

2018 DPR KOREA NEEDS AND PRIORITIES

MARCH 2018



TOTAL POPULATION

25M

PEOPLE IN NEED

10.3M

PEOPLE TARGETED

6M

REQUIREMENTS (US\$)

111M

HUMANITARIAN PARTNERS

12

Democratic People's Republic of Korea

Beneficiaries by Province and SADD

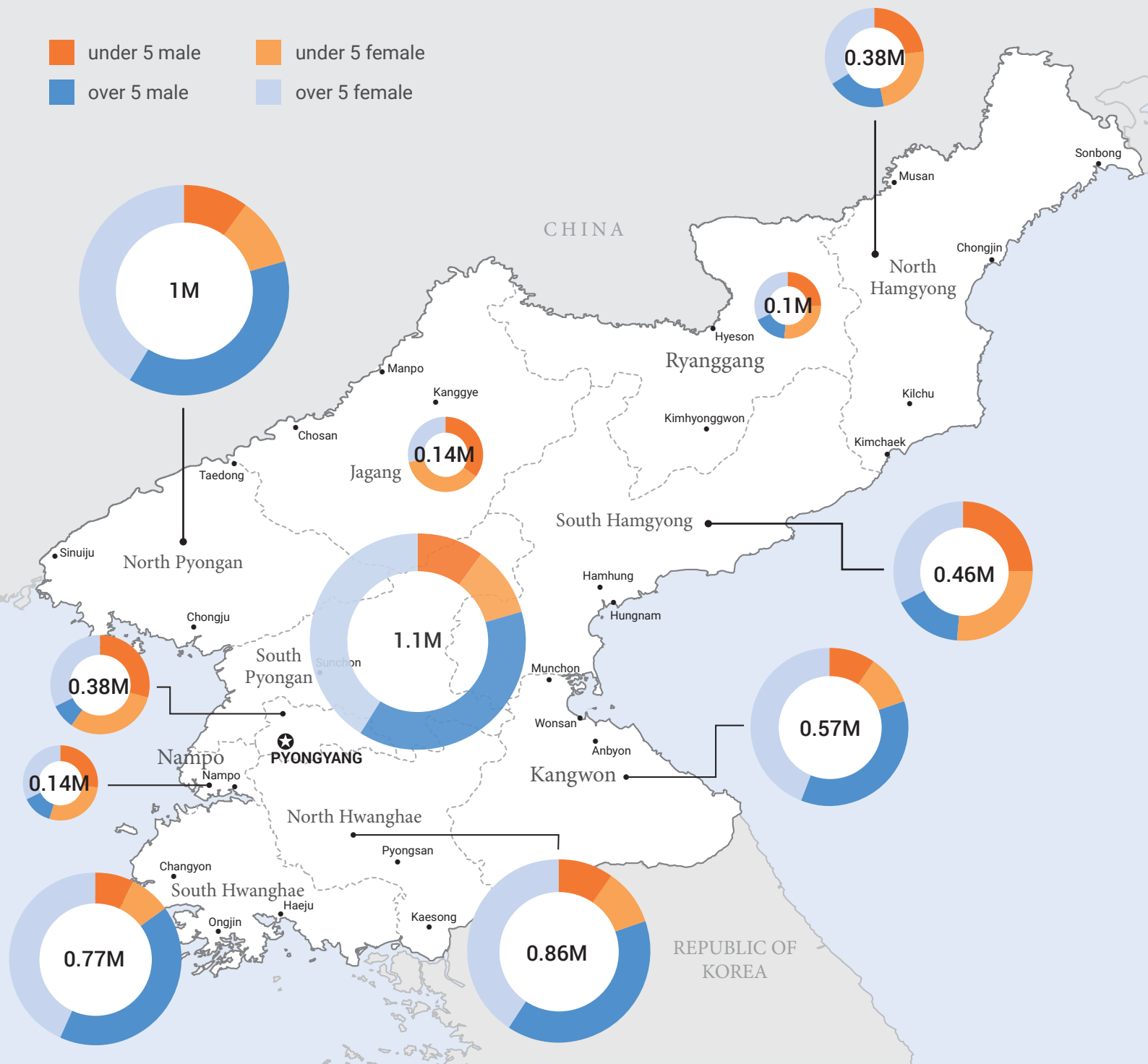
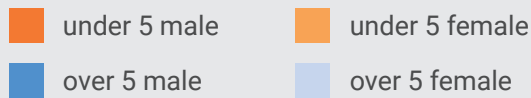


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FOREWORD BY

THE UN RESIDENT
COORDINATOR

The Democratic People's Republic of Korea (DPRK) continues to be in the midst of a protracted humanitarian situation. The geopolitical environment, however, has meant that the situation for many people in the country has been largely forgotten or overlooked by the rest of the world. Food security and nutrition continue to be significant concerns in the country, with more than 10 million people estimated to be undernourished. Compounded by a lack of access to basic services including health care, as well as water and sanitation, the current situation threatens the well-being of a sizeable proportion of the population, most significantly young children, pregnant and breastfeeding women and other vulnerable groups, including people with disabilities and those with non-communicable diseases.

Overall, the international community in DPRK is requesting US\$111m to respond to the most urgent food, health, nutrition, water, sanitation and hygiene needs of approximately 6 million people, including 1.7 million under-five children and 342,000 pregnant and breastfeeding women.

The 2018 Needs and Priorities document is strictly prioritized around life-saving support – this has been reflected in the different way we have calculated the People in Need (PIN) and targeted figures this year to take a tighter focus on the most vulnerable and in need of humanitarian assistance.

Humanitarian agencies will focus on delivering a full package of support for a smaller group of targeted beneficiaries to ensure they receive the full integrated and multi-sectoral support. The funding requested reflects the requirements to meet the

full complement of these people's needs. Without adequate resources the qualitative result will be reduced, meaning that the needs of some of the country's most vulnerable people will remain unmet.

It is understood that sanctions imposed on DPRK are not intended to restrict humanitarian activities or to have adverse humanitarian consequences for the civilian population. However, in practice, humanitarian activities are often significantly delayed and disrupted, notably due to the perception of risk of violating the sanctions by banks, suppliers and officials.

I would like to take this opportunity to recognise those donors that supported the UN and partners in DPRK in 2017, and urge the entire donor community to remain steadfast in their support of humanitarian assistance in DPRK. External assistance plays a vital role in safeguarding the health and well-being of millions of people. In a difficult geopolitical environment, our humanitarian operations are vital and our ability to sustain funding levels is becoming ever more critical. Without this key financial support, agencies will be forced to scale down life-saving activities, with detrimental impacts for the most vulnerable and needy populations in the country.

Therefore I strongly appeal to donors once again not to let political considerations get in the way of providing continued support for humanitarian assistance and relief.

Tapan Mishra
UN Resident Coordinator

NEEDS AND PRIORITIES

AT A GLANCE

PEOPLE IN NEED

**10.3 million**

PEOPLE TARGETED

**6 million**

REQUIREMENTS (US\$)

**\$111 million**

STRATEGIC OBJECTIVE 1

Improve the nutrition status of the most vulnerable people using an integrated, multi-sectoral approach that includes food security and screening for acute malnutrition.

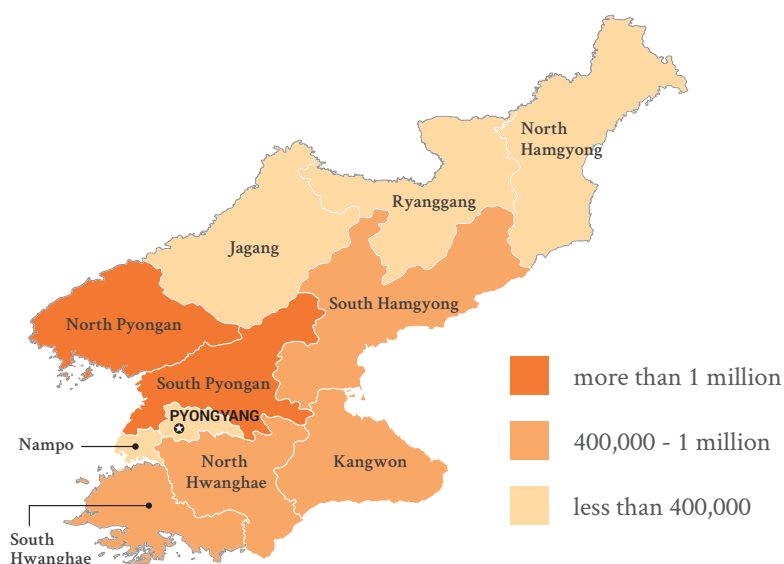
STRATEGIC OBJECTIVE 2

Reduce preventable mortality and morbidity through access to basic health services, as well as access to improved water, sanitation and hygiene services.

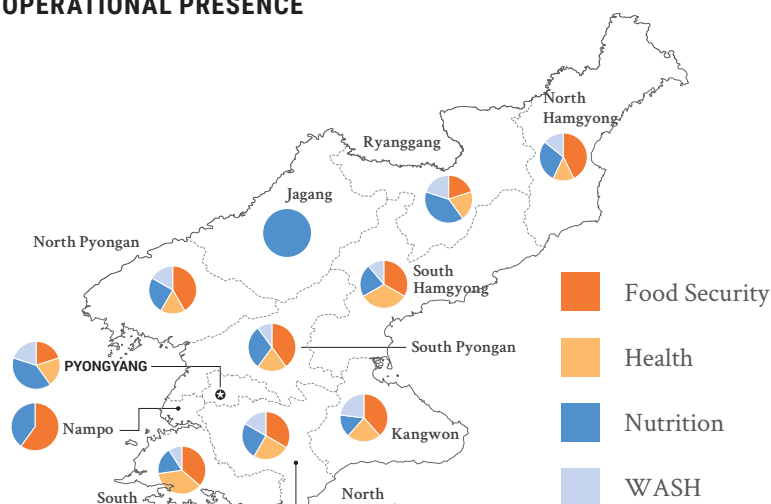
STRATEGIC OBJECTIVE 3

Build the resilience of the most vulnerable people in DPRK to recurrent disasters, particularly floods and drought.

