

Universal Periodic Review
Democratic People's Republic of Korea (DPR Korea)
UNCT Compilation

I. Background and Framework

A. Scope of International obligations

DPR Korea has signed the following international conventions:

- » International Covenant on Civil and Political Rights (ICCPR) – acceded in 1981, but withdrew unilaterally in 1997.
- » International Convention on Economic, Social and Cultural Rights (ECOSOC) – acceded on 14 September 1981.
- » Convention on the Rights of the Child (CRC) – signed on 23 August 1990 and ratified on 21 September 1990.
- » Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – acceded on 27 February 2001, however with reservations to paragraph (f) of article 2, paragraph 2 of article 9 and paragraph 1 of article 29. It has not signed the Optional Protocol.
- » Convention on the Rights of Persons with Disabilities – signed on 3 July 2013 with a ratification by the Parliament expected in April 2014

B. Constitutional and legislative framework

DPR Korea adopted its Socialist Constitution on 27 December 1972 at the 1st Session of the 5th Supreme People's Assembly. It has been amended and supplemented five times since 1992 with the last amendment and supplement made at the 5th session of the 12th Supreme People's Assembly on 13 April 2012.

The constitution and legislative framework in DPR Korea are based on the Juche philosophy, which was first developed by the former President Kim Il Sung and later by Kim Jong Il, and emphasizes the requirements of independence, self-sufficiency and self-reliance.

The UNCT is aware of the revisions made to the Law on Labour Protection on 8 July 2010 and to the Laws to Protect Children and Women's rights on 22 December 2010, but is not able to verify the details of these revisions.

C. Institutional and human rights infrastructure and policy measures

The National Report submitted by the Government of DPR Korea on the Universal Periodic Review in 2009 refers to, in Annex 2, consultations with the Korean Human Rights Institute in preparation of the report. However, the UNCT has no knowledge of its existence and consequently has no cooperation with the Institute.

II. Cooperation with human rights mechanisms

A. Cooperation with treaty bodies

The UNCT has no information on this issue, please refer to OHCHR

B. Cooperation with special procedures

The UNCT has no information on this issue, please refer to OHCHR

C. Cooperation with the Office of the High Commissioner for Human Rights

The UNCT has no information on this issue, please refer to OHCHR

III. Implementation of international human rights obligations, taking into account applicable international humanitarian law

A. Equality and non-discrimination

UNCT has limited information on the issue concerning the principle of equality and non-discrimination. The country practices institutionalized care of children. As a state policy¹, children categorized as orphans, are kept and educated in residential schools (orphanages). There are 13 baby homes (for 0-3 years age group), 12 children's homes (4-6 years) and 17 boarding schools (7-18 years) housing approximately 12,000 children across the country. These homes are separated from mainstream education system. The extent of physical or psychological problems affecting the children, generally associated with the institutionalized care practices, is not known.

As a state policy, children with sensory disabilities (blind and deaf & dumb) are educated in special schools. There are three schools for visually impaired children and eight for deaf and dumb. These special schools provide education for nine years unlike the normal schools where the compulsory education is for eleven years. The curriculum design of these schools is different from normal schools with more emphasis on vocational skills but without any provision of career options.

B. Right to life, liberty and security of the person

The UNCT has no information on this issue

C. Administration of justice, including impunity, and the rule of law

The UNCT has no information on this issue

D. Right to privacy, marriage and family life

According to the Constitution (article 78), marriage and the family is protected by the State; "the State pays great attention to consolidating the family, the basic unit of social life". In DPR Korea, it is considered typical that marriages take place within their own 'classes' (Songbun) and with the involvement of the family, but this is considered as much as a cultural and traditional Korean norm rather than one based on rights. In principle, marriages cannot be dissolved but there are some known cases where this has happened.

On the right to privacy, it is widely understood and commonly believed that the Government has an elaborate and sophisticated system of surveillance in place to systematically monitor and control people's behavior and activities. However, the UNCT is unable to assess the extent to which it infringes upon individual's privacy and freedom.

E. Freedom of movement

The Constitution (article 75) gives the people the freedom to reside and travel at their own choice. However, in practice, this does not appear to be the case as people's movement is fairly limited and restricted, and that any movement beyond a certain point requires official permission. While movement restrictions in and out of the capital, Pyongyang are strictly enforced, it is not clear if such restrictions are applied on other parts of the country. As far as the UN and other international organizations are concerned, these require permission every time travel is undertaken within DPR Korea. Also, exit visa for staff working for foreign entities and Government officials traveling abroad is required in addition to the requirement of a minimum two people traveling together when attending training courses, workshops, conferences and meetings, etc.

