

2019

DPR KOREA NEEDS AND PRIORITIES

MARCH 2019



Credit: OCHA/Anthony Burke

TOTAL POPULATION

25M

PEOPLE IN NEED

10.9M

PEOPLE TARGETED

3.8M

REQUIREMENTS (US\$)

120M

HUMANITARIAN PARTNERS

12

Democratic People's Republic of Korea

targeted beneficiaries by sector (%)

Food Security & Agriculture Health Nutrition WASH

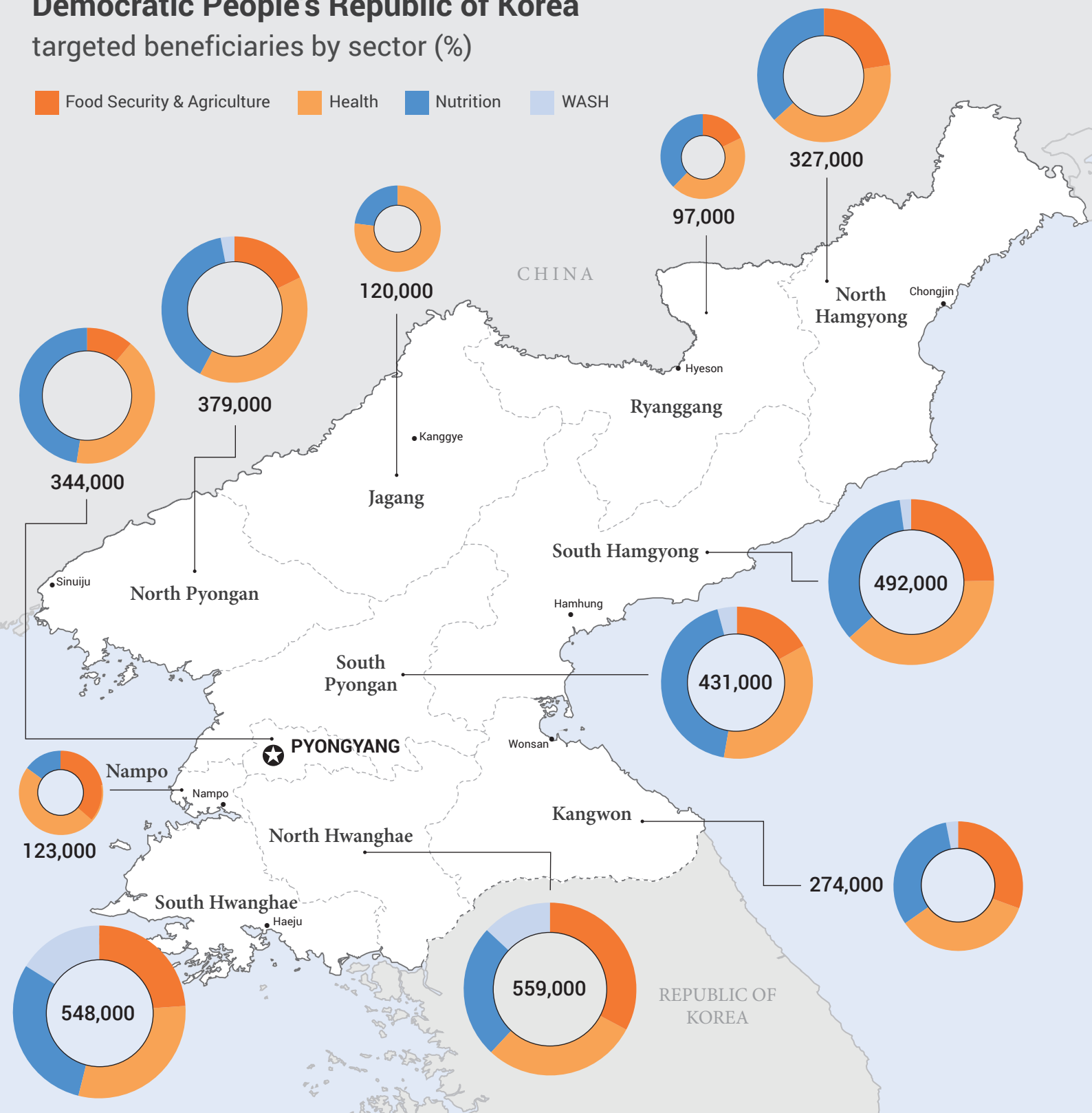


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FOREWORD BY

THE UN RESIDENT
COORDINATOR

In the almost four years that I have been in DPR Korea (DPRK), it has been a time of intense geopolitical dynamics marked by heightened diplomatic and political interest that has captured the world's attention. Most concerning is that overall food production in 2018 which was more than 9 per cent lower than 2017 and is the lowest production in more than a decade. This contributes to the protracted cycle of humanitarian need that exists in DPRK and the world continues to overlook.

An estimated 11 million ordinary men, women and children lack sufficient nutritious food, clean drinking water or access to basic services like health and sanitation. Widespread undernutrition threatens an entire generation of children, with one in five stunted as a result of chronic undernutrition. Coupled with limited healthcare throughout the country, children are also at risk of dying from curable diseases.

As worrying as the lack of nutritious food, is the acute lack of access to clean water and sanitation, especially in the most remote areas of the country. Almost 10 million people do not have access to safe drinking water and 16 per cent of people do not have access to even basic sanitation facilities. This enhances the risk of high rates of disease, as well as malnutrition. This in turn places increased pressure on the health system which lacks the essential equipment and medicines to address them.

But the situation for people is not the same in all parts of the country. For people living in rural areas the situation is far more acute and there is significant regional variance in terms of humanitarian need between the different provinces.