PEOPLE TARGETED WITH HUMANITARIAN ASSISTANCE

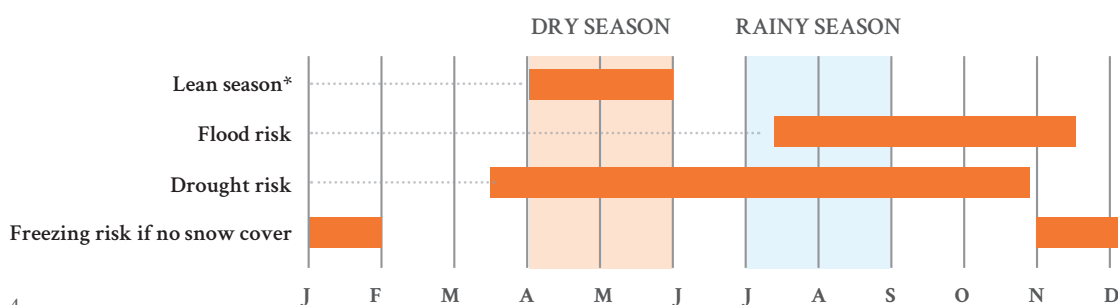


OPERATIONAL PRESENCE



Map does not reflect nationwide programmes

DPRK SEASONAL HAZARD CALENDAR



* The lean season primarily impacts Public Distribution System (PDS) dependant households

Global Hunger Index, 2016

OVERVIEW OF

THE SITUATION

Amidst political tensions, an estimated 10.3 million people across DPRK continue to suffer from food insecurity and undernutrition, as well as a lack of access to basic services. Recurrent natural hazards – particularly extended droughts punctuated by near-annual floods – exacerbate and create new humanitarian needs. As a result, people have crucial and unmet food, nutrition, health, water, sanitation and hygiene needs.

Chronic food insecurity

Chronic food insecurity, early childhood malnutrition and nutrition insecurity are widespread in DPRK. According to the 2017 Global Hunger Index (GHI), which measures and tracks hunger worldwide, DPRK has a score of 28.2, which is classified as ‘serious’. Around 10.3 million people, or 41 per cent of the total population, are undernourished.

There are many complex, intertwined reasons for the high rates of undernutrition in DPRK. This includes mountainous terrain, with only 17 per cent of land good for cultivation, farming largely reliant on traditional farming methods, and a lack of agricultural inputs, such as quality seeds, proper fertilizer and equipment. In addition, changing weather patterns have left DPRK vulnerable to droughts and floods, which often result in reductions in agricultural production.

In addition to the Public Distribution System (PDS)¹, households increasingly rely on markets. Farmers’ markets, usually held once every 10 days, are distribution channels for a wide range of foods and necessities.

In addition to swaps and bartering, markets involve large numbers of small transactions, often made by women. Markets enable households to sell produce from their kitchen gardens or sloping lands, including vegetables, maize and potatoes, as well as some small livestock.

Most food is produced on some 3,900 cooperative farms, with 100 state farms focusing on specialized activities such as seed production, crop cultivation, poultry, fish or pig breeding. The cooperative farm sector is responsible for ensuring national self-sufficiency in the staples of maize and rice, and increasingly potatoes. Members of cooperative farms are not eligible to receive PDS rations, but have access to kitchen garden plots (approx. 97.2m²), which provide essential vegetables, maize and some livestock, helping diversify peoples’ diet. In urban areas,

plots of land near apartments are cultivated by small groups while ‘sloping lands’, initially deforested and cultivated during the mid-1990s, have been organized into Users’ Groups to contribute to informal agricultural production.

In 2017, a dry spell stressed the early season crops and constrained planting and early growth of main season crops. The Government mobilised communities and resources to provide irrigation, to reduce any impact from the dry spell. Humanitarian partners also provided support to the response, including through activities to prevent and treat malnutrition, as well as life-saving health and water, sanitation and hygiene (WASH) interventions. Despite these efforts, total food production (in cereal equivalent) in 2017 was 5.45 MT, a 7.42 per cent decrease from the previous year’s 5.89 MT.

Undernutrition is countrywide

The period from the three months before pregnancy to the development of a foetus and up to the end of the second year of an infant’s life are critical for a child’s survival, and lay the basis for longer term human development. The nutritional and health status of women prior to and during pregnancy, and while breastfeeding, affects the growth and development of embryos and infants, impacting a baby’s body weight, as well as the physical and cognitive development later in life. Appropriate nutrition and health care for mother and child from conception to a child’s second birthday significantly reduces the risk of mortality and produces lifelong benefits for infants, such as healthy growth and brain development, and better educational performance. Conversely, the impact of sub-optimum nutrition during this ‘1,000 days window of opportunity’ in life is often irreversible.

Dietary quality for many people in DPRK is poor, with limited consumption of food that is rich in protein, fat and micronutrients. This results in problems related

1. The PDS is administered by the Government’s Food Procurement and Administration Ministry, which determines ration sizes of commodities including cereals (rice, maize, wheat, barley, or their equivalent in potatoes), cooking oil and pulses. This is determined on the basis of food production estimates and planned imports.

to undernourishment including physical and cognitive development concerns. The immediate causes of undernutrition (both stunting and wasting) among under-five children is directly linked to food insecurity, sub-optimum feeding practices and lack of quality health services.

According to the last National Nutrition Survey, conducted in 2012, the prevalence of chronic malnutrition (stunting) among under-five children was 27.9 per cent and the prevalence of acute malnutrition (wasting) was four per cent. These proportions can be translated into an annual caseload of 60,000 severe acute malnourished (SAM) affected children and 180,000 moderate acute malnourished (MAM) affected children who need life-saving treatment. Following a Government request, UNICEF in collaboration with the Ministry of Public Health (MoPH) scaled up the coverage of the Community Management of Acute Malnutrition (CMAM) programme in 2016-17. UNICEF field observations and Government data over this time show that with expanded coverage there has been an increase in demand for treatment of children affected by SAM.

In addition, 23.3 per cent of women of reproductive age were also malnourished. Micronutrient deficiencies, particularly in iron, zinc, vitamin A and iodine, are common. A 2014 Ministry

of Public Health Report noted that 31.2 per cent of pregnant women are anaemic and the prevalence of low birth weight was five per cent. In addition to a lack of access to diverse and sufficient food, undernutrition is exacerbated by inadequate health and water, sanitation and hygiene services. Globally, it is estimated that 40-60 per cent of childhood malnutrition is attributed to poor conditions of water, sanitation and hygiene through repeated bouts of diarrhoea, worm infection and unhygienic living conditions.

Access to basic health services

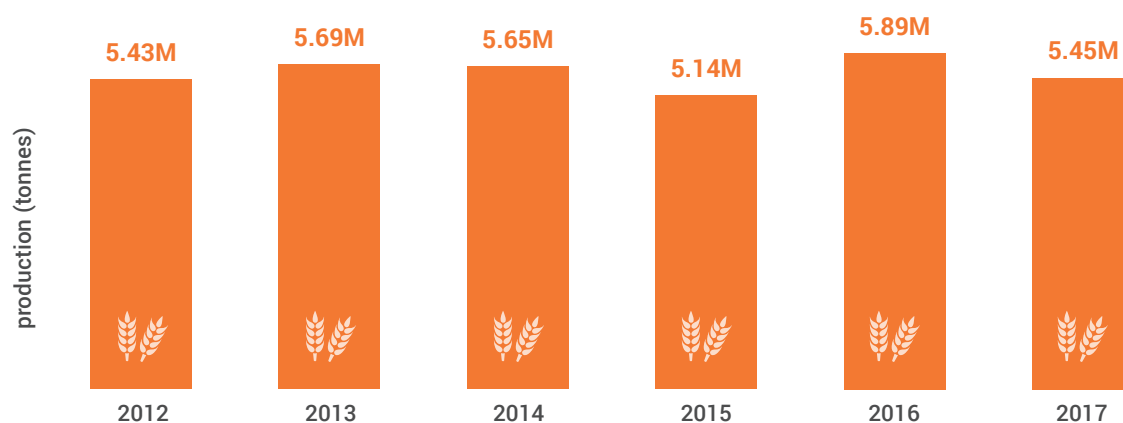
Universal and free health care is guaranteed by law for all DPRK citizens. In recent years many public health gains have been achieved, including significant reductions in maternal, under-five and infant mortality rates, immunization coverage and obstetric care. Nevertheless, many parts of the country are not equipped with sufficient facilities, equipment, medicines or trained staff to provide quality health services. There are still disparities in access to services between rural and urban areas, demonstrated by under-five mortality rates 1.2 times higher in rural areas compared to urban areas.

DPRK Agricultural Performance

The performance of the agriculture sector over the past five years has been closely linked to adequate rainfall, with years with lower than average rainfall showing a negative impact on agricultural production. Despite this, the sector has shown increasing resilience to extreme weather events and natural disasters. Due largely to a prolonged dry spell in 2017, affecting both irrigated and rain-fed fields, total food production (in cereal equivalent) in 2017 was 5.454 million tonnes, a 7.42 per cent decrease from the previous year. This was slightly better performance than in 2015, which was also affected by drought. The outlook for 2018 has seen weather conditions during October-November 2017 that were favourable for timely planting of winter wheat and barley crops. If normal weather conditions prevail for the remainder of the season, the prospects for the 2017/2018 winter crops are promising.

DPR Korea Crop Production (2012-2017)

M: million



Under-five children, pregnant women, people with communicable diseases, and people living with disabilities are the most vulnerable people in need of health services. The most common cause of maternal mortality in DPRK is post-partum haemorrhage, with women who give birth at home most at risk. According to the 2014 Socio- Economic, Demographic and Health Survey (SDHS), approximately nine per cent of all women still deliver at home, with 67 per cent of maternal deaths occurring amongst women who deliver at home.