Visits to public places, events and trips outside of Pyongyang by residing foreigners virtually all require escort by local staff (officially for protection reasons). Foreigners working and residing in DPR Korea can move largely freely within Pyongyang (with some restrictions imposed in certain areas) and within a limited radius outside Pyongyang. Any travel beyond these points, that are controlled by checkpoints requires permission and/or escort, except to and from Nampo (the port city west of Pyongyang).

F. Freedom of religion or belief, expression, association and peaceful assembly, and right to participate in public and political life

¹ The CRC articles (20, 23, 28 and 29) do not refer to promoting inclusive education and also do not mention ensuring parity of education in any of its clauses. It leaves on the state party to do what it feels is in the best interest of these categories of children

To UNCT's knowledge, DPR Korea officially has three Christian churches (two Protestants and one Catholic), in addition to one Russian Orthodox Church. DPR Korea also has a few Buddhist temples that undertake the rituals, but mostly are used to deliver political messages. For historical reasons, Buddhism appears more widely accepted, and thus has a more prominent role than other religions. Also the Iranian Embassy hosts a mosque, which is used by the expatriate Muslims.

While there is no obvious prohibition against people practicing religion, not many local people are being seen using these religious facilities. Although, according to the Constitution (article 68), people have freedom of religious belief (provided it is not being used as a pretext for drawing in foreign forces or for harming the State or social order), it is uncertain if true believers actually exist in DPR Korea. Religion is not part of the Juche philosophy and is not taught in schools. The new generation born after the Korean War, as such, is brought up with no roots in religion.

Fundamentally, the UNCT has not observed any signs, compared to the last Universal Periodic Review exercise in 2009 that indicate any improvements in the freedom of expression/speech. Public debate does not take place, and the UNCT has neither witnessed any public demonstrations nor has known the extent and nature of political involvement by individuals in DPR Korea. Those few demonstrations that occasionally take place are all Government organised, typically against outside 'aggressors'.

Access to sources of information other than the State (especially international e.g. through internet) is extremely restricted to the general public and controlled by the government. Land and mobile phone usage by the public are limited to in-country network. Even within the country, telephone communication between the local population and expatriate community is restricted which makes it challenging in situations of emergencies. No international newspapers are available in DPR Korea. All TV and Radio and other news providers are state-owned and controlled by the government. However, AP News, CCTV, Xinhua (from China) and the Russian news agency "ITAR-TASS" are allowed to report from within DPR Korea.

In general and official terms, foreigners are still kept in controlled distance from the local population, e.g. through organised tourism. However, over the last two years, a more relaxed and lenient behaviour has been observed in the informal interaction between foreigners (so far only observed for those foreigners working and residing in DPR Korea) and the local population in Pyongyang, that include occasional informal dialogue and greeting in public places, such as playgrounds, department stores and on the streets.

G. Right to work and to just and favourable conditions of work

In DPR Korea, people are more believed to have an obligation to work. Forced voluntarism is widely used, and people are used for all sorts of community work, such as road construction, tree planting, in agriculture and for festivity events, e.g. the Arirang Festival. The Constitution (article 63) states that the rights and duties of citizens are based on the collectivist principle: "One for all and all for one". It is not very clear to the UNCT how people's career path and choice are made, although the freedom of choice based on the individual skills is laid down in the Constitution (article 70).

The minimum working age in DPR Korea is 16 years, and while no small children have been observed to take part in the collective community work, adolescents do take part. Children also take part in many social/political events that in many ways have an indoctrinatory effect on them. For example in conjunction with International Children's Day that is commemorated annually, pre-school children are presenting shows and participate in competing games of strong political and military nature.

H. Right to social security and to an adequate standard of living

General standard of living

Over the last year, a growing 'middle class' in DPR Korea appears to be more visible on the streets of Pyongyang, and it is believed that this relatively more privileged group of people enjoy better living conditions than the average Korean in other parts of the country. The sources of their affluence are however, unknown. In addition, one can easily observe more vehicles on the roads, more streets vendors, and in particular the younger part of the population appears better and more fancily dressed.

Mobile phones have become much more visible on the streets signifying the estimated 2 million phones that officially are registered.