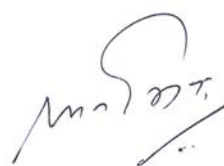
I have never failed to be impressed by the commitment and work of the UN agencies and INGOs in the country. I have seen the impact of their programmes on the lives of ordinary people who they have supported by providing nutritious food, ensuring children are vaccinated, treating malnutrition and diseases, providing access to clean water, and supporting farmers to grow food despite the risk of natural disasters. Last year, thanks to the generosity of donors who supported the UN and INGOs, agencies reached two million people with humanitarian aid despite the challenges and delays which are an unintended consequence of sanctions imposed on the country.

Despite these challenges, I have also seen progress being made. Since 2012, for example, there has been an improvement in the child nutrition situation with rates of chronic undernutrition amongst children under five dropping from 28 per cent to 19 per cent. Yet my concern, and that of the entire humanitarian community, is that while impact of stunting is irreversible, the improvements made are not.

We risk losing these gains if we continue to experience the dire lack of funding experienced in recent years. Funding for humanitarian activities is at the lowest point with less than one-fourth of the requested funding in 2018. As a result, agencies have already been forced to scale back their programmes. Without adequate funding this year, the only option left will be for agencies to begin closing projects that serve as a life line for millions of people.

Moving into 2019, humanitarian agencies in DPRK need \$120 million to provide assistance to 3.8 million people. This is a relatively small amount of money compared to the global humanitarian need, but will have a huge impact on ordinary people's lives. This figure remains largely consistent with 2018, although for 2019 we have only represented direct beneficiaries in the plan, although it is understood that beneficiaries from our programmes have broader benefits beyond those directly targeted by our interventions. The Needs and Priorities Plan is highly prioritised to make the most of the limited funding and is focused on providing a comprehensive package of support to the most vulnerable including 1.6 million under-five children, and almost 395,000 pregnant and lactating women.

Therefore, I urge all our potential donors and stakeholders to not let political considerations get in the way of addressing humanitarian need, and I strongly appeal to them to invest in life-saving humanitarian assistance in DPRK, especially for the needy and vulnerable populations.


Tapan Mishra

UN Resident Coordinator

Chair of DPRK Humanitarian Country Team

NEEDS AND PRIORITIES

AT A GLANCE

PEOPLE IN NEED



10.9M

PEOPLE TARGETED



3.8M

REQUIREMENTS (US\$)



\$120M

STRATEGIC OBJECTIVE 1

Improve nutrition of the most vulnerable people using an integrated, multi-sectoral approach that includes improved food security, as well as screening, referral and treatment for malnutrition.

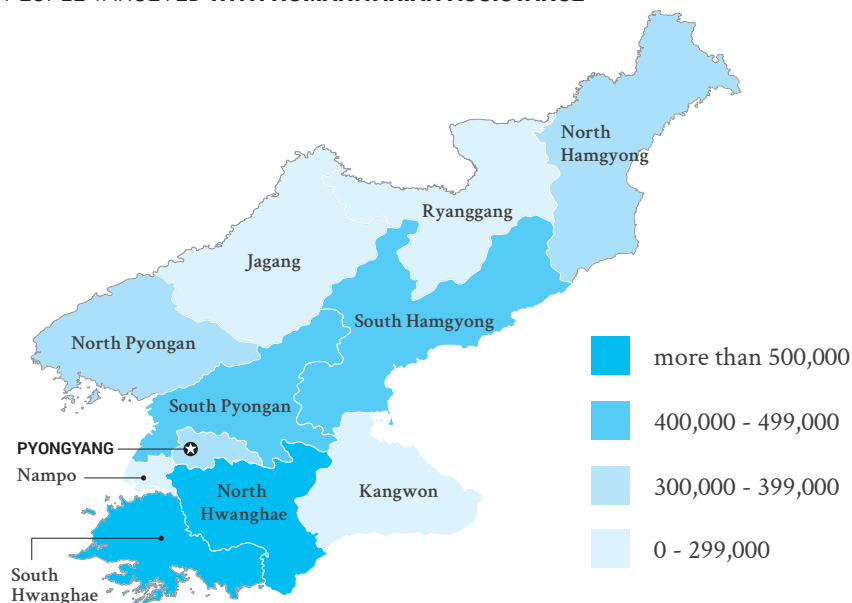
STRATEGIC OBJECTIVE 2

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

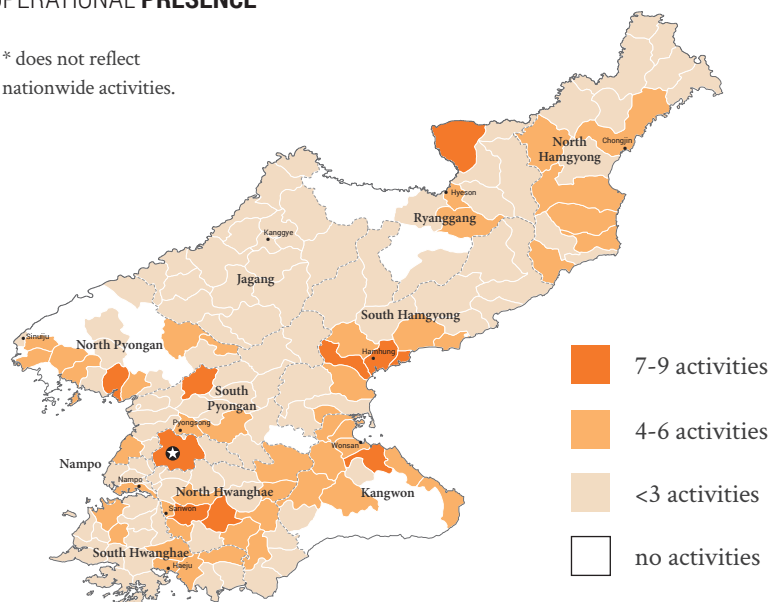
Build the resilience of the most vulnerable people in DPRK to recurrent disasters, particularly floods and drought.

