratory infections	% health facilities with staff with adequate knowledge % staff applying this knowledge	60%	100%	MoPH training reports  Field visit reports	National 5,500 facilities	
	<b>Course of Action</b> Treatment protocols for CDD/ARI updated and made available to all hospitals/clinics, training workshops held for all hospital / clinic staff on latest treatment methods with external technical input.						
4.1.2	<b>Output</b> All health facilities have the necessary medicines and supplies available at all times for successful rehabilitation	% treatment centres with stocks of 5 vital medicine on the day of visit	75%	>90%	Health facility stock reports  Field visit reports	National 5,500 facilities	
	<b>Course of Action</b> Procurement, local production and distribution of essential medicines. See outcome 6 below.						

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4.1.3	<b>Output</b> Key health staffs of all hospitals and clinics in 10 focus counties have the necessary knowledge and skills to apply the IMCI approach to child illnesses and a plan for expansion to all counties is developed and adopted.	% health facilities in focus counties with staff with adequate knowledge in IMCI % staff applying this knowledge IMCI expansion plan developed and adopted	0  0  No plan	100%  >80%  Plan adopted	MoPH training reports  Field visit reports	10 focus counties	
	<b>Course of Action</b> Revision of treatment protocols and guidelines, training of master training team, IMCI national training for provincial staff, training for county health staff and pilot implementation in 10 focus counties. Review of experience and expansion plan development. Linked to outputs in Nutrition and Care programme for community/ family practices component.						
4.1.4	<b>Output</b> All health facility staff with technical and supervisory support by MoPH supervisors using formal checklists	% provinces and counties receiving at least four supervisory visits during the year	0%	>80%	MoPH reports  Field visit reports	163 counties	
	<b>Course of Action</b> Training of supervisory staff for checking quality of care, regular visits by MoPH to health facilities						
4.1.5	<b>Output</b> Progress towards outcome results monitored / evaluated.	# joint MoPH-UNICEF field visits made  Regular joint MoPH-UNICEF review meetings held	No data  4 annually	>90%  6 annually	MoPH reports  UNICEF trip reports  UNICEF / MoPH reports / minutes	National	



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	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, quarterly reviews, reporting and compilation of numbers of children treated and availability of essential supplies.						<b>Risks and assumptions specific to Results Chain # 1.1</b>
5.1	<b>Outcome</b> By 2006, maternity hospitals in six provinces and two municipalities provide adequate emergency obstetric care; stabilisation and referral operational in ten focus county/district hospitals; plan to go to national scale developed	Number of hospitals providing emergency obstetric care, stabilization and referral according to national minimum standards  National plan	0  No plan	8 provincial maternity hospitals  10 county hospitals	Annual and provincial reviews; reproductive health surveys (collaboration with UNFPA). EOC external evaluation  National plan document.	8 provinces / cities  10 selected focus counties	
5.1.1	<b>Output</b> Obstetric health staffs (midwives, doctors, surgeons) of 8 provincial maternity hospitals and 10 county hospitals have the necessary knowledge and skills to deliver minimum quality obstetric care including normal deliveries, risk factors, referral and management of emergencies.	% health facilities with staff with adequate knowledge / skills % applying this knowledge	0  No data	100%  >80%	MoPH training reports  Field visit reports	8 provinces / cities  10 selected focus counties	
	<b>Course of Action</b> Training team organised, training workshops for hospital staff using already developed guidelines, protocols, manuals (UNFPA) and tools – this will include external technical input. Collaboration with UNFPA.						