Communicable and non-communicable diseases in DPRK remain major health concerns. Tuberculosis (TB) remains a challenge with a recent TB prevalence survey showing prevalence at 641/100,000, with significant risks in relapse and drug resistant TB cases. Although there is a declining trend in malaria, more effort is needed to improve case-based surveillance and strengthened diagnostic services to support the country meeting its elimination goal. These issues point to the need to strengthen health service delivery at the primary health care level, as well as strengthening palliative and curative cancer care.

Many health facilities in DPRK do not have the specialist equipment and trained staff to meet the specific health-related needs of people with disabilities, with only 37.4 per cent of people who require assistive devices having access to them. According to a Rehabilitation Needs Assessment conducted in 2016-17 in four provinces, diseases (communicable and non-

communicable) are one of the main causes of disability in DPRK (43.3 per cent). Most of secondary and tertiary care health care facilities do not have the resources or capacity to diagnose and provide acute and post-acute medical rehabilitation services, often resulting in people developing secondary complications, leading to permanent disability. Furthermore, many people with disabilities are not aware of available services.

Compounding issues related to adequate healthcare are lack of access to safe water, as well as sanitation and hygiene services. Diarrhoea and pneumonia are the two main causes of death amongst under-five children in DPRK. Diarrhoea is mainly caused by lack of safe potable water, poor sanitation and hygiene practices, and is also a contributing factor for childhood pneumonia and malnutrition. According to an assessment in 2013-2014, an estimated 11 per cent of population (2.7 million people) do not have access to piped water supply. Furthermore, 50 per cent of piped water has limited functionality due to insufficient and erratic power supply and underinvestment in maintenance. Water supply systems in most parts of the country are not fully functional, compromising the quality and quantity of water. Thus at least 13.7 million people have limited access to a safe and readily available water source. This situation and the associated health risks are compounded by the high percentage, about 23 per cent of the population, that do not have access to basic sanitation.

TIMELINE OF DISASTERS



2012

Heavy rains caused flooding in North and South Pyongan killing 231 people and affected more than 240,000 people, leaving 212,000 people homeless.



2014

A dry spell over eighteen months from March 2014 caused drought, affecting agricultural production and access to water. 18 million PDS-dependents were at risk of food insecurity, malnutrition and illness.



2016

Heavy rain from Typhoon Lionrock caused flooding North Hamgyong, killing 138 people, affecting 600,000 people and displacing 68,000 people.



2013

Heavy rains caused flooding, severely affecting North and South Pyongan, killing 189 people and affecting 800,000 people and displacing 49,000 people.



2015

Heavy rain and Typhoon Goni caused flooding in South Hwanghae, North and South Hamgyong, particularly Rason City, affecting 22,000 people and displacing 15,000 people.



2017

The Government declared a national emergency in June, following a dry spell that affected key food producing provinces in the south west of the country. The dry spell compounded the undernutrition situation, putting at risk the lives of 782,000 children under five and 313,629 pregnant and lactating women.

Natural disasters and climate change

Compounding existing vulnerabilities are the frequent disasters that hit DPRK. The IASC Index for Risk Management (INFORM) ranks DPRK 41 out of 191 countries in terms of disaster risk. Floods and drought, sometimes both in the same year, regularly strike the country. An estimated 6.2 million people have been affected by natural disasters between 2004 and 2016. Furthermore, climate change has produced, and is expected to produce further, visible impacts, with the degradation of natural resources affecting agricultural production.

Droughts have become increasingly common over the past decade, destabilizing agricultural production and food security in the long term. Prolonged dry spells often occur in the period from March to June. This is the peak time for crop planting as well as rice transplanting and therefore impact negatively on overall agricultural production. Besides the 2017 prolonged dry spell, major droughts affected DPRK most recently in 2015 and 2014.

In addition to droughts, an increase in the frequency and duration of heavy rains in recent years has contributed to recurrent floods, with major floods hitting the country every year from 2010 to 2016. In 2016, some 600,000 people were affected, and almost 70,000 people were displaced, by largescale flooding in North Hamgyong Province. These floods, combined with landslides, cause extensive damage to agricultural production, further exacerbating food insecurity and creating new humanitarian needs.

Agencies in DPRK work jointly to respond to humanitarian needs by employing an integrated approach that addresses immediate needs and seeks to reduce people's vulnerability by focusing on community-based disaster risk management, environment protection, disaster reduction and climate change adaptation. One of the strategic objectives of humanitarian partners is to strengthen resilience to recurrent disasters, particularly floods and drought.

Impact of increasing geo-political tensions on humanitarian operations

A significant constraint on humanitarian operations is the indirect impact from the international political environment, particularly the increasing tensions in relation to the nuclear programme, and the strengthened international and bilateral sanctions. This environment has significant impacts on humanitarian agencies' abilities to raise sufficient funds and/or implement their programmes.

In principle, the sanctions imposed on DPRK by UN Security Council Resolution 1718 (2006) and subsequent resolutions are not intended to restrict humanitarian activities or to have adverse humanitarian consequences for the civilian population. However, in practice, humanitarian activities are often significantly delayed and disrupted, notably due to the perception of risk of violating the sanctions by banks, suppliers and officials.²

Since 2013, banking channels have been regularly disrupted, with agencies unable to transfer funds into the country. Prolonged disruptions have forced agencies to reprioritize implementation to only life-saving activities, as well as cancelling or postponing others. Some agencies have, or are, considering their longer-term sustainability without a consistent and stable funding channel.

Breakdowns in the supply chain for the delivery of humanitarian goods results in serious delays to operations. This breakdown is caused, in part, by the reluctance of suppliers and transport companies to procure and transport humanitarian supplies to the DPRK for fear of financial and reputational costs. There are often significant delays in procurement, as well as customs clearances, because of additional requirements for licensing and the need to ensure that equipment or supplies are not on the sanctions list. Agencies have been working hard to overcome these challenges to continue their operations.

International sanctions have also indirectly contributed to reluctance among donors to provide funds to DPRK. The overall geopolitical situation, in addition to challenges faced by humanitarian agencies has influenced donors' attitudes and decisions on the allocation of funding. This is reflected in the radical decline in donor funding since 2012, with only 30 per cent of the requested funds in 2017 being received.

Despite these challenges, the humanitarian agencies have been making progress in meeting the needs of the most vulnerable over the years. This is the result of gradual confidence building with the Government and engagement with them on humanitarian operations. Through this approach humanitarian agencies have been able to maintain humanitarian access across the country, reaching people in need, and delivering life-saving assistance to communities, who are largely forgotten by the international community. However, the result of limited funding has meant that agencies cannot meet the full complement of these people's needs, resulting in sub-optimal outcomes. Without adequate resources the qualitative result that agencies are trying to achieve for those most vulnerable cannot be achieved.

2. With respect to activities that are prohibited but may be for the benefit of the civilian population in DPRK, a Committee was established by the UN Security Council that may exempt any activity from the measures, when determined necessary by the Committee to facilitate the work of international and non-governmental organizations carrying out assistance and relief activities, and its Chair has encouraged Member States to proactively seek exemptions. Exemptions are however only granted on a case by case basis by the Committee.



DPR KOREA: 2017 YEAR IN REVIEW

KEY ACHIEVEMENTS

PEOPLE IN NEED (millions)



18M

PEOPLE TARGETED



13M

PEOPLE REACHED*



6.5M



FOOD SECURITY

660,000
reached4,300,000
targeted

NUTRITION

2,000,000
reached2,500,000
targeted

HEALTH

4,313,000
reached12,900,000
targeted

WASH

500,000
reached600,000
targeted

512,900

people with improved food security
and nutrition through support to
improve food production.

48,200

people provided with employment
opportunities to enhance resilience
against floods and droughts.

2M

people with improved nutrition
through provision of nutritious
food.

60,000

under-five children with severe
acute malnutrition treated.

4.3M

people received basic healthcare
services including sexual and
reproductive health for women.

335,000

children vaccinated

*Reflects the number of children that received vaccinations;
it does not reflect how many children have received their full
schedule of vaccinations*

1,700

people with disabilities fitted with
prosthetic, orthotic or mobility
assistive devices.

351,400

people gained access to safe
drinking water.

120,500

people reached with support for
improved sanitation facilities and
hygiene promotion.

STRATEGIC

OBJECTIVES

The overall goal in DPRK is to support and reinforce national efforts to ensure people's health and well-being, especially the most vulnerable, and to build their resilience. To achieve this, the DPRK Humanitarian Country Team (HCT) has agreed on the following strategic objectives in 2018:

**IMPROVING FOOD SECURITY AND NUTRITION**

Improve the nutritional status of the most vulnerable people using an integrated and multi-sectoral approach that includes improved and stabilised food security and screening for acute malnutrition. Partners will work to ensure that the most vulnerable people, particularly pregnant and breastfeeding women and under-five children, have access to sufficient nutritious food, and that acutely undernourished children are effectively treated with therapeutic food and supported through optimal infant and young child feeding practices.

**ACCESS TO BASIC SERVICES**

Reduce preventable mortality and morbidity through increased access to health, water, sanitation and hygiene services. Partners will ensure that the most vulnerable people, including children, women, people with disabilities and the elderly, have access to basic health services including maternal, new-born and child health, immunizations and early interventions for people with disabilities. Access to basic services also includes access to improved water, sanitation and hygiene services.

**STRENGTHEN RESILIENCE TO RECURRENT DISASTERS**

Build the resilience of the most vulnerable people in DPRK to recurrent disasters, particularly floods and drought. Partners will ensure that life-saving assistance meets the different needs of those most affected by disasters and that the DPRK Government and communities have the capacity to prepare for, respond to, and recover from shocks related to natural disasters.