PEOPLE TARGETED WITH HUMANITARIAN ASSISTANCE

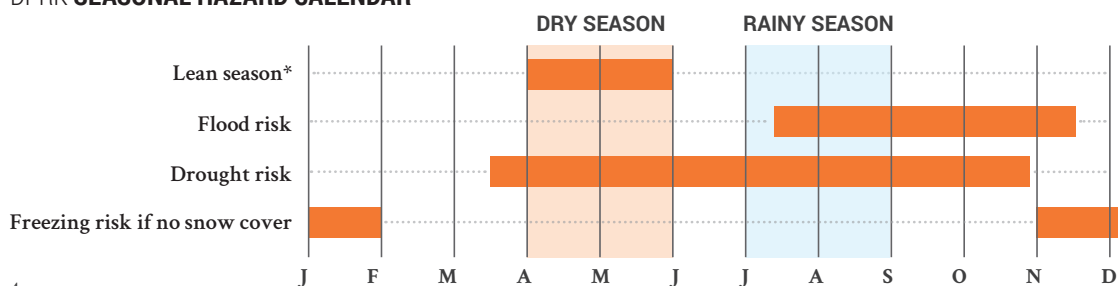


OPERATIONAL PRESENCE

* does not reflect nationwide activities.



DPRK SEASONAL HAZARD CALENDAR



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

Global Hunger Index, 2016

OVERVIEW OF

THE SITUATION

Amid continuing geopolitical dynamics the situation for millions of people in the DPR Korea (DPRK) remains grim. The country's most vulnerable people struggle with food insecurity and undernutrition and lack of access to basic services. As a result, around 10.9 million people remain in need of humanitarian assistance to cover their food, nutrition, health and water, sanitation and hygiene needs.

Chronic food insecurity

Chronic food insecurity and malnutrition is widespread in DPR Korea (DPRK), with profound humanitarian impacts for the most vulnerable people in the country. An estimated 11 million people, or 43.4 per cent of the population, are undernourished¹. Agriculture annually falls short of meeting the needs by approximately one million tonnes, due to shortages of arable land, lack of access to modern agricultural equipment and fertilizers, and recurrent natural disasters. In July-August of 2018, there was a severe heat wave in the provinces considered to be the 'food basket' of the country, with temperatures up to 11 degrees higher than average. The chronic humanitarian situation was then further aggravated by Typhoon Soulik in late August, which brought heavy rains to South Hamgyong and Kangwon provinces, as well as flash floods on 29 and 30 August 2018 in North and South Hwanghae provinces.

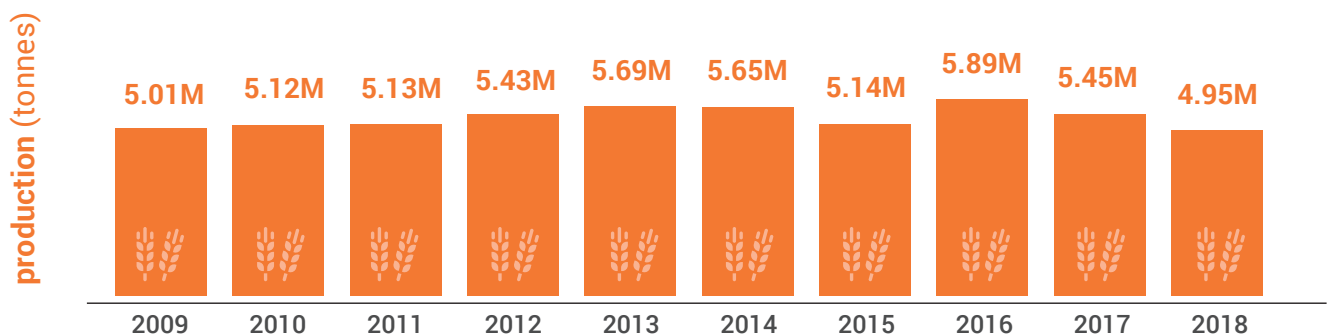
Recurrent natural disasters, such as droughts and floods, significantly impact on the productivity of cooperative farms, which are responsible for national food production, and thus on overall food security. Productive assets need to be rehabilitated as a result of natural disasters and enhanced to

Increased food insecurity and 2019 prospects

According to the Government, overall food production in DPRK was 4.95 million tonnes, compared to 5.45 million tonnes in 2017. This is a 9 per cent lower than in 2017 and 16 per cent lower than in 2016. For rice and wheat crops, production was 12-14 per cent lower than in 2017, while potato and soy bean were more affected, seeing 34 per cent and 39 per cent reductions on 2017 respectively.

Planting of the 2018/19 winter wheat and barley crops was completed in November 2018. Remote sensing imagery indicates below-average precipitation (rain and snow) over large parts of the country. This has resulted in lower soil moisture reserves for winter crop development and decreased irrigation water supplies for spring crops (wheat, barley and potatoes) that will be planted in March and harvested in June. Weather conditions from February to May will be crucial for crop development. Winter and spring crop production is vital for food security, particularly during the lean season (May-September).

DPR Korea Crop Production (2009-2018)



M: millions DPRK Government, Ministry of Agriculture

1. The State of Food Security and Nutrition in the World, 2018 - www.fao.org/3/I9553EN/i9553en.pdf. The current and historical data on which the GHI scores are based are continually being revised and improved by the UN agencies and each year's report reflects these changes. Comparing scores between reports may create the impression that hunger has changed, positively or negatively, in a specific country, whereas in some cases the change may be partly or fully a reflection of data revision.

ensure access to food and other essential services for people in need. This includes rehabilitation of irrigation networks and stabilization of flood-damaged riverbanks and embankments. For humanitarian partners there is a critical role in reinforcing household and community resilience, as well as maintaining access to the most vulnerable populations, particularly following a disaster. Emergency preparedness measures directly mitigate the impact of disasters on farms and vulnerable communities that are critical to preventing a decline in food security and an increase in malnutrition rates.