Outside of Pyongyang however, it remains difficult to observe any changes in the living standards, where the local populations continue to live in hardships. Infrastructure, public buildings and private homes are generally very dilapidated

and poorly maintained, and access to basic services is constrained (clean water, health, food, etc.). Lack of electricity and public transportation remain great challenges, especially during the winter months, where temperatures can go below -25 degrees Celsius.

The existence of pension – and insurance schemes (health and employment) is not known to the UNCT.

Maternity leave

Maternity leave is provided to each pregnant woman. However, the majority of infants and young children under 24 months are attending nursery, which affects exclusive and continuous breastfeeding of infants resulting in deprivation of natural immunities. This high rate of institutionalized young infants leads to high level of common child morbidity caused by diarrheal and respiratory diseases. On the other hand, this high level of institutionalization also makes it quite easy to reach out to the young children as far as nutritional and medical interventions are concerned.

Food Security

Agriculture is a major economic sector of DPR Korea and is identified as a major focus area in its development policies. Though, the share of agriculture sector, including forestry and fisheries in the national economy has declined gradually over the years to about 20 per cent currently, it continues to play an important role in national economy engaging nearly 36 per cent of the country's workforce.

Owing to instability in agricultural production, food and livelihood security of the people of DPR Korea remains a major challenge. Vulnerability of the farming sector is largely due to natural disasters such as droughts, floods, tidal surges, hail storms, typhoons and extremely cold winters. The agricultural sector is also struggling with inadequacy of farming infrastructure and shortage of essential agricultural inputs such as quality seeds, fertilizer, plastic sheets, insecticides/pesticides, fuel, farming and transport machinery and spare parts.

In spite of the generally positive trend in cereal production since 2000, the current 2011 and 2012 output level remains well below the plateau of 6 million tonnes achieved in the late 1980s through trade cooperation with the former Soviet Union. However, cereal production is estimated to increase for the 3rd consecutive year in 2013, and is expected to exceed 5 million tonnes for the first time since 1994. According to the Crop and Food Security Assessment Mission (CFSAM) conducted in October 2012, timely imports of food and provision of agricultural inputs averted a food crisis. The cereal deficit was more than halved over the past two years from 1,086,000 metric tons to 507,000 metric tons. FAO/WFP conducted CFSAM from 26 September to 11 October this year and the final report is expected to be released by mid-November 2013. The report will contain updated data about the state of agriculture and food security in 2014.

Despite better production of rice and maize in 2012, production of the main protein source for the people such as, soybean has reduced by 35 percent compared to 2011. In addition, the limited vegetables, livestock and fish production has further contributed to inadequacy in food diversity with resultant consequences on nutritional status of the people.

This was also corroborated by CFSAM 2012 that though there seems to be improvement in the prevalence of acute malnutrition due to better food rations and a consistent food assistance pipeline, chronic under-nutrition however remains a public health problem. In order to improve food security in the short to medium term, the CFSAM recommended national and international support for - (i) increased production of protein commodities, namely soybean cultivation and fish pond development, (ii) revitalization of the double-cropping programme by providing inputs (e.g. seeds and fertilizer for the early crops wheat, barley and potatoes), improved mechanization and sufficient incentives to cooperative farms, and (iii) general assistance for household garden production. In the medium to longer term, adoption of incentive system through relevant changes in agricultural marketing would help elevate production and improve the country's food security. Countries that have attained high economic growth while trying at the same time to reduce poverty and the prevalence of undernourishment in their population, have often done so by achieving relatively higher growth in their agriculture sector.

A Public Distribution System (PDS) is in place to distribute cereals to the people. However, the UN is not engaged in this process or its procedures and criteria for distributions, and neither does it have adequate information about its efficiency and effectiveness. Information about the composition and level of Government provided rations from the counties visited are requested by WFP. The average rations have over the last 12 months been 383gm/person/day, but the UN is not in a position to validate these figures.

Nutrition

The 2012 NNS (National Nutrition Survey) found some modest improvements in the nutrition situation of children, with the prevalence of stunting having decreased from 32.3 per cent to 27.9 per cent since 2009, while acute malnutrition (wasting) came down from 5.2 per cent to 4.0 per cent.