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5.1.2	<b>Output</b> All targeted hospitals have adequate physical environment, the minimum set of equipment and essential medicines for management of obstetric emergencies*	% treatment centres with adequate physical environment % properly equipped for EOC	0	100%	Field visit reports	8 provinces / cities
	* minimum physical environment, equipment and medicine needs to be defined	% facilities with adequate medicines on day of visit	0	>90%		10 selected focus counties
	<b>Course of Action</b> Physical rehabilitation of maternity facilities including surgery/recovery. Review of standard lists of EOC equipment (Collaboration with UNFPA) and review of the vital/very vital medicines lists)					
5.1.3	<b>Output</b> All EOC centres with technical and supervisory support by MoPH supervisors using formal checklists	% centres receiving at least eight supervisory visits during the year	0	>80%	MoPH reports Field visit reports	8 provinces / cities 10 selected focus counties
	<b>Course of Action</b> Supervisory team established and trained with external technical assistance, to be able to checking quality of EOC. Field visits by MoPH supervisory team to these hospitals. Investigation of maternal deaths.					
5.1.4	<b>Output</b> Plan for expansion of EOC to all provinces / counties is developed and adopted.	EOC expansion plan developed and adopted	No plan	Plan adopted	Plan available	8 provinces / cities 10 selected focus counties
	<b>Course of Action</b> Review of experience in pilot provinces / counties and expansion plan development.					

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5.1.5	<b>Output</b> Progress towards outcome results monitored / evaluated.	# joint MoPH-UNICEF field visits made  Regular joint MoPH-UNICEF review meetings held	No data  0 annually	6  4 annually	MoPH reports  UNICEF trip reports  UNICEF / MoPH reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, quarterly reviews, reporting and compilation of numbers of obstetric emergencies treated and outcomes.						

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6.1	<b>Outcome</b> During 2004-2006, health facilities nationwide have the necessary essential medicines and supplies to support all programme outcomes.	% health facilities with at least 90% of a basic set of vital items in stock on day of visit	60%	>90%	Field visit reports  Medicine availability survey	National	<b>Risks and assumptions specific to Results Chain # 1.1</b>
6.1.1	<b>Output</b> CMW warehousing and logistics capacity to store and distribute programme medicines and supplies strengthened	% deliveries to provinces completed on time	88%	>95%	CMW / UNICEF delivery reports	National	
	<b>Course of Action</b> Procurement of essential medicines and supplies, training for CMW on-the job and with external technical assistance, logistical support including warehouse and transport items.						
6.1.2	<b>Output</b> Local production of 5 or 6 vital medicines and ORS.	Annual production sustained at 2003 production quantities	3 million ORS	3 million ORS	Factory production reports	Central	
	<b>Course of Action</b> Procurement of raw materials and spare parts for ORS production, facilitating non-resident NGO inputs of raw materials						
6.1.3	<b>Output</b> Progress towards outcome results monitored / evaluated.	# joint MoPH-UNICEF field visits made  Regular joint MoPH-UNICEF review meetings held	No data  4 annually	6 annually  6 annually	MoPH reports  UNICEF trip reports  UNICEF / MoPH reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoPH staff and jointly, one medicines availability and use study completed in 2004 and in 2006, quarterly reviews, reporting and compilation of numbers of children treated						

**LOGICAL FRAMEWORK: WATER AND ENVIRONMENTAL SANITATION PROGRAMME**

#	Level	Indicators	Baselines	Targets	MOV	Geographic Focus	Risks and assumptions
1	<b>Strategic Result(s)</b>  Infant, under-five and maternal mortality reduced by one quarter of 2000 levels*.  Stunting and maternal malnutrition reduced by one-fifth of 2002 levels.  All boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels.  * current mortality estimates need to be confirmed through new survey	IMR, U5MR, MMR  % children under five years low height for age % mothers with low BMI  Grade completion rates for boys and girls % boys and girls meeting defined learning achievements at primary 4 and secondary 6	22* 55 110  42% (adjusted prevalence)  No data  >99%  No data	*  < 33%  <20%  >99%  >80%	Multiple indicator cluster surveys (by province / municipality) in 2004 and 2006  Baseline Assessments (by selected counties, provinces) in 2004 and 2006  UNFPA surveys  MoE learning assessments	National	<b>Overall Risk Analysis</b>  No further declines in government expenditures on health, education and WES from current levels  Continued humanitarian aid (food / non-food) at least at current levels

