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 recurrent shocks. To achieve this, the DPRK Humanitarian Country Team (HCT) has agreed on the following strategic objectives in 2019:

IMPROVING FOOD SECURITY AND NUTRITION

Improve the nutritional status of the most vulnerable people using an integrated and multi-sectoral approach that includes improved food security, as well as screening, referral and treatment for malnutrition. Partners will work to ensure that under-five children and pregnant and lactating women in particular 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, especially children, women, people with disabilities and the elderly have access to basic health services such as: maternal and child health, immunizations; essential medicines and commodities; diagnostic and treatment services for communicable and non-communicable diseases; early interventions for people with disabilities and improved disease surveillance . Access to safe drinking water, as well as sanitation and hygiene services will be improved, and good hygiene and sanitation practices promoted.

STRENGTHEN RESILIENCE TO RECURRENT DISASTERS

Build resilience of communities 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 Government and communities have the capacity to prepare for, respond to, and recover from shocks.

RESPONSE

STRATEGY

This plan assumes that there are significant humanitarian needs in the country and that the lives of ordinary people will deteriorate further without critically needed funding. The overall goals of the Needs and Priorities remain fundamentally unchanged, focusing on addressing food insecurity, undernutrition and a lack of access to basic services, particularly for under-five children and pregnant and lactating women.

Planning assumptions and focus for 2019

Agricultural production, which was significantly reduced in 2018, and was the lowest figure in recent years, can expect to be impacted by either floods or drought, or both, in 2019 as natural disasters have occurred annually in the last five years. Compounded by a lack of dietary diversity, food insecurity and malnutrition will remain critical challenges. While new data has shown improvements in both malnutrition and mortality rates there are significant regional and rural/urban differences that must be addressed. Furthermore, the health system continues to face critical shortages in essential medicines and equipment, particularly for specialized services, and a lack of access to clean water, sanitation and hygiene services will continue to underpin many health and nutrition issues.

The HCT has a robust and highly prioritized Needs and Priorities document focused primarily on women and under-five children—who collectively make up 75 per cent of those targeted in this plan. Out of the 10.9 million people estimated to be in need of assistance, the collective response will target the most vulnerable 3.8 million people (35 per cent). This includes around 1.6 million under-five children, and almost 395,000 pregnant and lactating women.

Activities included in the Needs and Priorities provide targeted interventions that aim to protect the food and nutritional security, health and well-being of the most vulnerable. In line with the humanitarian imperative, the purpose of humanitarian programmes in DPRK is to alleviate human suffering and to support the right to life with dignity. As the drivers of humanitarian need in the country are multiple, the HCT will aim to have a multi-sectoral response that consolidates several interventions. This will also optimize the use of limited resources and ensure an effective response. For example, as one of the main killers of children and an exacerbating factor in malnutrition, diarrhoea is caused by consumption of unsafe drinking water, poor hygiene practices and inadequate health services. To address it, improvements to water, sanitation, health, nutrition and food security are essential.

The Needs and Priorities document considers the broader, longer-term needs of communities to ensure resilience to natural disasters and seeks to ensure that humanitarian action links up effectively with wider development efforts that are outside the scope of this plan. Strengthening the nexus 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). In line with these frameworks, humanitarian and development partners are strengthening the complementarity and coherence between the UN Strategic Framework (2017-2021) (UNSF) and the Needs and Priorities Document, to ensure that life-saving humanitarian assistance in 2019 is accompanied by investments in resilience-oriented programmes to reduce vulnerability and risks, as well as increase communities' resilience. 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.

Humanitarian organizations will continue to take advantage of access to implement extensive and robust monitoring to ensure aid reaches the most vulnerable. Advocacy will also continue to be a core component of the strategy to ensure aid reaches the most vulnerable. Advocacy will also focus on ensuring that operational challenges, such as the impact of sanctions, do not impede the ability agencies to deliver their humanitarian interventions to those most in need of assistance.