Nevertheless, the severe acute malnutrition (SAM) is still almost at the same level (0.5 per cent in 2009 and 0.6 per cent in 2012), illustrating that the underlying causes of malnutrition such as access to essential medicines, to quality water and sanitation or food diversity, are still challenging the health and growth of children. The 2012 NNS indicates strong disparities across provinces (e.g. 7 out of 10 provinces are above national average for stunting with 40 per cent in Ryanggang province). Almost a quarter of women aged 15-49 (23.2 per cent) are under-nourished, with a Mid-Upper Arm Circumference (MUAC) of less than 225 mm. As per 2012 NNS, anemia remains a concern with a prevalence of 28.7 per cent in children. NNS data also reveal that anemia in women remains a matter of serious concern, with almost one-third of women aged 15 to 49 years affected.

Results showed also that the figures for exclusive breastfeeding of infants to 6 months of age are good – 68.9 per cent - but more work needs to be done mainly to improve the early initiation of breastfeeding within 1-hour after birth (28 per cent) to have more impact on the neo-natal mortality which is especially of concern in DPR Korea (50 per cent of the under-five mortality is due to neo-natal deaths). The coverage of Vitamin A and mebendazole remained high. As per the recently conducted Child Health Day (May 2013) the coverage is 98.46 per cent for Vitamin A and 98.5 per cent for de-worming respectively. However, although de-worming coverage is high among children under-16, all pregnant women remain uncovered by the de-worming programme.

Challenges and recommendations

- » Countries that have attained high economic growth and managed, at the same time, to reduce poverty and the prevalence of undernourishment in their population, have often done so by achieving relatively higher growth in their agriculture sector. A sound policy environment, and functioning markets, including global integration, has been common elements among these high agricultural growth economies, as well as public investment particularly in rural infrastructure.
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DPR Korea should give high priority to these issues.

I. Right to health

Provision of health services

There is noticeable progress since the last Universal Periodic Review in 2009. DPR Korea has expressed political and financial commitment for health development through formulation and adoption of Medium Term Strategic Plan for the Development of the Health Sector in DPR Korea 2010-2015. The purpose of this Plan was “to mobilize and coordinate national and international resources towards attainment of the Millennium Development Goals (MDG), especially 4, 5 and 6”. In order to meet primary health needs of the population “the Government of DPR Korea committed to increase the domestic health financing (as proportion of Government budget²) from 6.1 per cent to 7.1 per cent, as well as to explore options of increased international financing for priority health interventions”³. Since 2009, the Global Fund, GAVI and bilateral donors – for example, Republic of Korea, Italy, Australia, Norway, Sweden, and Canada -- are supporting the health sector.

Since 2009, the Ministry of Public Health has upgraded its capacity in reporting and data processing. As a result, the first Annual Health Report towards MDGs DPR Korea 2011 was published and shared with development partners.⁴ The Ministry and its institutions, with support of UNICEF, UNFPA and WHO, conducted a series of national assessments and surveys: Multiple Indicator Cluster Survey (MICS) 2009; National Iodine Deficiency Survey 2010; Maternal Mortality Validation study 2009, Reproductive Health Survey 2010; Midwifery Assessment 2012, National Nutritional Survey 2012 and National

² The size of the Government’s budget is unknown, but current proportion 6.1% is about USD 900 MLN. Both data are taken from the same listed here below document: MTSP 2010-2015

³ Medium Term Strategic Plan for the Development of the Health Sector (MTSP) in DPR Korea, 2010-2015, Ministry of Public Health in partnership with WHO, Juche 100(2011).

⁴ Annual Health Report Towards MDGs DPR Korea, 2011, Ministry of Public Health in partnership with WHO, Juche 101 (2012)

Assessment of Capacities using the South East Asia Region Benchmarks for Emergency Preparedness and Response 2012.

According to National Law on Health Protection, all people in DPR Korea have equal rights for health care services free of charge. Health care services are provided by health facilities at Ri, dong (in urban areas), county, provincial and national levels. There are 6,263 Ri polyclinics, 1,575 Ri and county hospitals, 133 provincial and specialized hospitals, 228 anti-epidemic stations and 682 sanatoria with annual commitment of the Government of DPR Korea of around US\$ 900 million across different strategic areas of health systems.⁵ However, these funds allocated by the Government are not enough to cover even basic health needs that include essential drugs, quality antenatal care, immunization, free delivery costs, and during emergencies (there is chronic lack of essential medicines, basic laboratory tests, and life-saving equipment). National, provincial and county level hospitals have just been connected by tele-medicine facilities for remote diagnostics and consultation.