DPRK-UNICEF Master Plan of Operations 2004-2006

PROJECT: FOCUS COUNTIES							
1.1	<b>Outcome</b> By 2006, 80% of households and all child care institutions in ten focus counties/districts have access to drinking water of adequate quantity* and quality.  * to be defined	% of households and child care institutions with adequate water supply	<10%	>80%	County assessments; MICS in 2004 and 2006	10 focus counties	<b>Risks and assumptions specific to Results Chain # 1.1</b>  Adequate funding, in case of under funding then number of focus counties will be revised down and number of water treatment stations supported will be revised down
1.1.1	<b>Output</b> Rehabilitated water supply systems for institutions and families.	Number of counties/ris/ villages; Number of institutions: with rehabilitated supplies	20 10	500 200	MoCM / UNICEF field assessment reports	10 focus counties	
<b>Course of Action</b> Completion of needs assessments and fully costed rehabilitation design plans, procurement of materials for rehabilitation and implementation, water bore-well drilling, progress monitoring by MoCM and UNICEF.							
1.1.2	<b>Output</b> Staff of Anti-Epidemic Stations (AES) have the necessary knowledge and skills and equipment to regularly perform, interpret and report findings of water quality tests.	% AES with staff with adequate knowledge and skills % applying this knowledge and reporting test results	0 AES	10 AES	County AES reports	10 focus counties	
<b>Course of Action</b> Needs assessments, procurement, distribution and installation of laboratory equipments, and reagents. Training of staff on the use of the equipments and updated laboratory inventory and equipment repair / replacement system put into place.							

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1.1.3	<b>Output</b> Provincial and county water technicians have the necessary knowledge and skills to be able to carry out water rehabilitation assessments and fully costed designs.	Number of provincial / county teams able to prepare plans of good quality	5	10	MoCM-UNICEF assessments	National	
	<b>Course of Action</b> Provincial/County needs assessment undertaken, report including designs and cost estimates prepared, procurement of materials for implementation, supervision and monitoring of implementation.						
1.1.4	<b>Output</b> Progress towards outcome results monitored / evaluated.	# of joint MoCM-UNICEF field visits made  Regular joint MoCM-UNICEF-review meetings held	2 annually  4 annually	4 annually  6 annually	MoCM reports  UNICEF field visit reports  UNICEF / MoCM reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoCM staff and jointly, quarterly reviews.						

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2.1	<b>Outcome</b> By 2006, proper sanitation facilities installed in all childcare institutions and households in ten focus counties/districts.	% of households and child care institutions with adequate sanitation facilities	<10%	>80%	County assessments; MICS in 2004 and 2006	10 focus counties	Risks and assumptions specific to Results Chain # 2.1
2.1.1	<b>Output</b> Rehabilitated sanitation facilities in all child care institutions.	Number of child care institutions with rehabilitated sanitation facilities	10	200	MoCM / UNICEF field visit reports	10 focus counties	
<b>Course of Action</b> Needs assessments, design and costing, procurement of materials for implementation, supervision and monitoring.							
2.1.2	<b>Output</b> Household latrines replaced with sanitary model latrines.	Number of households using replaced sanitary model latrines	0	500	MoCM / UNICEF field visit reports	10 focus counties	
<b>Course of Action</b> Needs assessments, designs and cost estimates prepared, procurement of materials for implementation, supervision and monitoring.							
2.1.3	<b>Output</b> Families and caregivers in institutions and communities with the necessary knowledge on key sanitation, hygiene practices*.  * to be defined	% of mothers and caregivers knowing important sanitation hygiene messages	No data	>90%	Baseline county assessments Institution visit reports (Nutrition and Care Programme)	All ten (10) counties/ districts	
<b>Course of Action</b> Printing and distribution of already developed family practices books to all households. County Women's Association networks mobilised to support information dissemination. (Links with Nutrition and Care Programme).							



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3.1	<b>Outcome</b> By 2006, provincial WES improvement plans developed in six provinces.	Number of provincial plans prepared	0	6	Field visit reports	6 provinces	Risks and assumptions specific to Results Chain # 4.1
3.1.1	<b>Output</b> Water supply rehabilitation assessments and fully costed designs for all priority counties.	Number of completed assessment reports including fully costed designs	0	100	MoCM reports	6 provinces	
	<b>Course of Action</b> Water supply needs assessments and fully costed designs and action plans prepared.						
3.1.2	<b>Output</b> Provincial and county water technicians have the necessary knowledge and skills to be able to carry out water rehabilitation assessments and fully costed designs.	Number of provincial / county teams capable to prepare plans of good quality	5	10	MoCM-UNICEF assessments	All provinces	
	<b>Course of Action</b> Provincial/County needs assessment undertaken, report including designs and cost estimates prepared, procurement of materials for implementation, supervision and monitoring of implementation.						