Food insecurity is compounded by poor dietary diversity, which is a major concern for most of the population. There are also persistent gaps in nutritional status between rural and urban populations that need to be reduced. The Global Hunger Index (GHI) has classified the level of hunger in DPRK as 'serious' and 'bordering on alarming,' with DPRK ranked 109 out of 119 qualifying countries². The deteriorating food security situation is reflected in a score of 34 in 2018 - the highest score since 2000 - compared to a score of 28.2 in 2017. DPRK remains heavily reliant on domestic food production for its food security.

Due to reduced crop production, as well as the impact of the floods and heatwave, food insecurity will increase in 2019, particularly among the most vulnerable. As there is strong link between food insecurity and malnutrition, any negative impact on food access and availability has widespread and long-lasting impacts and risks jeopardising gains that have been made in malnutrition rates.

Undernutrition is countrywide

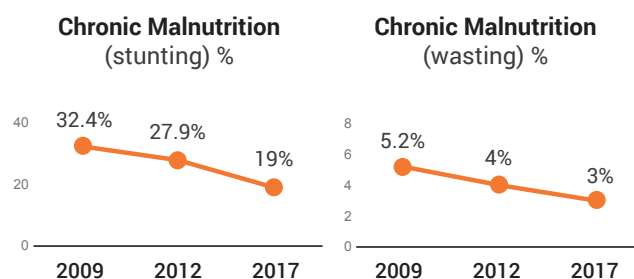
Food insecurity and the nutritional status of people in DPRK are strongly interrelated. Many people do not consume an adequately diverse diet, reinforcing the cycle of undernutrition. In particular, young children and pregnant and lactating women suffer from chronic malnutrition because their diets lack vitamins, minerals, proteins and fats. According to the 2017 Multiple Indicator Cluster Survey (MICS), conducted by the Central Bureau of Statistics with support from UNICEF, one in five children in DPRK are stunted (chronically malnourished)⁴. These children will struggle to lead a normal life, facing impaired physical and cognitive development that cannot be reversed later in life. In addition to the effects of stunting being irreversible, these are also often passed on from one generation to another, creating a self-perpetuating cycle - malnourished women are more likely to have malnourished children.

In resource-poor settings, food scarcity leads to diets that are low in nutrient density, with negative impacts for children's growth. According to the MICS, one-third of children aged 6-23 months do not receive the minimum acceptable diet, the combination of both the minimum diversity of foods and minimum number of feeds. Significant variations exist between provinces and between rural and urban households. For example, in North Hwanghae Province, two-thirds do not receive the minimum diet diversity, compared with just one-fifth of children in Pyongyang Province.

Although the national rate of stunting has dropped significantly from 28 per cent in 2012 to 19 per cent in 2017, significant regional differences exist, varying from 10 per cent in Pyongyang Province to 32 per cent in Ryanggang Province⁵. Furthermore, girls have a higher stunting rate (19.9 per cent) compared to boys (18.4 per cent). There are also significant variations by age group, with the percentage of stunted children increasing with age after one year, after complementary feeding should be introduced. The percentage of stunted children is highest in the age group 48-59 months, at 26 per cent⁵.

In addition, an estimated three per cent of under-five children (approximately 140,000) suffer from wasting or acute malnutrition⁶. Children affected by wasting have a higher risk of mortality. The main underlying causes of wasting are poor household food security, inadequate feeding and care practices, as well as poor access to health, water, hygiene and sanitation services. Wasting also plays a part in the vicious cycle of infection: undernutrition increases susceptibility to infection, and infection then leads to greater weight loss due to appetite loss and poor intestinal absorption. Moreover, there is an established relationship between poor nutrition and increased vulnerability to some diseases, including tuberculosis (TB).