Health facilities are functional 7 days per week, but the quality of care and services do not meet international standards. Only 25 per cent of primary and secondary care facilities have recently upgraded their basic life-saving services with international support. Majority of health facilities are located in shabby premises with obsolete medical equipment and outdated treatment protocols. Since 2009, only 35 per cent of household doctors and hospital staff have been trained in evidence based practices and provided with international guidelines translated in Korean. However, the training and guidelines provided were sufficient to update the knowledge and skills of only 30 per cent of health care providers on the spot. This initiative should be continued with support from all available funds, from the state and from all collaborative partners. Although the country has a very high ratio of health care providers to population (3.3 doctors per 1,000) there is big disproportion of nurses to doctors: 1.1 nurses per one doctor.⁶ While the Ministry of Public Health is committed to increasing the number of nurses and midwives towards 2015, actual progress is heavily dependent on additional budget allocation from the government and funding support from development partners.

In emergencies, such as recurring floods, most health facilities become vulnerable in terms of infrastructure and availability of basic services. There are, on average, 65 health facilities destroyed annually during torrential rain falls and floods, not least as a result of shabby conditions. However, health care providers remain functional in such conditions, providing first aid and basic health care in temporary shelters. Military-public cooperation functions well during the first hours and days of floods for rescue and mitigation activities. Local communities are also well organized in evacuation and in the provision of first aid to affected community members. However, further public health measures to prevent and control disease outbreaks among affected population, particularly displaced people, and to prevent pregnancy-related complications and deaths remain limited and require international support in rapid response measures.

Child Mortality

In spite of a number of challenges, DPR Korea is on track to achieve Millennium Development Goal (MDG) 4 (child mortality) with IMR (Infant Mortality Rate) of 26/1,000 live births, under-five mortality rate of 33/1,000 live births and Neonatal mortality of 18/1,000 live births⁷. Although Neonatal death is a major cause of under-five mortality in DPR Korea, which accounts for 50 per cent of under-five mortality⁸ against the global average of 40 per cent, little is known about the causes of death in the perinatal and neonatal periods. The Expanded Programme of Immunization (EPI) administrative report of 2012 showed high coverage (more than 95 per cent) with all antigens with geographical variation of 89 per cent in Pungso County in Ryanggang province as compared to 96 per cent in Nyongwon county of South Pyongan province.

Maternal Health

With the current rate of maternal mortality - 81/100,000 births (Trends in Maternal Mortality: 1990 to 2010; WHO, UNICEF, UNFPA and World bank estimates)⁹, the country will not be able to achieve its MDG target of 50/100,000 live births. This is despite the fact that almost all deliveries (100 per cent) are reportedly attended by skilled personnel. The maternal mortality rate is much higher in rural (105) than in urban areas (70.7) and more than half of maternal deaths occur at home¹⁰. The maternal deaths at ri clinics and county hospitals occurred due to lack of resources, including essential drugs and equipment. According to the assessment of the quality of reproductive health services, 68 per cent of deliveries take place

⁵ MTSP, 2011, page 15. The figure has no clear breakdown to capital investments and allocation for services, including salaries.

⁶ Internationally recommended standard is three nurses per physician.

⁷ UN Inter-Agency Group for Child Mortality Estimation, Report 2012: Levels and Trends in Child Mortality

⁸ Progress Report 'A Promise Renewed' published in September 2012

⁹ Ibid

¹⁰ Source: 2009 Maternal Mortality Validation Study by Central Bureau of Statistics and UNFPA

at ri and county levels¹¹. While the proportion of women that receive antenatal care has increased to 99.6 per cent in 2010 and over 97 per cent of all deliveries were attended by health worker, lack of essential emergency obstetric and neonatal services coupled with poor quality of reproductive and maternal health services remain a challenge. Moreover, 26 percent of women of reproductive age are under-nourished (based on Mid-Upper Arm Circumference - MUAC)¹². The rate of hemoglobin test during the visit of pregnant women to the hospital for antenatal care is 78.4 per cent at county hospital and 44.2 at ri hospitals and only 76.2 per cent of pregnant women used iron/folic acid tablets.

As reported in the 2010 Reproductive Health Survey, the total contraceptive prevalence rate for modern methods among married women is 70.6, with 64.3 per cent preferring modern methods over traditional. IUD (Intrauterine Device) is still the most popular contraceptive (61.5) method followed by rhythm (4.5) and female sterilization (3.2) methods. The survey indicated that “very few women have heard of such modern methods as implants, female condom and emergency contraception”, which was attributed to the fact that “the government’s family planning programme does not support these methods”. According to the survey, the unmet need for family planning is 14.5 per cent, compared to 9.6 per cent reported in 2006.