RESPONSE

STRATEGY

External assistance continues to play an important role in safeguarding the health and well-being of millions of people in DPRK whose nutrition and essential health status would otherwise be at risk. The humanitarian response in DPRK in 2018 targets 6 million acutely vulnerable people in need of nutritional support, as well as access to essential services.

Planning assumptions and focus for 2018

The Government bears the primary responsibility for the welfare of its citizens. The Government acknowledges this and has agreed to the annual publication of a document outlining urgent humanitarian needs and priorities where international financial support and technical assistance would be welcome. Activities included in this plan are strictly humanitarian, principally providing targeted interventions that aim to protect the food security, health and well-being of the most vulnerable.

Out of the 10.3 million people in need of assistance, the collective response will target and most vulnerable 6 million people (58 per cent). This includes around 1.7 million under-five children, and almost 342,000 pregnant and breastfeeding women. The Needs and Priorities document takes account of broader, longer-term needs of communities to ensure resilience to future shocks and seeks to ensure that humanitarian action links up effectively with wider development efforts. At all times, efforts will be made to ensure that humanitarian work in DPRK can be monitored and is carried out in accordance with the humanitarian principles of humanity, neutrality and impartiality.

This plan assumes that the humanitarian situation in DPRK in 2018 will remain largely unchanged from 2017. The funding request within the plan reflects the actual amount required to meet humanitarian needs rather than reflecting the expected levels of funding. As in previous years, if sufficient funding is not received for the plan, activities will be scaled down, compromising agencies' ability to continue to meet unmet needs of the most vulnerable population.

Improved access to data

Access to timely and relevant data remains a challenge in DPRK. National authorities are reluctant to share data beyond the bare minimum and agencies are normally only allowed access to limited information that is strictly related to their

operations. While there has been some progress, further advances are required to ensure that planning, financing and decision-making processes are underpinned by accurate information and analysis. The Humanitarian Country Team (HCT) will continue to advocate for better access to data and for carrying out quality joint needs assessments, as well as analyses of vulnerability, to inform evidence-based humanitarian action.

This year will see the published results of the Multiple Indicator Cluster Survey (MICS), which will provide critical information on the situation, particularly of women and children in the country. In addition, the 2018 Census, once completed, will provide updated disaggregated population breakdown to support planning. Lastly, WFP will undertake a Food Security Assessment with nationwide coverage in 2018 that will provide information on food consumption patterns at household level and disaggregated by urban and rural areas. Analysis will also identify underlying causes of food insecurity and present recommendations for strategic programme planning and potential projects to contribute to ending hunger and food insecurity in the country.

Gender, age and disability

Despite progress in gender equality in education, labour force participation and access to health care, significant gaps remain with only 28 per cent of girls enrolled in tertiary education and a clustering of women in traditionally gendered occupations. Furthermore, maternal mortality rates remain high (65.9/100,000 live births), as does the levels of malnutrition among pregnant women (28 per cent) and girls. This reflects issues of equality and inclusiveness in the delivery of health and education services which leaves women and girls more vulnerable to the effects of the ongoing underfunded humanitarian situation.

As in previous years, the focus on women and girls in humanitarian operations continue, with women and girls comprising 54 per cent of those people targeted for

Multiple Indicator Cluster Survey (MICS)

The 2017 DPRK MICS consists more than 580 questions covering topics, including child mortality, nutrition, education and health. The survey will assist in filling data gaps for monitoring human development, particularly for women and children. The 2017 DPRK MICS is a nationally representative survey of 8,500 households covering 12 topics and more than 130 indicators and with number of background characteristics (Province, Area of residence, Education, Age, Sex, etc.). The Central Bureau of Statistics is leading implementation with support from UNICEF in close collaboration with the Ministry of Public Health, Education Commission, Ministry of City Management, Institute of Child Nutrition and other relevant line ministries and humanitarian partners.

The survey results are expected to be available during the first half of 2018 and will contribute to a better understanding of the situation of children and women and enable better targeting of interventions for improvement of their well-being. The MICS will support all humanitarian partners on identifying areas of needs and sectoral priorities, as well as contribute to Convention of the Rights of the Child and Sustainable Development Goal (SDG) reporting, and provide baselines for implementation and monitoring of the United Nations (UN) Strategic Framework.

humanitarian assistance. To date, efforts made by agencies have focused on addressing gender issues through women-centred activities, including quotas for women beneficiaries and trainees in capacity building initiatives. Whilst these targeted interventions to protect the rights of women and girls have been beneficial and will continue in 2018, the HCT will also adopt a more strategic approach to gender mainstreaming taking into consideration different experiences, needs, abilities and priorities of women, girls, boys and men. To this end, the HCT commits to sustained collection and use of data disaggregated by sex, age and other variables, as well as thorough gender analyses.

According to the SDHS, 21 per cent of DPRK's population are children under 15 years of age, of whom 1.7 million are under-five children. Humanitarian partners are working to ensure that programmes across sectors are designed to take children's needs into account. Children are especially vulnerable to malnutrition and the consequences associated with a lack of health care, even though children are culturally and traditionally accorded special consideration in Korean society, including being provided with special foods and targeted food rations, especially in kindergartens.

From the late 1990s, population ageing has been rapidly accelerating. According to the last population census, the percentage of the elderly population aged over 60 years old has increased. According to the last SDHS, people over 60 years old accounted for 14 per cent of the population in 2014, and is expected will reach 20 per cent by 2030. The prevalence of some common diseases among elderly people, their treatment and prevention, as well as ways of keeping fit to ensure healthy ageing are prominent issues. Most of the public health structures do not provide specific care services for the elderly. Recent analysis (see box) regarding the situation of elderly people will help inform better targeting and specific programmes for this group.

In recent years, the issue of disability has also gained substantial attention resulting in concrete achievements in improved living conditions and greater social inclusion. However, people with disabilities remain some of the most vulnerable and run the risk of becoming targets of exclusion and discrimination. Challenges related to access to services, overall social participation and empowerment persist.

According to the 2014 Disability Sample Survey, nearly 6.2 per cent¹ of the population (1 in every 15 people) have some form of disability. There is limited institutional expertise to meet their basic and specific needs, including limited disability-specific services providers, and limited understanding of disability-related issues. However, in recent years the situation has started to improve, with an increasing number of humanitarian and development agencies include disability mainstreaming strategies in their programming. The HCT will continue to focus on disability mainstreaming by better identifying and responding to the different experiences and needs of people with disabilities through improved analysis, disability disaggregated data collection and monitoring.

2018 Census

The 2018 Population and Housing Census will play a central role in responding to humanitarian needs, in knowing location, number, and critical characteristics of the population. It will also provide denominators for several SDG indicators. Small area statistics and disaggregated data for vulnerability mapping are essential for effective humanitarian response, particularly as the last census was undertaken in 2008. UNFPA is supporting this initiative and results will be available in 2019.

1. In terms of disability type, it is estimated at 674,000 people have a physical disability (2.8%); 361,000 people with a hearing disability (1.5%); 313,000 people with a visual disability (1.3%); 96,000 people with a mental disability (0.4 per cent); 72,000 with an intellectual disability (0.3%); and, 120,000 people with a compound disability (0.5%)

Protection

Humanitarian partners apply a rights-based approach in the formulation and implementation of projects, especially in the targeting of beneficiaries, to address inequalities and reach the most vulnerable people, groups and regions. Agencies and sectors engage in coordinated analysis and discussion to identify and respond to the specific needs of vulnerable populations, including children, women, the elderly and people with disabilities, to address barriers they may face in accessing assistance and services. Assistance and service delivery is tailored to ensure access, particularly for those in the poorest areas.

Humanitarian actors continuously work with the Government to improve access to relevant, accurate, and disaggregated data, to make effective targeting of vulnerable and marginalized beneficiaries possible. This is supplemented by partners' own monitoring which allows for identification of vulnerabilities and emerging issues at project sites. However, for partners to effectively deliver on protection principles, all remaining barriers to access to beneficiaries need to be resolved.

In addition to mainstreaming protection into humanitarian programming, partners work to increase the capacities of the Government in implementing its commitments under various human rights conventions and processes, including the Convention on the Rights of the Child (CRC); the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); and the Rights of Persons with Disabilities (CRPD). DPRK has also accepted recommendations made through the Universal Periodic Review (UPR) process in 2014, endorsing 113 of 185 recommendations, including those pertaining to free and unimpeded access to food, education and health services by the most vulnerable citizens. Humanitarian partners work with the Government to fulfil its commitments of implementation of the UPR recommendations.

Links to resilience and prevention

The protracted nature of the humanitarian situation in DPRK makes it difficult to delineate the boundaries between humanitarian and development interventions. However, strengthening the interconnectedness and interrelations between humanitarian and development interventions is a core objective of the Sendai Framework for Disaster Risk Reduction and the Sustainable Development Goals (SDGs), as well as the New Way of Working. Ending needs by reducing risks and vulnerability is now a shared vision, under the SDG umbrella, transcending the humanitarian development divide.