Chronic Malnutrition Trend from 2009-2017



2009, 2012 and 2017 MICS Surveys, UNICEF

2. www.globalhungerindex.org/north-korea.html

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

4. <http://mics.unicef.org/surveys>

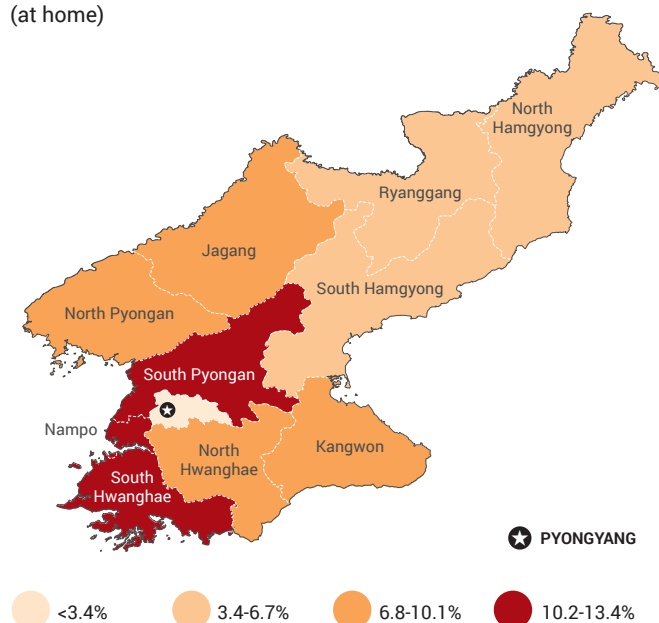
5. <http://mics.unicef.org/surveys>

Access to basic health services

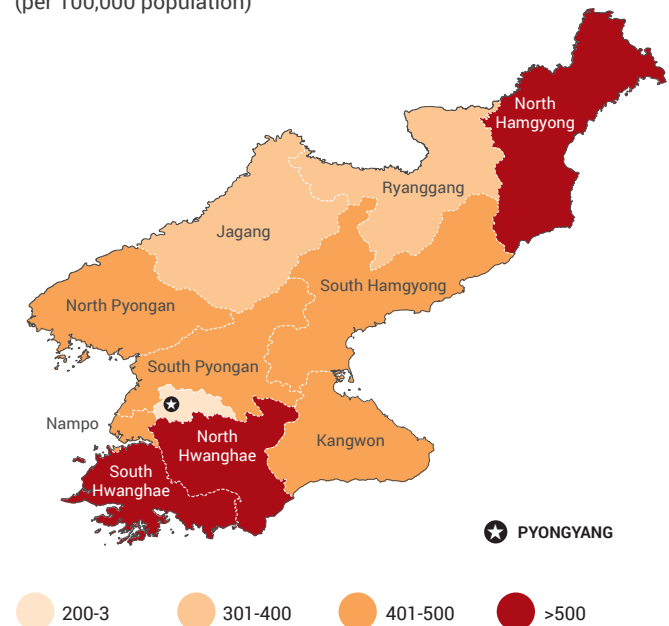
In DPRK, communicable and non-communicable diseases remain major health concerns. Around nine million people are estimated to have limited access to quality health services. While health facilities exist throughout the country, they often do not have the essential medical equipment or life-saving medicines to provide quality health services. There is limited quality comprehensive health services, including for sexual and reproductive health, child health, disability and aged care, as well as for communicable and non-communicable diseases. There is also limited professional competencies of health care providers to deliver at all levels of the health system; a situation that is exacerbated in primary health care level and more remote and rural areas. Furthermore, many health facilities struggle to maintain consistent water and electricity supplies putting patients at increased risk of infection and death.

In recent years there have been significant improvements in rates of infant and child mortality, a clear indication that humanitarian aid is making an impact in the lives of the most vulnerable. The current infant mortality rate is estimated at 12 per 1,000 live births, compared to 16 per 1,000 live births 10 years ago and under-five mortality is estimated at 15 per 1,000 live births, compared to 20 per 1,000 live births 10 years ago⁷. High immunization coverage, at more than 95 per cent, has contributed significantly to these achievements, but is highly donor dependent. Despite this, young children continue to die from common and preventable childhood illnesses. Diarrhoea

Percentage of deliveries that took place outside of a health facility (at home)



Tuberculosis incidence rate (per 100,000 population)



and pneumonia remain the two main causes of death among under-five children. More than one in ten children suffers from diarrhoea, which in turn exacerbates already high rates of stunting and wasting⁸. Over 90 per cent of under-five deaths can be prevented through adequate nutrition, essential medicines and oral rehydration solution.

The main causes of maternal mortality are postpartum haemorrhage, infections, sepsis and other complications during pregnancy, with women who give birth at home most at risk. Maternal mortality ratio remain high at 65.9 per 100,000 live births⁹. According to the 2017 MICS Survey, over 7.8 per cent of the deliveries occurs at home and account for nearly two thirds of all maternal deaths. The shortage of critical life-saving drugs, such as oxytocin (to treat post-partum hemorrhage and control excessive bleeding) and magnesium sulphate (used to treat pre-eclampsia) contributes to high maternal mortality rates. Poor nutrition, including anaemia, further contribute to reproductive health problems.

Tuberculosis (TB) is highly prevalent, at a rate of 641 per 100,000 people, one of the highest TB burdens in the world (with no HIV infection detected). Annually, around 110,000 cases of TB are detected, with an estimated 5,200 new multidrug resistant TB (MDR-TB) cases. There are an estimated 16,000 TB-related deaths each year¹⁰. Nutrition and smoking are contributing factors. Although some resources have been committed for treatment of TB, including for

pediatric TB, there are significant challenges in sustaining pipelines for supplies without funding, increasing the risk of further transmission. Additionally, while the incidence rate of malaria is moving towards elimination, there are still 9 million people at risk of acquiring the disease. Without adequate medicines, achieving the last mile will be difficult, jeopardising the achievements already made and will pose a higher risk of an resurgence of the disease which could spread across the country's borders.

Therefore, intensifying timely diagnosis, initiating early and continuous treatment that ensures compliance can significantly reduce disease transmission, morbidity and mortality. Adequate funding for medicines, diagnostics and equipment will play a crucial role in addressing the significant health challenges in the country.

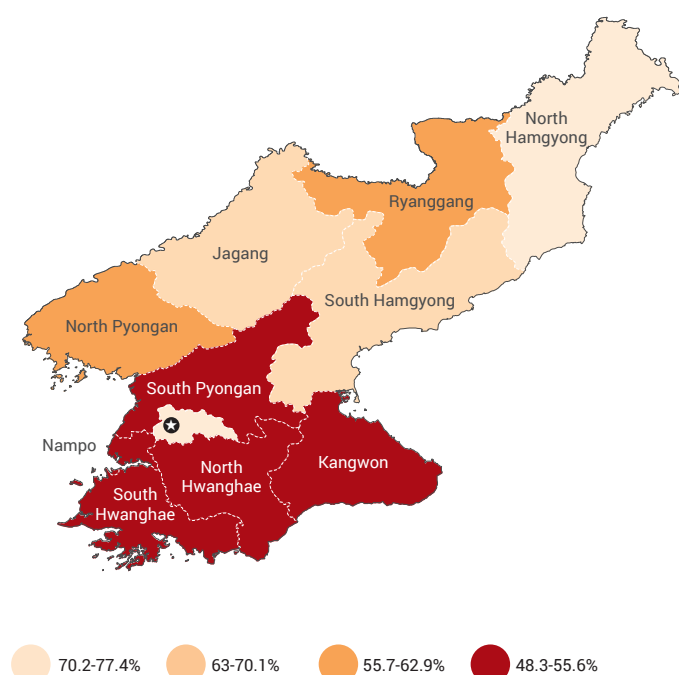
Declining conditions in water, sanitation and hygiene

While there has been some improvement in development indicators, as evidenced by improvements in stunting and wasting rates, as well as infant, child and maternal mortality, serious constraints in accessing safe drinking water, safely managed sanitation and hygiene services persist.