Abortions

Abortions are legal in the country. They are provided by all hospitals at county, provincial and national levels. However, quality of care remains very poor. There are insufficient essential drugs available for medication, pre-abortion and post-abortion treatment. Mortality within the first 12 weeks of pregnancy is high, but there is no clear reference to unsafe abortions. There were no studies conducted in this area.

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STIs) is a very sensitive issue to be addressed. Although with the support of international partners, WHO and UNFPA, the title is changed to “reproductive tract infections”. Still there is huge demand in community education, overcoming of stigma, availability of diagnostic devices, essential drugs and confidentiality of counseling and care. There are no officially reported cases of HIV. However, the Government pays attention on counseling and testing of only citizens, travelling abroad and blood donors. Foreign citizens living in Pyongyang without diplomatic immunity are also requested to pass HIV testing prior to entry and exit of the country.

However, during the latest Global Fund visit to DPR Korea in September 2013, the Government expressed interest in applying for support and funds in the area of HIV/AIDS, which signifies an improvement in this area.

Malaria and Tuberculosis

The Ministry of Health routine data show evidence of consistent improvement in the prevention and control of TB and malaria. The overall malaria incidence at the end of 2012 was reduced to 1.55 per 1000 population at risk from the baseline of 1.57. Women contributed to about 44 per cent of the total malaria cases. In TB, the national programme has achieved 81 per cent case detection rate for New Smear Positive cases of TB and above 90 per cent treatment success rate for all smear positive patients. The TB & Malaria programme, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, is implemented by UNICEF in collaboration with WHO as Sub Recipient (SR), succeeded in enrolling 170 patients with Multi Drug Resistant TB (MD-RTB) for treatment by September 2013 although more efforts are needed for expansion of MDR-TB services across the country.

Challenges and recommendations

- » In spite of international support by WHO, UNICEF, UNFPA and EU, a huge gap in essential drugs and equipment remains persistent. Health care providers need further training in life-saving interventions, ambulance care, basic laboratory practices, improving surveillance control and disaster preparedness and response. Data processing should be regular and comprehensive.
- » DPR Korea has to upgrade its own capacities in local production of the above mentioned essential drugs and equipment -- in order to reduce chronic dependence on international support. Medical curricula for basic and continued education should be revised in order to meet international standards. For all these needs further allocation of budget into health sector should be planned by the government. Further expansion of partnership programmes with bilateral

¹¹ Source: 2010 Assessment of the quality of reproductive health care in the DPR Korea by Ministry of Public Health and UNFPA

¹² Source: 2009 Multiple Indicators Cluster Survey by Ministry of Public Health and UNICEF

and multilateral agencies for health sector development should be considered through improved advocacy, communication and information sharing.

J. Right to education

In 2012, DPR Korea revised its free and compulsory education law by making it for 12 years from existing 11 years. It will include 1 year of pre-primary, 5 years of primary, 3 years of Junior Middle and 3 years of Senior Middle schools. There have been some adjustments in the curriculum too. While curriculum of all subjects have to be adjusted to accommodate one additional year of schooling, it has been reported that the subjects like science, mathematics and foreign language, especially English, are being further enriched in the process..

The quality of education does not yet confirm to article 29 of the CRC (Child Right Convention) and is overloaded with ideological teachings and indoctrination. Find below the exact wording of the article 29 (1) of the CRC:

States Parties agree that the education of the child shall be directed to:

- a) *The development of the child's personality, talents and mental and physical abilities to their fullest potential;*
- b) *The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;*
- c) *The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;*
- d) *The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;*
- e) *The development of respect for the natural environment.*

The education system does not follow inclusive education as certain categories of children are still being taught separately in boarding and special schools. The special schools meant for children with sensory disabilities do not follow the same curriculum, and there is a difference in the duration of schooling between them and the mainstream schools.

The school infrastructure is deteriorating, including serious lack of teaching and learning materials in most of the secondary schools except the more privileged ones located in big cities like Pyongyang and provincial headquarters.

While there is an impressive gender parity in schools education, participation of women in higher education is 17% (EFA report 2008) of the total enrolment in general and technical universities. It has been observed that fewer girls from rural areas go for higher education after finishing their compulsory school education.