DPRK-UNICEF Master Plan of Operations 2004-2006

PROJECT: EMERGENCY WATER SUPPLY REHABILITATION							
4.1	<b>Outcome</b> Families and selected critical child care institutions living in highly populated vulnerable urban cities have access to adequate quantities of safe drinking water and sanitation facilities.	Number of families and selected critical child care institutions with access to adequate quantities of safe drinking water and sanitation facilities	No data	>80%	Field visits	7 provinces and cities	<b>Risks and assumptions specific to Results Chain #51.1</b>  Selected water treatment stations have at least 5-6 hours of daily electricity supply
4.1.1	<b>Output</b> 15 water treatment stations, located in highly populated vulnerable urban cities, pump and chlorinate water supplies to the city.	Number of treatment stations adequately pumping	15	15	MoCM reports  Field visit reports	7 provinces and cities	
	<b>Course of Action</b> Procurement and distribution of chemical, spare parts and replaceable materials, and monitoring visits.						
4.1.2	<b>Output</b> Adequate sanitation in selected critical child care institutions in highly populated vulnerable urban cities.	Number of selected critical child care institutions with adequate sanitation	5	15	MoCM / UNICEF field visit reports	5 provinces	
	<b>Course of Action</b> Needs assessments, design and costing, procurement of materials for implementation, supervision and monitoring						

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4.1.3	<b>Output</b> Progress towards outcome results monitored / evaluated.	# of joint MoCM-UNICEF field visits made  Regular joint MoCM-UNICEF-review meetings held	2 annually  4 annually	4 annually  6 annually	MoCM reports  UNICEF field visit reports  UNICEF / MoCM reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoCM staff and jointly quarterly reviews.						

**LOGICAL FRAMEWORK: EDUCATION PROGRAMME**

#	Level	Indicators	Baseline	Targets	MOV	Geographic Focus	Risks and assumptions
1	<b>Strategic Result(s)</b>  All boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels.	Grade completion rates for boys and girls % boys and girls meeting defined learning achievements at primary 4 and secondary 6	>99%  No data	>99%  >80%	Multiple indicator cluster surveys (by province / municipality) in 2004 and 2006  Baseline Assessments (by selected counties, provinces) in 2004 and 2006  MoE learning assessments	National	<b>Overall Risk Analysis</b>  No further declines in government expenditures on education from current levels  Continued humanitarian aid at least at current levels
<b>PROJECT: BASIC EDUCATION</b>							
1.1	<b>Outcome</b> During 2004-2006 all girls and boys in three most vulnerable provinces and in kindergartens nationwide with textbooks and basic school supplies.  * 9 textbooks, writing materials in primary ** 5 books, writing materials	% girls / boys in primary school with a full set * of textbooks, writing materials % kindergartens equipped with a basic set** of books and materials	No data  0	> 90%  >90%	School textbook sample surveys  Field visit reports  MoE reports	National	<b>Risks and assumptions specific to Results Chain # 1.1</b>

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1.1.1	<b>Output</b> Textbooks printed and distributed together with basic school materials, to primary schools in Ryanggang, North Hamgyong and South Hamgyong provinces, and kindergartens, orphanages, boarding schools and focus county schools in all provinces	4 million primary and 75,000 kindergarten books printed  % of 17,000 target schools receiving textbooks and school materials.	4 million  30,000  >90%	4 million  75,000  100%	MoE printing centre reports  MoE / UNICEF distribution reports	National with focus on 3 northeast provinces of Ryanggang, North Hamgyong and South Hamgyong	
	<b>Course of Action</b> Procurement of textbook paper and printing supplies for textbook production, printing and distribution of textbooks by MoE/UNICEF, review of textbook printing capacity / feeds forecasting and preparation of costed plan of action for improvement with external technical assistance. Procurement and distribution of basic school materials.						