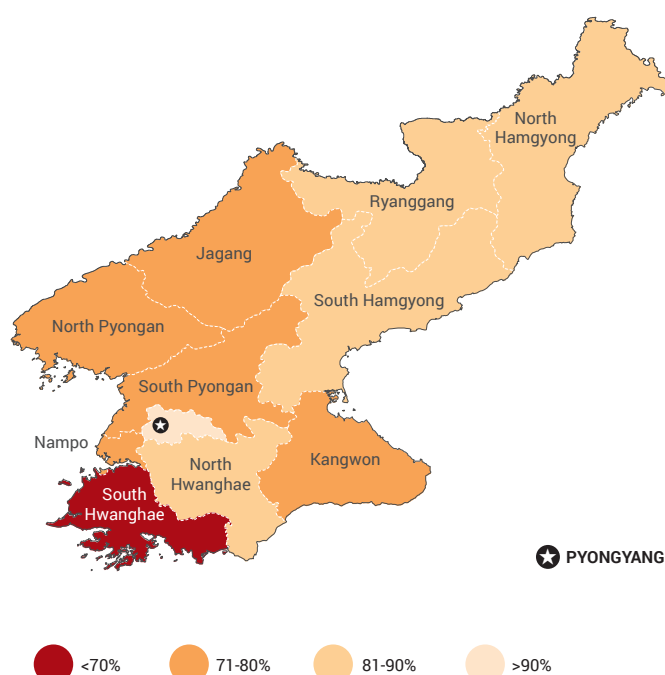
High prevalence rates of diarrhoea and other diseases, as well as the prevalence of undernutrition, are driven by the lack of safe water and sanitation facilities. According to the MICS data, 39 per cent, or estimated 9.75 million people, do not have access to a safely managed drinking water source, rising to 56 per cent in rural areas. Women overwhelming are responsible for collecting water (65 per cent), with the responsibility being shouldered by women more so in rural areas (72 per cent in rural areas compared to 61 per cent in urban areas)¹¹. Amongst the most vulnerable households, 36 per cent of people, including 54.1 per cent of the rural population, are found to have contamination in household drinking water, placing them at increased risk of ill health. As a result, more than one in ten children suffers from diarrhoea each year which remains one of the top causes of deaths in the country.

Inadequate access to sanitation is further aggravating health risks. Around 16 per cent of people do not have access to even basic sanitation facilities, it is even fewer for rural areas with 29 per cent¹². Nine out of ten people in rural areas, and three out of ten in urban areas, live in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities¹³. There are also significant variances in access to safe drinking water and sanitation services in the different provinces.

Percentage of people using safely managed drinking water services



Percentage of people using basic sanitation facilities



Source: 2017 MICS

Natural disasters

DPRK is highly vulnerable to recurrent natural disasters. The IASC Index for Risk Management ranks DPRK 39 out of 191 countries in terms of disaster risk. Between 2004 and 2018, over 6.6 million people were affected by natural disasters such as drought and floods, compounding vulnerabilities, and increasing the need for assistance.

Floods and drought regularly strike the country in the same year, compounding already dire chronic humanitarian needs. These disasters cause displacement, destroy homes and critical infrastructure and disrupt supply chains. This impacts on household livelihoods and community resilience. These events also cause an increase in rates of disease, such as diarrhoea, and negatively impact on food security and nutrition.

In 2018, a heatwave in the middle of the year impacted crop production across the country, as temperatures soared 11°C above average. The heatwave was swiftly followed by flooding in several provinces in August. Following Typhoon Soulik on 23 August 2018, Kangwon and South Hamgyong provinces experienced heavy rains that affected around 60,000 people. Less than a week later, North and South Hwanghae provinces were hit with flash floods, affecting over 280,000 people, killing at least 76 people and displacing around 11,000 people. A total of 1,758 houses and 56 public buildings, such as schools and health clinics were either damaged or completely destroyed.

Agricultural production continues to be severely affected by natural disasters, eroding coping capacities of farmers. Even relatively small-scale events can have serious impacts on food production. For example, the August floods destroyed 17,000 hectares of arable land and damaged fish farms and livestock, contributing to reductions in end of year harvests, aggregating an already precarious food security situation.

While the Government has capacity to respond to disasters and has taken a lead role in responding to the August flood events, especially in rescue operations and the reconstruction phase, international humanitarian assistance continues to play a vital role in emergency preparedness and in response efforts in the immediate aftermath of a disaster.

Operational challenges and constraints

The geopolitical situation related to DPRK remains fragile and difficult to predict. While Security Council sanctions imposed on the country clearly exempt humanitarian activities, humanitarian agencies continue to face serious unintended consequences on their programmes, such as lack of funding, the absence of a banking channel for humanitarian transfers and challenges to the delivery of humanitarian supplies.