In line with these frameworks, humanitarian and development partners are strengthening the complementarity and coherence between the UN Strategic Framework (2017-2021) and the Needs and Priorities, which falls under the UNSF, to ensure that life-saving humanitarian assistance in 2018 is accompanied by investments in recovery and resilience-oriented

Assessment survey on improving elderly care

EUPS 5 sponsored an assessment, conducted in October 2017 in North Hwanghae, South Hwanghae and Kangwon provinces. Around 1,619 households were interviewed with enumerators from Central Bureau of Statistics and the Federation for the Care of the Aged. Questions raised to elderly people and their carers covered health conditions, activities of daily living, cultural activities, elderly care and Multi-Service Care Centers. Findings and recommendations were identified based on the results, to enable a better understanding of the situation of elderly people and their carers' and enable better interventions to improve their well-being. Key findings include:

- On average, two young people support 2.5 elderly and kids in a family. Hence, young-generation-oriented responsive measures should be taken to support families living with elderly people.
- 35% of elderly people suffered from circulatory (22.4%) and osteoarthritic (13.1%) diseases, along with digestive issues (11%) and respiratory diseases (9.5%). More than 10% complained of memory loss and other mental disorders. Therefore, practical measures should be taken to promote both enhanced physical and mental health.
- 37% of elderly people had more than one disability and 20% were unable to manage daily activities. Those with locomotor disabilities were cared for by their families with assistance, but more than 1 out of 4 said they were not satisfied with their caregivers' service. Practical measures should be taken to decrease disability rates of elderly together and to strengthen the careers skills.

programmes to reduce vulnerability and risks and increase communities' ability to bounce back from shocks, particularly the floods and droughts that regularly hit the country. The rationale in DPRK that prevention is better than cure is a common strand throughout the programmes of UN agencies and INGOs working in DPRK, and is enshrined in both the UNSF and Needs and Priorities. Institutional and community-level sustainable development, which builds resilience at all levels of DPRK society, is seen as the best way to reduce humanitarian needs for the future.

While there is not a separate funding request for resilience to recurrent disasters in the Needs and Priorities, related activities are to a large extent integrated within all four Sectors requesting funding through the Plan.

OPERATIONAL

CAPACITY

While the humanitarian community in DPRK is comparatively small they provide critical life-saving assistance. With limited resources partners make every effort to ensure that assistance is provided based on needs and vulnerabilities.

There are currently six UN agencies and five international NGOs¹, as well as the International Federation of the Red Cross (IFRC), the International Committee of the Red Cross (ICRC), Swiss Agency for Development and Cooperation (SDC), European Union Food Security Office (FSO), FAHRP/ FIDA International, and French and Italian Cooperation Offices based in Pyongyang². While agencies can expand their programmes to respond to natural disasters, most maintain highly prioritized programmes due to a lack of funding, with a few agencies maintaining nationwide programmes. All the international organizations engaged in humanitarian activities participate in the Humanitarian Country Team (HCT), chaired by the UN Resident Coordinator.

In addition to the organizations present in Pyongyang, several non-resident agencies also operate humanitarian programmes in DPRK. While these activities are not directly reflected in this plan, every effort is made to support information sharing and coordination between the HCT and non-resident agencies to avoid overlap and maximize the impact of assistance in a climate of limited resources.

Implementation

Humanitarian programming in DPRK is normally implemented through, or with support of, the national authorities. Given the difficulties related to the banking channel, project expenditure, procurement and payment of international salaries is done outside the country. For UN agencies, transport, distribution and storage of goods in the country is normally carried out by relevant Line Ministries as part of the Government's contribution to the project. International NGO partners transport, deliver and monitor assistance directly to project sites.

Assistance is tailored to ensure that it will be used for its intended purpose and therefore, by its nature, is less likely to be diverted. For example, in the Nutrition Sector, food commodities are targeted to beneficiaries, such as fortified biscuits for children, which are not consumed by the broader population. Similarly, local production of fortified foods focuses on producing those assessed as less likely to be diverted. In the Health Sector, supplies of medicines are those that can only be used for their intended purpose.

Coordination

Humanitarian partners will continue to work closely with relevant Government authorities to ensure effective selection of beneficiaries, implementation and monitoring of operations. While the Government counterpart for UN agencies is the National Coordinating Committee (NCC), INGOs and SDC work through the Korean European Cooperation Coordination Agency (KECCA), and the IFRC through the DPRK Red Cross. Nevertheless, all humanitarian agencies come together in the HCT and subsidiary technical Sector Working Groups (SWGs). An OCHA staff member has been deployed to the Resident Coordinator's Office (RCO) on a full-time basis to serve as a coordination officer and adviser on humanitarian affairs.

There are four Sector Working Groups that have been established to support coordination of humanitarian operations – Food Security & Agriculture, Health, Nutrition and WASH. In addition, a Disaster Risk Reduction SWG was established in June 2016, co-chaired by UNDP and IFRC to complement the existing groups. Particularly in responding to natural disaster further SWGs can be established, which was the case during the 2016 flood response in North Hamgyong Province, where a Shelter SWG and an Education SWG were temporarily established.

In addition to the HCT, a weekly inter-agency meeting brings together humanitarian actors and members of the diplomatic community in Pyongyang for an informal exchange of information. The meeting also provides an opportunity for visiting donors and non-resident agencies to meet the humanitarian community and brief on their activities. The RCO has made efforts to improve coordination and communication with non-resident agencies and further streamline the humanitarian response.

1. In late 2017 EUPS 2 – Save the Children suspended operations due to difficulties with maintaining a sustainable funding channel. At the time of developing the plan this issue had not been resolved therefore recommencement of programming in 2018 is unclear.

2. IFRC is a partner in the Humanitarian Country Team but does not appeal through the Needs and Priorities document. IFRC conducts a programme of humanitarian activities in four Provinces in DPRK – North Pyongan, South Pyongan, South Hamgyong and North Hwanghae. Further information relating to these activities is available at www.ifrc.org

HUMANITARIAN

ACCESS & MONITORING

Despite physical and administrative restrictions regarding access and monitoring, the situation has steadily improved in recent years. The humanitarian community works with the Government to ensure more timely and greater access to both affected people and data and that robust monitoring arrangements are in place.

Access

Travel within DPRK remains regulated by national authorities. International humanitarian agencies need to obtain advance clearance for field visits outside of Pyongyang, as do DPRK nationals. Itineraries must be planned, generally a week in advance, and international staff must always be accompanied by DPRK nationals. However, access is possible for national and international staff in eight out of nine provinces of the country (Jagang Province is not accessible to international staff), and authorizations are seldom refused by the authorities.

Physical obstacles remain a challenge as road networks outside Pyongyang are of varying quality and in some areas become impassable during the winter season. The absence of secure and frequent air or train transport inside the country can make the access to certain regions logistically challenging and time consuming.

Coordination with the Government, particularly Line Ministries, is complicated by the need for government and ministries' staff to obtain prior clearance to visit organizations' offices and attend meetings, particularly impacting Government and national staff participation in Sector Working Groups. Some Sector Working Groups are thereby meeting in hotels' conference rooms as they can be accessed by all.

Monitoring

Regular monitoring is key to ensuring effective delivery of assistance as well as accountability to donors and beneficiaries. Humanitarian agencies working in DPRK carry out frequent monitoring and field visits to programme sites and warehouses to ensure adequate implementation of activities. This ensures that the supplied material and equipment is adequately used to benefit the vulnerable population. Humanitarian agencies often monitor projects which were finalised in the previous years to make sure that the improvements remain sustainable

and that goods and equipment are still being used for their intended purpose. While field access continues to depend on authorisations by the Government, the general sentiment is that monitoring conditions are improving and allow for the adequate implementation of humanitarian activities.

Access to up-to-date baseline data however continues to be a challenge. The last National Nutrition Survey was carried out in 2012 and the last Crop and Food Security Assessment Mission (CFSAM) was carried out in 2013, and although the Government has since conducted its own crop assessment, they omit key nutritional data. Efforts are being made to improve the access to reliable data to better target humanitarian actions and monitor progress.

In this context, the completion of the MICS, the results of which will be released in 2018, constitutes an encouraging sign that the capacity of humanitarian agencies to conduct data collection is also improving. The 2018 census will also provide additional information on key data indicators in the country. INGO's are also conducting their own local and targeted surveys which can provide valuable information on specific parts of the context, such as the CBS/EUPS 5 survey on elderly people.

Members of the HCT have continued to engage with the Government collectively and at the level of individual agencies throughout the year to access the information required to ensure accountability and appropriate programming.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED

**10.3M**

PEOPLE TARGETED

**6M**

FUNDING REQUIREMENTS (US\$)

**\$111M**










The total number of people in need (PIN) is estimated to be 10.3 million people. This is a drop from 18 million from 2017. The reduction is not a reflection of commensurate improvement in the humanitarian situation, although there has been some, but reflects a more accurate and evidence-based identification of the most vulnerable groups. To account for overlap between sectors, the overall PIN figure uses the Food Security figure, as the highest PIN and overlaps with all other sectors.

The Food Security PIN is based on total number of people estimated to be undernourished as outlined in the FAO's State of Food Security and Nutrition 2017 report and the 2017 Global Hunger Index. The Nutrition PIN takes similar estimates, but focuses on specific vulnerable groups for undernutrition, including under-five children, pregnant and lactating women and rural populations. The Health Sector similarly used most vulnerable groups most in need of health support, including under-five children, women of reproductive age, and those most in need of treatment including for TB and other communicable diseases. Finally, the WASH Sector based their estimate on a 2017 Joint Monitoring report by UNICEF and WHO identifying

23 per cent of the population (approximately 5.7 million) not having access to basic sanitation.

The total population targeted with humanitarian assistance in 2018 by humanitarian partners is 6 million¹. For under-five children, this is based on the Health figures, which targets the whole under-five caseload. For over-five people this is a combination of Food Security and Nutrition sectors. Like the PIN figure, the people targeted reflects increased prioritisation of vulnerable groups in partners programming. The sector breakdowns are in the tables below. All population groups are disaggregated by sex and age, as much as possible.

In 2018, with humanitarian needs remaining high, agencies will target delivery of a full package of integrated and multi-sector life-saving assistance, including the provision of support to build resilience and reduce vulnerabilities to recurrent natural disasters, to those beneficiaries in most acute need. Addressing the totality of critical needs requires a higher funding level to result in better and sustainable results. Without adequate resources the qualitative result will be reduced, leaving some of the country's most vulnerable people's needs unmet.