Challenges and recommendations

- » The Government should provide 12 years of free and compulsory education of uniform quality across the country. The fact that there already exists a wide gap in the quality of school infrastructure between urban and rural schools, having the same quality of learning across the country needs to improve. The teacher training centers across the country need to be strengthened to support teachers in rural areas on content and teaching methodology besides bringing about improvement in their existing infrastructure.
- » The Government should provide equal opportunity for women to access higher education on par with men.
- » The deteriorating school infrastructure will remain a major concern for the country. The country needs to allocate far more resources to maintain its existing school infrastructure and to meet the urgent requirements arising from the addition of one more year of compulsory education.
- » The state needs to review its policy of institutionalized care for certain categories of children and bring them in line with international practices and norms of inclusive education.

K. Cultural rights

The Juche philosophy fosters a great deal of indoctrination from the early childhood through life, with the emphasis of a strong leader promoted as a personality cult, which is also reflected in cultural activities, such as shows presented in circus, festivals and theatres. However, over the last year, in the capital of Pyongyang, it has become more common in public bars to show foreign sports, nature and children's programmes on TV.

In the past two years, there has been a significant increase in construction of new buildings and entertainment and sports facilities as well as an increase in playgrounds for children in Pyongyang and to a limited degree in other cities such as Wonsan where the government is building a major tourist resort including a ski resort and a modern children camp. This is part of the government's deliberate efforts to change its image internationally and promote sport and entertainment for the youth in the country. This, however, does not appear to be the case outside of Pyongyang, where very little new construction has taken place and where entertainment for both adults and children seems fairly limited. Instead, it is often observed that larger groups of people residing outside of Pyongyang are transported in a controlled manner to major festivities and events taking place in Pyongyang and transported back again to their communities.

L. Persons with disabilities

The signing of the 'Convention on the Rights of Persons with Disabilities' on 3 July 2013 signifies an improvement towards securing the rights of people with disabilities in DPR Korea. The accession is considered an important step in a long process to improve the rights of people with disabilities that started back in 2003 when DPR Korea adopted the 'Law on the Protection of the Person with Disabilities'. In 2001, the "Korean Federation for the Protection of Disabled" started its cooperation with Handicap International. In August 2012, DPR Korea participated in the Para-Olympics games in London and three athletes with disabilities are planned to participate in the upcoming Asian Youth Para-Games in Malaysia in October 2013. Over the last year, persons with disabilities have become more visible in public in DPR Korea (including on national television).

The increased recognition of the rights of people with disabilities provides an opportunity to streamline humanitarian response by better targeting of the most vulnerable people in need of assistance. Persons with disabilities were also recognized in the Census 2008 and their issues are mainstreamed in the Strategic Framework for Cooperation (2011-2015) which was signed between the UN and the DPR Korea Government.

However, while the gradual improvements are considered to be encouraging steps and provide further opportunities, much remains to be done before full rights of people with disabilities can be realized. A first step in that direction would be to develop a national strategy aimed at creating new policies and structure (structures, staff, financing planning, etc.) to put the law into effect. While DPR Korea has three recognized special primary schools for blind children and eight primary schools for deaf children, there are no pre-schools and no facilities for upper education. Also, there are so far no official physiotherapists trained in DPR Korea that can manage and deal with rehabilitation of people with disabilities.

M. Minorities and indigenous people

This section is not applicable; DPR Korea is a very ethnically homogenous country.

N. Migrants, refugees and asylum-seekers

The UNCT does not have sufficient information to report on this issue and refers therefore to UNHCR. However, according to the Constitution (article 80), DPR Korea commits itself to providing asylum only to foreign nationals who are persecuted for struggling for peace and democracy, national independence and socialism or for the freedom of scientific and cultural pursuits.

O. Internally displaced persons

To the UNCT's knowledge, there are no displaced persons in DPR Korea. However, in the event of natural disasters, such as flood, which occurs almost annually in DPR Korea, people, whose dwellings are seriously affected, are temporarily displaced and often accommodated in nearby public buildings or with host families, until a return to their homes is made possible.