TIMELINE OF DISASTERS



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



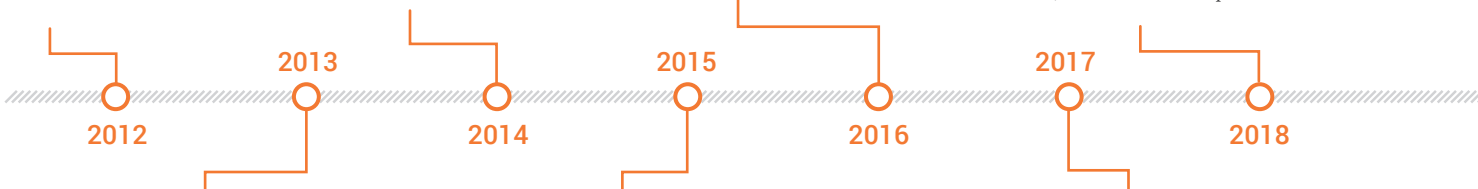
A **dry spell** over eighteen months from March 2014 caused drought, affecting agricultural production and access to water. 18 million PDS-dependents were at risk of food insecurity, malnutrition and illness.



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



A heatwave in mid-year, affected key agricultural areas, with temperatures up to 11 degrees higher than normal. This was followed by **flooding** in late August that affected North and South Hwanghae and Kangwon provinces. 340,000 people were affected, more than 11,000 displaced and over 17,000 hectares of crops were lost.



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



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.



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.

Regional and rural/urban differences



An estimated 61 per cent of the population live in urban areas¹⁴. However, across all indicators, there are significant disparities in mortality and morbidity rates and access to basic services between urban and rural communities.

These discrepancies begin at birth, with 87 per cent of births in rural areas occurring in health facilities, compared to 95 per cent of births in health facilities in urban areas. Marked disparities also exist in stunting and wasting rates amongst under-five children. In urban areas, 15 per cent of children are stunted compared to 24 per cent in rural areas¹⁵. In addition to differing levels of access to health facilities, access to other basic services contributes to discrepancies in child health and malnutrition. In urban areas, 71 per cent of the population have access to safely managed drinking water, compared to just 44 per cent of households in rural areas¹⁶. Moreover, while 88 per cent of people in urban settings have access to basic sanitation, this figure drops to 72 per cent in rural areas.

In addition to the differences between those that live in urban and rural areas, there are also significant regional variance in indicators across the provinces of the country. For stunting and wasting rates, Ryanggang Province has the highest rates, compared to other provinces. For access to a safely managed water source, South Hwanghae is only 48 per cent, compared to 77 per cent in North Hamgyong Province. In Pyongyang, 97 per cent of people have access to basic sanitation, while in South Hwanghae only 69 per cent of people have access¹⁷.

The banking channel, used to bring funds into the country to pay day-to-day operational costs has been suspended since September 2017. Attempts to find a replacement channel have so far been unsuccessful. Despite this challenge, humanitarian agencies have continued to implement their activities. Some 90 per cent of humanitarian expenditure is undertaken outside the country. The relatively small amount of funding required in-country is largely to cover operational costs, including rent, utility costs and local salaries.

The welcome adoption of the Implementation Assistance Notice (IAN)¹⁸ Number 7 by the 1718 Sanctions Committee in August 2018 was a critical step towards streamlining and expediting exemption requests for humanitarian operations. Rapid application of the IAN, as well as expediting the review and approval of the exemption requests for humanitarian programmes will help to alleviate the suffering of hundreds of thousands of people.

However, the continued risk-averse approach taken by suppliers and some authorities in transit countries when dealing with the importation of humanitarian items into the DPRK continues to cause significant delays in the delivery of life-saving humanitarian assistance. Suppliers can also be reluctant to import items due to the heavy procedures, delays in port clearance, higher expenses and/or reputational risks. With the limited availability of suppliers, the costs to source items have also increased.

Funding for humanitarian operations has also declined significantly over the last five years. UN agencies and INGOs through the 2018 Needs and Priorities Document appealed for US\$111 million to meet the critical life-saving needs of six million of the most vulnerable people. The appeal was only 24 per cent funded, one of the lowest funding levels in 10 years and one of the lowest funded appeals in the world. The low level of funding is impacting operations. In the Nutrition Sector, fortified food assistance to 190,000 kindergarten children was suspended due to a lack of funding. In the WASH Sector, partners to the Needs and Priorities reached 101,000 beneficiaries of the 357,000 people targeted (around 28 per cent). Including other partners¹⁹, an additional 53,000 were reached. However, the delivery of safe drinking water projects has not been completely implemented for around 229,000 people in part due to a lack of funding as well as delays in sanction exemptions clearances.

Facing the above mentioned challenges, agencies have been forced to scale back essential programming, thus seriously compromising the delivery of basic humanitarian interventions that are crucial to safeguarding the lives of the most vulnerable. However, further cuts to programming could roll back access gains and exacerbate the already dire humanitarian needs faced by the most vulnerable people in the country.

14. 2014 Socio-Economic Demographic Health Survey

15. 16. 17. <http://mics.unicef.org/surveys>

18. Implementation Assistance Note No.7, issued on 6 August 2018

19. ICRC, IFRC and Swiss Agency for Development and Cooperation (SDC) also implement WASH projects but are not included in the Needs and Priorities plan.



DPR KOREA: 2018 YEAR IN REVIEW

KEY ACHIEVEMENTS

PEOPLE IN NEED (millions)



PEOPLE TARGETED



PEOPLE REACHED



The number of beneficiaries reflects those activities with the widest reach and the number of targeted people receiving any level of assistance. However, in many cases the full package of required assistance per person was not provided due to insufficient funding. The total number of people reached is calculated to account for duplications in beneficiaries, particularly for under-five children and pregnant and breastfeeding women who are targeted under all sectors. For 2018, indirect beneficiaries as well as direct beneficiaries were included in the Food Security Sector and were therefore reflected in the numbers. This has been amended for 2019, which largely accounts for the drop in targeted beneficiaries from 6 million in 2018 to 3.7 million in 2019.