SECTOR	TOTAL			BY SEX & AGE		UNDER 5		OVER 5	
	People in need (PIN)	People targeted*	% of PIN targeted	Male %	Female %	Male %	Female %	Male %	Female %
 Food Security	10,300,000	3,985,389	39% 	1,952,093 49%	2,033,295 51%	149,700 4%	155,492 4%	1,802,393 45%	1,877,803 47%
 Nutrition	10,175,738	2,167,772	21% 	901,353 42%	1,266,419 58%	800,000 37%	800,000 37%	101,353 5%	439,644 22%
 Health	9,108,123	2,239,737	25% 	884,731 40%	1,355,006 60%	848,501 38%	883,649 39%	36,230 2%	471,357 21%
 WASH	5,700,000	356,891	6% 	170,537 48%	186,354 52%	42,639 12%	45,334 13%	127,898 36%	141,020 40%
TOTAL**	10,300,000	5,980,119	58% 	2,752,247 46%	3,227,871 54%	848,501	848,501	1,903,746	2,344,222

* Total per sector accounts for double-counting within the sector ** Total figure is not the total of the column as it accounts for double counting

1. Note that for the targeted figure for the Health Sector, in previous years this has reflected indirect beneficiaries, reflecting those people in the catchment areas of the health centres they support. For 2018, Health partners have been able to identify direct beneficiaries. However, it is recognised that from some interventions, such as provision of equipment and health system strengthening that this will have benefits for people beyond the 2.2 million direct beneficiaries, though they are not reflected.

PART II: NEEDS & PRIORITIES BY SECTOR



Food Security (including Agriculture)



Nutrition



Health



Water, Sanitation & Hygiene (WASH)



FOOD SECURITY (INCLUDING AGRICULTURE)

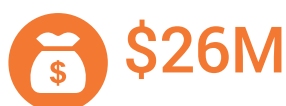
PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



FOOD OBJECTIVE 1:

1 Improve sustainable food-based approaches to help expand domestic food production so that supply levels of staple and nutritious foods are adequate to feed the population. **RELATES TO SO1**

FOOD OBJECTIVE 2

2 Strengthen resilience of cooperative farms and small-scale farmers to help contend with recurrent shocks and climate related disaster events. **RELATES TO SO3**

Priority Needs

It is estimated that around 10.3 million people, or 41 per cent of the country's population, is undernourished. In addition to general food insecurity most people do not consume an adequately diverse diet, which reinforces cycles of undernutrition particularly among women and children.

Response Strategy

Priority Interventions: The Food Security Sector focuses on activities that enhance the availability of, access to, utilization and stability of nutritious food. Many of the Sector's activities focus on food production to increase the availability of locally produced food. The Sector supports the Government's goal to improve people's living standard by increasing crop yields, livestock and fish farming, and the production of fruits and vegetables, as well as food processing facilities and income generating activities. This is fundamental to broaden people's access to adequate and nutritious foods.

In 2018, the Food Security Sector will prioritize: nutrition-sensitive activities to enhance food security resilience of the population to withstand climate-related disasters; provision of agricultural inputs, such as fertilizer, seeds and small farming equipment and small livestock, particularly in areas vulnerable to the impact of climate change; support for communities to restore degraded lands; provision of assistance sloping land management; food assistance; and capacity building for agriculture-based resilience and disaster risk management.


Partnerships: The Ministries of Agriculture, Fisheries, Land and Environment Protection, Commerce, the Academy of Agricultural Sciences, and the Forest Management Research Institute are the main partners for the Food Security Sector. Specifically, the Ministry of Agriculture covers inland fisheries on cooperative ponds while the Ministry of Fisheries is responsible for the marine sector. The Ministry of Land and Environment Protection together with the Forest Management Research Institute and Sloping Land Users' Groups are responsible for managing sloping lands. The Ministry of Food Processing and Daily Necessities oversees all aspects of food processing to ensure that other type of foods in addition to the PDS-distributed cereals are available at county and district levels.

Complementarity: The Food Security and Nutrition sectors work closely together to improve the nutritional situation in DPRK. The Food Security Sector provides quantitative and qualitative information through thrice-yearly Food Security and Agriculture reports, as well as through periodic technical bulletins. By sharing relevant information on the evolving situation in agricultural production the sector creates a better understanding of the links between malnutrition and food security.

Coordination: The Food Security and Agriculture Sector Working Group (SWG) is jointly led by FAO, WFP and EUPS 4.

BREAKDOWN OF TARGETED PEOPLE BY SEX AND AGE



SECTOR	BREAKDOWN OF AGE AND SEX				
FOOD SECURITY	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
4 MILLION	49% - 51%	149,700	155,492	1,802,393	1,877,803
total targeted		4%	4%	45%	47%

NUTRITION



PEOPLE IN NEED


10.2M

PEOPLE TARGETED


2.2M

REQUIREMENTS (US\$)


\$38.5M

OF PARTNERS


3

NUTRITION OBJECTIVE 1:

1 Support access to quality preventive treatment for under-five children and pregnant and breastfeeding women. **RELATES TO SO1**

NUTRITION OBJECTIVE 2:

2 Support equitable access to nutritious, safe and sufficient food for vulnerable groups through targeted provision of micronutrients and dietary supplements. **RELATES TO SO1**

Priority Needs

Malnutrition among children and women of reproductive age remains a nationwide problem. Most children under 24 months, and 50 per cent of pregnant and breastfeeding women have insufficient dietary diversity leading to micronutrient deficiencies and unacceptably high prevalence of chronic and acute malnutrition. Chronic food insecurity, as well as poor water and sanitation are main contributors to chronic undernutrition in the country. Complementing nutrition-specific and nutrition-sensitive interventions are necessary to help address the inter-generational cycle of undernutrition. While no national survey has been conducted since 2012, the expansion of UNICEF's Community Management of Acute Malnutrition (CMAM) programme demonstrates a significant increase in demand for treatment of SAM.

Response Strategy

Priority interventions: In 2018, the Nutrition Sector will maintain its proactive approach to addressing undernutrition with a focus on the first 1,000 days of life, which is at the heart of nutrition-focused advocacy. Emphasis on maternal and adolescent nutrition will also be integrated. Ongoing support for implementation and further scaling-up of nutrition-specific and strengthening nutrition-sensitive interventions, such as promotion of optimum infant and young child feeding (IYCF) practices, dietary supplements for children and women, micronutrient supplements and services for the prevention and treatment of severe acute malnutrition will be continued.

Partnerships: Nutrition partners work closely with the Ministry of Public Health, Institute of Child Nutrition and Ministry of Food Administration and Procurement. The Nutrition Sector engages in regular dialogue with relevant stakeholders to provide and share technical information and assistance to harmonize best practices.


Complementarity: Cognizant of the importance of a multi-sectorial approach, Nutrition partners will work closely with other sectors. Enhancing access and availability to diverse foods at the household level and children's institutions will be strengthened and coordinated to contribute to improving food security and nutritional outcomes amongst the most vulnerable.

The sector will also collaborate to joint programming and monitoring, maintaining a database of monitoring tools, data management and use of MICS results, and other relevant information. Capacity development for Government partners at national level will center on strengthening community management of acute malnutrition, counselling on IYCF and food fortification. At the sub-national level, trainings on food safety and quality of fortified foods will be delivered in selected local factories. Nutrition investments will also be used to support improvements in hygiene and safety in food preparation at children's institutions.

Coordination: The Nutrition Sector Working Group is co-led by UNICEF with WFP.

BREAKDOWN OF TARGETED PEOPLE BY SEX AND AGE



SECTOR	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
NUTRITION					
2.2 MILLION	42% - 58%	800,000	800,000	101,353	439,644
total targeted		37%	37%	5%	22%

HEALTH



PEOPLE IN NEED


9.1M

PEOPLE TARGETED


2.2M

REQUIREMENTS (US\$)


\$37M

OF PARTNERS


8

HEALTH OBJECTIVE 1:

1 Reduce maternal, neonatal and under-five mortality and morbidity, and preventable mortality and morbidity due to communicable and non-communicable diseases. **RELATES TO S02**

HEALTH OBJECTIVE 2:

2 Sustain immunization coverage at > 95% nationwide. **RELATES TO S03**

Priority Needs

According to the SDHS (2014), the Infant Mortality Rate in DPRK is estimated at 13.7/1,000, Under-Five Mortality Rate at 16.2/1,000, and Maternal Mortality Rate at 66/100,000 live births; well above the global averages. These rates are higher in rural than in urban areas. An increasing number of people remain at risk of acquiring TB and around 9 million people are at risk of malaria infection. One of the key reasons for this is inadequate quality of health care services, a situation exacerbated in rural areas, with lack of essential medical equipment, pharmaceutical remedies, appropriate referral systems, therapeutic equipment and assistive devices, as well as limited professional capacity of the health care providers. Furthermore, health infrastructure is poor with many having inconsistent water, electricity and heating.

Response Strategy

Priority Interventions: Partners in the Health Sector will work together to support critical and life-saving health interventions as well as to strengthen the quality of health care services. A minimum integrated health package, including, maternal, neonatal, child and reproductive health, treatment for life-saving communicable and non-communicable diseases, functional rehabilitation /early intervention, nutrition and WASH will be jointly delivered. Interventions will include the provision of essential medicines, including

oral rehydration solution and vaccines, the provision of basic diagnostic and hospital equipment and consumables, assistive devices for children and people with disabilities, and disease detection and surveillance. Additionally, strengthening the capacity of health care providers, developing and dissemination of treatment protocols and guidelines will be a focus. To ensure equity in access to quality health care services, the strategy will prioritize health interventions in rural areas, especially hard-to-reach communities.

Partnerships: Health partners work closely with the Ministry of Public Health (MoPH) which is responsible for the implementation of public health policy and for treatment and prevention at central and specialist hospitals. At the local level, health partners work with the Health Bureaus in the Provincial People's Committees and the Health Departments of the County and Ri People's Committees.


Complementarity

The Health Sector coordinates closely with WASH and Nutrition sectors to jointly address the spread of common diseases which may be exacerbated by undernutrition and a poor sanitary environment, including diarrhoea and respiratory infections.