2.1	<b>Outcome</b> By 2006 ten focus counties/districts implement school physical and quality improvement plans; plan developed to go to national scale.	Number of counties /districts and schools implementing improvement plans.	0  0	10  50	EMIS; annual national and provincial reviews.	10 focus counties	
2.1.1	<b>Output</b> Teachers in primary schools and kindergartens equipped with the knowledge and skills on child centred teaching methods / use of local resources in the classroom and school based EMIS for monitoring.	% schools with at least one teacher with adequate knowledge and skills % schools applying new teaching methods	0	50	MoE reports  Field visit reports	10 focus counties	
	<b>Course of Action</b> Preparation of child-centred teacher training modules, in-service training for teachers on CFS – school based self-assessment, child centred approaches in the classroom, curriculum development including life-skills/HIV/AIDS, assessment of learning achievement. Senior staff overseas study visits and training, external technical assistance.						

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2.1.2	<b>Output</b> Primary schools and kindergarten schools with minimum physical condition standards for water supply, sanitary latrines and warmth.	% schools meeting minimum standards	2	500	County MoE reports  Field visit reports	10 focus counties	
	<b>Course of Action</b> School physical assessments, preparation of costed plan for upgrading, upgrading implementation. Link with WES Programme for Water and Sanitation.						
2.1.3	<b>Output</b> Primary schools and kindergarten schools with adequate textbooks, and basic school supplies (pencils, rulers, erasers).	Percentage of 500 target schools receiving textbooks and school materials.	>90%	100%	County MoE reports  Field visit reports	10 focus counties	
	<b>Course of Action</b> See Outcome 1 Output 1.1.1 above.						
2.1.4	<b>Output</b> Experiences and lessons learned in applying this new approach to improved learning in the focus counties fully reviewed on an ongoing basis and a plan for replication in other counties.	Progress reviews by teachers, parents, and children  Joint review in late 2004 and evaluation in 2005/6.  Plan agreed	0   No plan	12 annually  Formal review and evaluation completed  Plan	School reports  MoE-UNICEF review and evaluation reports  Plan available	10 focus counties	
	<b>Course of Action</b> Monthly review meetings by teachers, parents and school children Mid-year and annual reviews with central, provincial and county authorities, formal evaluation and expansion plan development.						

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2.1	<b>Outcome</b> By 2006, all primary and secondary schools nationwide provide learning for children on child rights and the prevention of HIV/AIDS.	% schools providing learning on child rights and on HIV/AIDS.	0	100%	EMIS; annual national and provincial reviews.		Risks and assumptions specific to Results Chain # 1.1
2.1.1	<b>Output</b> Teachers in primary and secondary schools equipped with the knowledge, skills and materials to be able to provide learning opportunities on child rights, HIV/AIDS	% schools with at least one teacher with knowledge and skills % schools applying new teaching on child rights, HIV/AIDS	0	50		10 focus counties	
	<b>Course of Action</b> Preparation of learning materials, in-service training for teachers on life-skills, HIV/AIDS and child rights Senior staff overseas study visits and training,						
3	<b>Output</b> Progress towards outcome results monitored / evaluated.	% provinces visited by central MoE supervisors at least every quarter # joint MoE-UNICEF field visits made  Regular joint MoE-UNICEF review meetings held	No data  0  4 annually	100%  4 annually  4 annually	MoE reports  UNICEF trip reports  UNICEF / MoE reports / minutes	National	
	<b>Course of Action</b> Field visits by UNICEF, MoE staff and jointly, quarterly reviews, compilation and reporting of county, provincial and national reports and the availability of essential supplies. Textbook study, evaluation of schools for child “friendliness”.						