SECTOR GAPS


FOOD SECURITY*
1,400,000

1.4 million people were not reached with food assistance or food production support.


NUTRITION
621,000

621,000 women and children did not receive nutritional support.


HEALTH
797,000

797,000 people were not able to access quality health services.


WASH
265,000

265,000 people were not reached with water, sanitation and hygiene services.

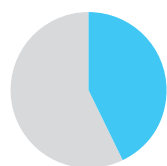
FUNDING

FOOD SECURITY*



\$26M required
8.5%
funded

NUTRITION



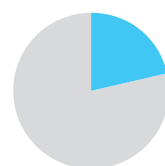
\$38.5M required
42.8%
funded

HEALTH



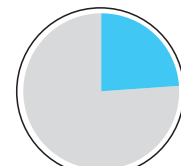
\$37M required
15.5%
funded

WASH



\$9.5M required
21.5%
funded

TOTAL

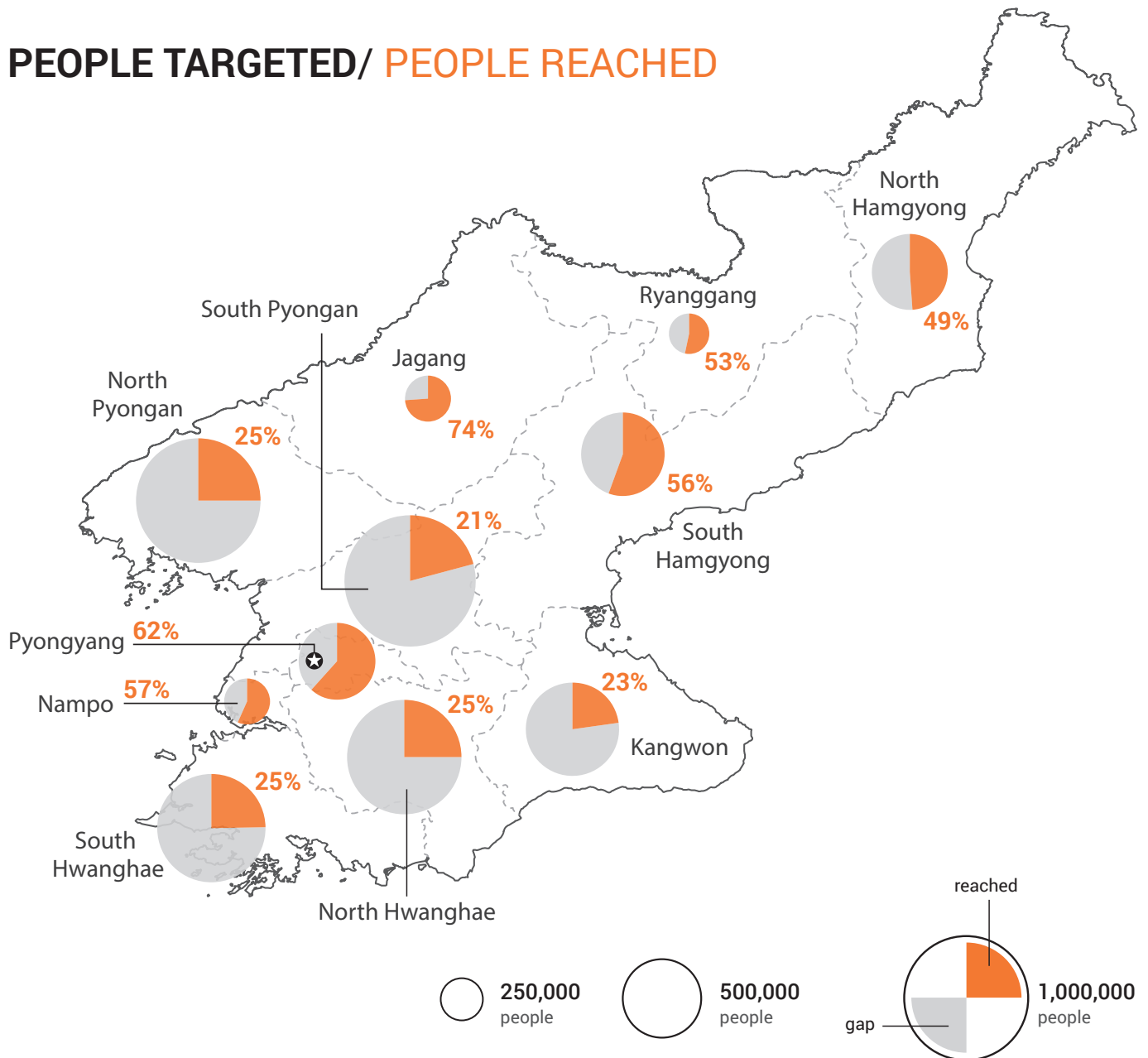


\$111M required
24%
funded

*Food Security and Agriculture

Figures on funding received is taken from the Financial Tracking Service <http://fts.ocha.org>

PEOPLE TARGETED/ PEOPLE REACHED



KEY ACHIEVEMENTS

420,525

cases of diarrhoea treated.

740,000

infants and pregnant women vaccinated.

750,000

people provided with nutritious food.

41,000*

acutely malnourished children under five provided with treatment.

162,000

people supported to improve crop production.

101,000

people provided access to safe drinking water.

* As per UNICEF Global Humanitarian Action for Children reporting requirements, cut-off dates for results is set at 31 October 2018, and must be in alignment with those reported in the country's inter-agency appeal document (i.e. Humanitarian Response Plan and/or Needs and Priorities). Thus, 41,000 under-five children provided with treatment is at 31 October 2018. However, the updated results as of 31 December 2018 indicates 55,000 children were treated for acute malnutrition.