Coordination: The Health Sector Working Group is co-led by WHO and UNICEF.

BREAKDOWN OF TARGETED PEOPLE BY SEX AND AGE



SECTOR	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
HEALTH					
2.2 MILLION	40% - 60%	848,501	883,649	36,230	471,357
total targeted		38%	39%	2%	21%

WATER, SANITATION AND HYGIENE



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



WASH OBJECTIVE 1:

1 Improve access to safe and sustainable drinking water and hygienic sanitation facilities. **RELATES TO S02**

WASH OBJECTIVE 2:

2 Support adoption on good hygiene practices at household and institutional levels. **RELATES TO S02**

Priority Needs

It is estimated that more than half of the country's population do not have access to a functional water supply. Due to insufficient and erratic power supply and underinvestment in maintenance, water supply systems in most parts of the country are not fully functional, compromising the quality and quantity of water.

An estimated 13.7 million people are in need of safely managed water which is accessible on premise, available when needed and free from contamination. About 23 per cent of the population (5.7 million people) do have access to basic sanitation. Widespread inappropriate use of pit latrines, use of fresh excreta as fertilizer and poor hygiene practices pose further threats to human health and exacerbates under nutrition in children. As a result, much of the population are regularly exposed to the risk of waterborne diseases such as diarrhea which is among the leading cause of child mortality in DPRK.

Response Strategy

Priority Interventions: Primary WASH interventions will focus on improving access to safe water and sanitation and hygiene services. This includes: construction and rehabilitation of water supply systems, particularly for vulnerable communities, schools, nurseries, kindergartens, hospitals and clinics; installation of hand washing and menstrual hygiene facilities in the institutions; hygiene promotion, including development of standard hygiene messages on hand washing with soap; and fecal sludge and wastewater management.

Partnerships: The WASH Sector works closely with the Ministry of City Management (MoCM) that is responsible for water systems, Ministry of Public Health that is responsible for water quality and hygiene promotion, and the Grand People's Study House and Education Commission for awareness raising and hygiene education.


The Government is promoting gravity-fed water supply systems because they are low-cost, highly effective and appropriate to the country context. In areas where these systems are not feasible, water supply systems using alternate technologies like solar energy are encouraged. WASH partners involved in gravity-fed construction and maintenance support capacity building for local water officers and engineers to enhance knowledge on updated technologies, design and practical skills for planning, design, implementation and monitoring.

Complementarity: WASH interventions are closely aligned with nutrition and health interventions, to ensure maximum impact on the improvement of health and nutrition conditions of women and children, particularly in the reduction of diarrhoea and other waterborne illnesses. WASH partners also work closely with humanitarian and development partners in resilience to ensure sustainable and environmentally appropriate solutions.

Coordination: The WASH Sector Working Group is co-led by UNICEF and EUPS 3.

BREAKDOWN OF TARGETED PEOPLE BY SEX AND AGE



SECTOR	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
WASH					
357,000	48% - 52%	42,639	45,334	127,898	141,020
total targeted		12%	13%	36%	40%

GUIDE TO GIVING

CONTRIBUTING TO THE NEEDS AND PRIORITIES DOCUMENT



To download the Needs and Priorities and related updates and documents, and to donate directly to organizations participating in the plan, please visit:

<http://reliefweb.int/country/prk>

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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logik@un.org

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OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS ¹	FUNDS REQUESTED (US\$)
FAO	\$9,029,000
UNFPA	\$4,000,000
UNICEF	\$19,600,000
WFP	\$43,500,000
WHO	\$23,448,000
EUPS 1	\$3,635,000
EUPS 3	\$1,230,000
EUPS 4	\$3,700,000
EUPS 5	\$2,275,000
EUPS 7	\$800,000
TOTAL	\$111,217,000*

FUNDING REQUIREMENT BY SECTOR

US\$38.5M



Nutrition

US\$37M



Health

US\$26M



Food Security

US\$9.5M



WASH

1. As per the agreement between the European Commission and the Government of DPRK regarding the DPRK Food Security Thematic Programme "EU-supported NGOs who have an office in the DPRK are established, and referred to as, European Union Project Support (EUPS) units".

EUROPEAN UNION PROJECT SUPPORT (EUPS)	EU NGOS
EUPS 1	Première Urgence Internationale
EUPS 3	Concern Worldwide
EUPS 4	Deutsche Welthungerhilfe
EUPS 5	Triangle Génération Humanitaire
EUPS 7	Handicap International

* This does not include for IFRC, which has a separate appeal process and for FIDA/FAHRP and SDC that are fully funded.

ACTIVITIES BY SECTOR

FOOD SECURITY



FAO targets more than 600,000 vulnerable people on 60 cooperative farms in ten provinces. The priority is to provide farms with critical inputs that are essential for increasing production as well as crop productivity. Attention will be given to production

of nutrient rich foods. Inputs include soybean seeds, vegetable seeds, small farm equipment and fertilizers/pesticides to increase protein-rich soybean and nutrient-rich vegetable production and small livestock. Distribution is combined with training to increase productivity, improve agriculture practices and mitigate disaster risk.

WFP plans to reach 292,500 people through Food for Disaster Risk Reduction (FDRR) activities. FDRR activities aim to mitigate the impact of natural disasters, such as floods and drought, on local communities and improve food security. The community asset creation activities are undertaken seasonally in spring and autumn and take place in the most food-insecure and natural disaster-prone counties. The activities range from embankment rehabilitation or building to reforestation of sloping lands and the creation of large water reservoirs and irrigation canals. In exchange for people's work, participants and their families are provided with a take-home ration, rich in protein and fat to diversify families' diets. WFP will also undertake a Food Security Assessment to provide information on food consumption patterns at household level.

EUPS 1 targets 3,400 direct beneficiaries and another 52,600 indirectly in South Hwanghae Province to contribute to the improvement of infant nutrition through enhancement of production and distribution of animal source foods, notably soy and goat milk. EUPS 1 will focus on supporting fodder production and animal husbandry issues as well as enhancing capacities of agriculture executives and professors through high-level trainings and exchanges.

EUPS 3 is targeting 74,500 beneficiaries in 40 cooperative farms in 9 counties to contribute lasting improvement in food and nutrition security through technical support and capacity building. Activities

include promotion of conservation agriculture, rice intensification systems, rehabilitation of solar greenhouses (farm and household level), household kitchen gardening support, fixed irrigation systems, provision of threshing and food processing equipment, and management of natural resources. Overall the programme is also promoting the resilience building through introduction of Climate Smart Agriculture models to overcome the impacts of Climate Change and Disasters.

EUPS 4 targets more than 3 million indirect beneficiaries in five provinces to ensure availability, access and utilisation of nutritious foods by support for vegetable, legume, and grass seed production; sloping lands management/disaster risk reduction (including livelihoods support); and in nutrition-led agricultural support and innovation on cooperative farms and specifically for tuberculosis and hepatitis health care centres for elderly in-patients.

EUPS 5 targets around 50,500 direct beneficiaries in five provinces. Under a multi-sectoral approach (through mainly food security, protection, WASH, and nutrition sensitive programmes), the mission aims at providing humanitarian assistance primarily to the most vulnerable categories of population, namely children living in child institutions and the elderly. EUPS 5 focuses on specific food security activities like integrated fish farming systems, innovative feeding systems for fish, construction of greenhouses, irrigation systems, warehouses.

Fida International/ FAHRP directly targets around 20,000 beneficiaries and indirectly more than 100 000 beneficiaries in two provinces through stabilization of food production. The focus is to contribute to greater food security by contributing to clean seed potato production chains, from basic seed to multiplication of food potato. Activities include agricultural trainings, seed potato production, composting, agroforestry, field trials as well as potato storage and greenhouse construction.

HEALTH



UNFPA focuses on increasing access to quality reproductive health services to ensure improved reproductive health, including safe motherhood and improved survival rates of new-borns through provision of essential medicines, emergency obstetric care, related supplies and equipment to health

facilities and training of health care providers. This programme is expected to benefit an estimated 341,507 pregnant women. It will be

complemented with training of midwives, support for maternal death surveillance and family planning services. In addition, UNFPA will continue to support interventions on data for humanitarian assistance and will be the lead agency supporting the 2018 Census.

UNICEF supports the Ministry of Public Health in the field of maternal, new-born and child health through capacity building of service providers and provision of supplies, in addition to providing

technical assistance in adapting the policies, guidelines and protocols related to maternal and child health. This includes the provision of emergency maternal and neonatal care equipment, essential medicines and oral rehydration solution, as well as basic vaccines

WHO supports provision of policy and technical guidance along with logistical support to ensure the delivery of universal health coverage by further strengthening primary, secondary health care facilities. WHO's support is based on the Country Corporation Strategy (2014-2019), the Global Program of Work 2014-2019 and the World Health Assembly approved Biennial Programme Budget. The emphasis has been to support development of strategies, guidelines, develop technical and managerial capacity, provisioning of essential life-saving medicines and equipment to health institutions for strengthening promotive, prevention and control of communicable and non-communicable diseases, improving maternal and children's health, including immunization services, and developing health systems, including blood transfusion services.

EUPS 1 plans to target 85,000 beneficiaries in South Hwanghae Province to improve their access to quality health care all along the continuum of care, from the community to the county level. EUPS 1 will focus on staff capacity building at Ri and County level (secondary health care), to strengthen referral system and improve material conditions of health care, including by supporting medicines supply.

EUPS 5 will provide multi-service care for 530 elderly people in three pilot Multi Service Care Centers in three provinces in collaboration with the Korean Federation for Care of the Aged

EUPS 7 in collaboration with the Korean Federation for the Protection of Disabled is supporting 11 health facilities in three provinces to improve access to functional rehabilitation services for people with disabilities, targeting 6,000 people, including early childhood screening and early intervention, targeting 500 new-borns and 500 children under age eight. Through increased service provision in the target communities this number is expected to increase to nearly 674,000 people with disabilities in the target areas. Interventions focus on improving working conditions of health facilities, strengthening a physiotherapy department with essential rehabilitation and therapeutic equipment, early screening of childhood disability and provision of early intervention for the new-born and children with risk of developing disability, production of orthopaedic appliances, provision of assistive devices, and enhancing technical skills of health and rehabilitation care professionals through in country and international clinical training.