P. Right to development and environmental issues

The government of DPR Korea has officially committed itself to meeting the Millennium Development Goals (MDGs) without recognizing the link between the MDGs, good governance and human rights as implied in the Millennium Declaration. In adopting its own goals and targets under the MDGs, the government has clearly distanced itself from any references to the words “poverty or hunger” which makes it difficult for the UN to assess the scope and scale of poverty and hunger in the country¹³. It is also not clear how far these targets have been enshrined in the country’s national plans or guide overall national development strategy. The government’s engagement with the UN even under their MDGs initiatives has been leaning more towards meeting humanitarian needs of the country than focusing on development imperatives. A key challenge in assessing the country’s progress against the MDGs, is lack of verifiable data even if the country may well be on the path to meeting some of its MDGs targets by the 2015 deadline.

Development is restricted to communitarian approaches and policies, deemphasizing ‘capabilities’ and discouraging ‘individual agency’. Based on visits to some rural areas, it has been observed that some regions have access to electricity mainly during the agricultural season when it is needed for water pumping for irrigation. In these regions, however, electricity during cold seasons is not available at all. Lack of fuel for heating of houses has led to cutting trees around villages, which is spreading deforestation and increasing threats of natural disasters in mountainous areas.

It is observed in rural areas that ramps and slopes of surrounding hills and mountains are extensively used for agriculture that leads to land degradation, biodiversity loss and natural disasters. Fourteen severe droughts observed between 1998 and 2013 have worsened land degradation. The drought in 2001 was assessed as being one of the worst in 1,000 years history of the country with only 4 per cent of mean annual precipitation.

The local experts on water resource management have highlighted a limitation of access to clean drinking water supply, limitation of water supply for agricultural (especially paddy) and for industrial use as well as shortage of water utilization for hydro-power.

In recognition of the need to better prepare for disaster risks, the Government has increasingly showed an interest in working closer with the international community on disaster preparedness, early warning and risk reduction. To better support the work on disaster prevention, the Government has formed a non-standing committee on disaster prevention under the aegis of the State Council and a National Bureau for Disaster Management within the Prime Minister’s Office, to manage and coordinate national efforts in the event of a disaster.

Q. Human rights and counter-terrorism

The UNCT has nothing to report under this point.

R. Situation in or in relation to specific regions or territories

The UNCT has nothing to report under this point.

Additional remarks

- » During this UPR process, there has been no engagement or consultation with the Government. A meeting was held between the Resident Coordinator and the National Coordinating Committee (the Government counterpart within the Ministry of Foreign Affairs to the UN), wherein the issue was brought up, but no interest was expressed to collaborate with the UNCT in this process. However, a number of informal consultations have been conducted with international partners in DPR Korea among the NGOs and the diplomatic community.
- » In general, the UN system in DPR Korea (and other international partners) operates under conditions that are constrained by a significant lack of transparency on the Government side. The Government only allows the UNCT access to limited information that is strictly related to the UN supported operations. Information on national plans, policies and budget which could help the UN and other development partners to understand the country’s development context and government’s development priorities including budget information is lacking.
- » While some positive steps have been taken by the government to improve access and quantity of data available to the wider international community including the UN through ad hoc and periodic surveys and assessments such as the annual Crop and Food Security Assessment Mission (CFSAM) and the National Nutrition Survey of 2012, the Government still exercises significant control over the data collection process at the national level. Since, there is no

¹³ Ref: DPR Korea MDG Report 2011

independent verification of data, the veracity and quality of data coming from these exercises and government statistical departments can be questioned. In addition, the non-existing and independent contact with the local population remains a huge challenge for the UN agencies to conduct a rights-based approach to its humanitarian and development programmes. The limited access to data and the people in need also complicate the UN's ability to undertake effective monitoring & evaluation of its programmes.

- » Although the UN and unilateral sanctions imposed on DPR Korea clearly exclude humanitarian assistance, they have had unintended and indirect negative impact on the most vulnerable population especially in need of UN assistance. The capacity of the UN to deliver vital assistance in a timely and effective manner is reduced due to a number of operational constraints that include: delays in procurement and transportation of essential supplies, greater documentation needs, inability to import specific technical equipment or materials from suppliers based in some countries, a narrower range of choices to source goods and equipment internationally and delays in port clearance. It has also affected the UN's ability to raise funds for its vital and lifesaving activities in the country. The financial sanctions imposed by the US Government on DPR Korea's Foreign Trade Bank in March 2013 resulted in severe cash shortage which forced the UN agencies to re-prioritise and suspend certain programme activities, and put some financial commitments on hold. Some of UN's activities are life-saving (such as provision of essential medicines & vaccines, food and nutrition), and any discontinuation of these programmes immediately affect the lives of those people most in need of international assistance.