**LOGICAL FRAMEWORK: PLANNING AND ADVOCACY PROGRAMME**

#	Level	Indicators	Baselines	Targets	MOV	Geographic Focus	Risks and assumptions
1	<b>Strategic Result(s)</b>  Infant, under-five and maternal mortality reduced by one quarter of 2000 levels*  Stunting and maternal malnutrition reduced by one-fifth of 2002 levels  All boys and girls complete kindergarten, primary and secondary schooling with appropriate learning levels  * current mortality estimates need to be confirmed through new survey	IMR, U5MR, MMR  % children under five years low height for age % mothers with low BMI  Grade completion rates for boys and girls % boys and girls meeting defined learning needs at primary G4 and secondary G6	22 55 110  42% (adjusted prevalence)  No data  >99%  No data	*  < 33%  <20%  >99%  >80%	Multiple indicator cluster surveys (by province / municipality) in 2004 and 2006.  Baseline Assessments (by selected counties, provinces) in 2004 and 2006  UNFPA surveys MoE learning assessments	National	<b>Overall Risk Analysis</b>  No declines in government expenditures on health and education from current levels  Continued humanitarian aid (food / non-food) at least at current levels

**PROJECT: PLANNING AND ADVOCACY**

1.1	<b>Outcome</b> By 2006, children's situation and National Plan of Action targets tracked in six provinces and two municipalities	Number of key national institutions and provinces operating ChildInfo tracking relevant national and province specific targets	0	15	Annual reviews at central, province and national levels MICS in 2004 and 2006	National	
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DPRK-UNICEF Master Plan of Operations 2004-2006

1.1.1	<b>Output</b> CBS staff at central, provincial and county level have the necessary knowledge/skills to be able to fully utilise ChildInfo* / KoreaInfo, to interpret and report results to their local committee.  * DevInfo from 2004	Number of CBS institutions with staff with adequate knowledge and skills Number of CBS institutions preparing annual situation reports	6  0	15  15	CBS reports  Field visit reports	Central, 6 provinces and 2 cities	
	<b>Course of Action</b> Equipping of CBS at each level with essential computer hardware, software, training workshops for CBS staff in statistical methods, indicators, data checking, entry and mapping, on-the-job supervision of provinces / counties by central CBS						
1.1.2	<b>Output</b> During 2004-2006 all cross-sectoral studies and assessments fully implemented according to updated IMEP	Baseline assessments completed, MICS completed as planned	3  0	7  2	IMEP progress reports	Central	
	<b>Course of Action</b> Studies, surveys and routine reports completed, assessed for new data sources including MICS and baseline assessments. Twice yearly Government-UNICEF review and updating of the IMEP.						
2.1	<b>Outcome</b> By 2006, National Plan of Action targets reviewed and updated based on progress	Revised NPA	NPA	NPA revised	Revised NPA document	National	
2.1.1	<b>Output</b> Revised NPA	Revised NPA	NPA	NPA revised	Revised NPA document	National	
	<b>Course of Action</b> National plan of action mid-term review meeting held to review progress; lessons learned and revised strategy / results.						

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<b>3.1</b>	<b>Outcome</b> During 2004-2006, emergency preparedness of UNICEF maintained, and response implemented in co-ordination with partners as needed	UNICEF EPR plans updated and implemented		EPRP	Annual reviews and updated EPR Plan	National	
<b>3.1.1</b>	<b>Output</b> During 2004-2006, emergency preparedness of UNICEF maintained, and response implemented in co-ordination with partners as needed	UNICEF EPR plans prepared and updated annually Effective UNICEF response as rated following emergency	No plan  No data	EPRP  High rating	Plan available  UNICEF internal / external review report	Central	
	<b>Course of Action</b> Annual EPRP planning in-coordination with partners, procurement and pre-placement of emergency stocks, emergency assessment, response including inter-agency coordination in WES, education and health-nutrition.						

<b>4.1</b>	<b>Outcome</b> By 2006, senior decision makers know about key child rights issues	% decision makers with adequate knowledge and understanding on these issues	No data	>80%	Media reports, speeches including reference to key issues Policy statements, decisions Field reports	National	
<b>4.1.1</b>	<b>Output</b> Key decision makers know and understand the importance of investment in early childhood and quality education	% decision makers with adequate knowledge and understanding on these issues	No data	>80%		National	
	<b>Course of Action</b> Essential material dissemination, attendance at international / regional overseas events.						