Fida International/ FAHRP supports local hospitals in three provinces. The purpose of the project is to improve health services of selected hospitals. The population of the catchment area of three city/county level hospitals of two million people will have access to better health services.

NUTRITION



UNICEF will maintain high coverage of nutrition programmes aiming to reach at least 1.6 million children (6-59 months) with Vitamin A, and treat all under-five children identified with SAM in all provinces. UNICEF plans to reduce the gap in micronutrient supplementation, as well as scale up community IYCF counselling services, with special attention on complementary feeding. UNICEF also targets 500,000 children (6-23 months) with multi-micronutrient powder supplements (MNP- Sprinkles) and 700,000 pregnant and lactating women with multi-micronutrient tablets (MNT). UNICEF will do nutrition thematic analysis of MICS data to understand the underlying cause of malnutrition. The management response to CMAM evaluation will be done following the recommendations.

WFP's nutrition assistance targets 650,000 children and women in 60 counties in nine provinces aiming to reduce hunger and prevent

undernutrition. WFP will maintain operational and technical support to the eleven local food processing facilities to ensure production of high quality WFP will continue discussions with the Government and in-country partners on food fortification. Supply chain management and supplementary food distribution to beneficiaries will be continued on regular basis to ensure populations most in need have adequate access to nutrition interventions.

EUPS 4 targets a little over 600,000 beneficiaries, mostly women of childbearing age and under-five children, in four provinces in nutrition-sensitive programming deriving from vegetable and legume seed production as well as from dietary diversification and disease prevention initiatives.

WATER, SANITATION AND HYGIENE



UNICEF in collaboration with the Ministry of City Management will provide access to safe drinking water through gravity-fed water supply systems to reach women, children and vulnerable population (168,185 people) in five provinces. Programmes focuses on nationwide promotion of hygiene and sanitation to reduce diarrhoea, particularly in those communities with higher rates of SAM/MAM children underserved by functional piped water. They will provide WASH supplies, including emergency WASH kits and continue advocacy programmes.

EUPS 1 intends to reach 10,000 direct beneficiaries and a further 75,000 people indirectly in South Hwanghae Province to improve hygiene conditions at health facility level through better access to running water and adapted hygiene practices. Hygiene and nutritional practices need to be promoted at community level through awareness and sensitization programmes.

EUPS 4 targets 30,000 people with potable water supply through rehabilitation of the Anbyon Pumphouse and support to 50 deep well drilling especially in rural areas and at nurseries, kindergartens, schools and health centres for 5,000 beneficiaries.

EUPS 3 focuses on enhancing access to WASH facilities through sustainable water supply systems and sanitation facilities. The programme aims to improve sanitation and hygiene management through hygiene promotion and capacity building to reduce waterborne diseases and integrating DRR across all the WASH initiatives. The programme is also introducing inclusive WASH interventions in menstrual hygiene management, hygiene promotion for children using CHAST, and bio composting to address intestinal parasites, which affects nutrition. The programme targets 25,272 direct beneficiaries for water supply, sanitation facilities and DRR structures while reaching 27,206 for hygiene promotion activities and disaster risk reduction management.

EUPS 5 targets around 47,290 direct beneficiaries in four provinces, through hygiene and nutrition trainings in child and elderly institutions. The project also focuses on the delivery of solar water heaters, water filters, and the construction of irrigation systems and Decentralised Wastewater Treatment System (DEWATS) plants.

NON RESIDENT AGENCIES

American Friends Service Committee (AFSC)

www.afsc.org/office/north-korea Sector(s): Food Security, Agriculture

CABI (Centre for Agriculture and Biosciences International)

www.cabi.org
Sector(s): Food Security, DRR

Christian Friends of Korea (CFK)

www.cfk.org
Sector(s): WASH, Nutrition, Health, Food Security

FiBL Research Institute of Organic Agriculture

www.fibl.org/en/homepage.html
Sector(s) Food Security, Agriculture

Global Aid Network (GAIN) gGmbH

www.gain-germany.org
Sector(s): Nutrition-Food Security

Mennonite Central Committee (MCC)

<https://mcc.org/learn/where/asia/north-korea-dprk> Sector(s): Food Security, Agriculture, Health

IFOAM - Organics International

www.ifoam.bio
Sector(s): Agriculture, Food Security

Mission East

www.missioneast.org
Sector(s): WASH, Food Security







Oxfam Hong Kong

www.oxfam.org.hk/en/DPRKorea.aspx
Sector(s): Food Security, Livelihoods, Response











World Vision












<http://wvi.org/north-korea>
Sector(s): WASH, Food Security, Agriculture, Nutrition, Response

PEOPLE TARGETED BY PROVINCE












ALL SECTORS	TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
 South Pyongan	1,135,909	48% - 52%	115,997	120,732	433,125	466,055
 North Pyongan	1,022,252	48% - 52%	103,516	107,727	389,639	421,370
 North Hwanghae	862,554	49% - 51%	84,309	87,750	338,547	351,947
 South Hwanghae	773,025	49% - 51%	57,815	60,713	320,041	334,456
 Kangwon	573,152	46% - 54%	55,865	58,145	207,335	251,808
 South Hamgyong	459,421	41% - 59%	115,921	120,652	74,662	148,186
 Pyongyang	388,420	37% - 63%	113,555	118,183	31,728	124,954
 North Hamgyong	379,373	42% - 58%	87,994	91,585	72,459	127,336
 Jagang	139,374	35% - 65%	49,144	51,150	-	39,080
 Nampo	139,009	40% - 60%	37,191	38,708	18,471	44,639
 Ryanggang	107,630	42% - 58%	27,194	28,304	17,739	34,393
TOTAL	5,980,119		848,501	883,649	1,903,746	2,344,222












PEOPLE TARGETED BY SECTOR

FOOD SECURITY		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Pyongan	908,429	49% - 51%	24,248	25,238	420,888	438,055
	North Pyongan	839,073	49% - 51%	32,379	33,387	378,937	394,370
	North Hwanghae	719,584	49% - 51%	24,173	25,112	328,450	341,850
	South Hwanghae	695,774	49% - 51%	33,945	35,685	305,864	320,279
	Kangwon	435,104	49% - 51%	14,013	14,584	199,189	207,318
	North Hamgyong	121,648	49% - 51%	4,311	4,487	55,297	57,553
	South Hamgyong	121,371	49% - 51%	4,344	4,521	55,128	57,378
	Pyongyang	70,000	49% - 51%	2,571	2,678	31,728	33,023
	Nampo	47,286	49% - 51%	8,746	8,789	14,594	15,157
	Ryanggang	27,120	49% - 51%	970	1,010	12,318	12,821
	Jagang	-	-	-	-	-	-
TOTAL		3,985,389					

NUTRITION		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hamgyong	317,903	39% - 61%	103,781	103,781	19,534	90,808
	Pyongyang	302,058	35% - 65%	105,064	105,064	-	91,931
	South Pyongan	248,383	47% - 53%	104,073	104,073	12,237	28,000
	North Hamgyong	246,448	39% - 61%	79,752	79,752	17,161	69,783
	North Pyongan	224,400	46% - 54%	93,349	93,349	10,702	27,000
	South Hwanghae	188,354	50% - 50%	80,000	80,000	14,177	14,177
	North Hwanghae	180,451	50% - 50%	80,128	80,128	10,098	10,098
	Kangwon	154,326	38% - 62%	50,845	50,845	8,146	44,490
	Jagang	128,405	35% - 65%	44,663	44,663	-	39,080
	Nampo	100,746	37% - 63%	33,694	33,694	3,877	29,482
	Ryanggang	76,299	39% - 61%	24,653	24,653	5,421	21,572
TOTAL		2,167,772					

PEOPLE TARGETED BY SECTOR

HEALTH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hamgyong	300,672	39% - 61%	115,921	120,652	1,800	62,299
	South Pyongan	289,876	40% - 60%	115,997	120,732	-	53,147
	Pyongyang	277,189	41% - 59%	113,555	118,183	-	45,451
	North Pyongan	266,200	40% - 60%	103,516	107,727	1,750	53,207
	South Hwanghae	233,145	39% - 61%	57,815	60,713	32,400	82,217
	North Hamgyong	224,173	39% - 61%	87,994	91,585	-	44,594
	North Hwanghae	223,215	38% - 62%	84,309	87,750	280	50,876
	Kangwon	149,097	37% - 63%	55,865	58,145	-	35,087
	Jagang	119,494	49% - 51%	49,144	51,150	-	19,200
	Nampo	90,174	49% - 51%	37,191	38,708	-	14,275
	Ryanggang	66,502	41% - 59%	27,194	28,304	-	11,004
TOTAL		2,239,737					

WASH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	North Pyongan	89,228	47% - 53%	-	-	42,016	47,212
	South Hwanghae	69,050	47% - 53%	-	-	32,400	36,650
	North Hwanghae	35,525	53% - 47%	-	-	18,797	16,728
	Kangwon	35,178	45% - 55%	-	-	15,858	19,320
	South Hamgyong	13,137	47% - 53%	-	-	6,163	6,974
	North Hamgyong	13,002	47% - 53%	-	-	6,100	6,902
	Ryanggang	10,841	47% - 53%	-	-	5,086	5,755
	Nampo	2,956	50% - 50%	-	-	1,478	1,478
	South Pyongan	-	-	-	-	-	-
	Jagang	-	-	-	-	-	-
	Pyongyang	-	-	-	-	-	-
TOTAL		268,918					

NOTES

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the situation, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



www.kp.one.un.org



www.reliefweb.int/country/prk