Credit: OCHA/Anthony Burke

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. Taboos around menstrual hygiene, for example, contributes to a lack of facilities and information for women and girls on menstrual hygiene management. Maternal mortality rates remain high (65.5/100,000 live births), as does the levels of malnutrition among women of child bearing age (23.2 per cent) and girls. This reflects issues of equality and inclusiveness in the delivery of health and education services which leave women and girls more vulnerable to the effects of the ongoing underfunded humanitarian situation.

As in previous years, there will remain a strong focus on women, particularly pregnant and lactating women. Of the targeted beneficiaries over age 5, females comprise 56 per cent. 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 2019, 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 strengthened gender analysis.

According to official figures, it is estimated that 24.5 per cent of DPRK's population are children under 18 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 food insecurity and malnutrition and the consequences associated with the lack of health care, safe water and sanitation services despite being culturally and traditionally accorded special consideration in Korean society, including being provided with special foods and targeted food rations.

1.7 million

of the population are children under five years

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. People over 60 years old accounted for 14 per cent of the population in 2014, and are expected to reach 20 per cent by 2030[20]. Most of the public health system does not provide specific care services for the elderly, including specialized treatment and prevention of common diseases, as well as ways of keeping fit to ensure healthy ageing. In most cases, daily support remains the exclusive responsibility of members of the family leaving the elderly isolated during the day. Taking into account the general ageing of the population and the socio-cultural context, action must be taken to provide appropriate forms of assistance to reach vulnerable elderly populations in order to ensure protection, well-being and dignity by addressing the specific needs associated with ageing through a cross-sectorial approach. Partners work to increase the central, provincial and local capacities of the Korean Federation for the Care of the Aged (KFCA) and develop an adequate care model to be replicated at the national scale to increase elderly's resilience, long-term autonomy, prevent age-related diseases, and develop dependency-adapted care.

1.6 million

of the population have some form of disability

According to the 2014 Disability Sample Survey, nearly 6.2 per cent of the population, or almost 1.6 million people, have some form of disability and are among the most marginalized people in the country. People living with disabilities are disproportionately impacted by natural disasters and face multiple barriers to accessing life-saving relief and recovery support. There are many challenges to meeting their humanitarian needs including, low levels of understanding of inclusion, lack of disaggregated data and low rates of funding given to humanitarian projects inclusive of persons with disabilities. The lack of disaggregated data continues to be a major challenge for humanitarian actors to be able to assess, target and monitor whether services and programmes are reaching persons with disabilities. In 2019, Humanity and Inclusion (formerly Handicap International) and the Korean Federation for Protection of the Disabled (KFPD), will undertake a second disability sample survey which will provide new evidence to further inform programming.

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.

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. There is a Monitoring and Evaluation/ Data Management Working Group that focuses on better collection and analysis of data and harmonising common standards for M&E. This is supplemented by partners' own monitoring which allows for identification of vulnerabilities and emerging issues at project sites.

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.

20. 2014 Socio-Economic Demographic Health Survey.

OPERATIONAL

CAPACITY

The humanitarian community in DPRK is comparatively small, but it provides critical life-saving assistance to people in need. 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 INGOs, as well as the International Federation of Red Cross and Red Crescent Societies (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 Pyongyang. 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.[21]

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 with relevant line ministries as part of the Government's contribution to the project. International INGO partners transport and deliver assistance directly to project sites.

INGOs are not implementing partners for the UN in DPRK. However, in 2018 the Government approved a partnership project between Humanity and Inclusion (EUPS 7), the Korean Federation for the Protection of the Disabled and UNICEF. The project, which focuses on early childhood development for the early screening and detection of disability in children, represents a breakthrough in UN and international-national INGO collaboration. It also reflects the Government's commitment to implement the recommendations from the Committee on the Convention on the Rights of the Child (CRC) related to cooperation with civil society and facilitating a collaborative environment amongst resident UN agencies and international partners.

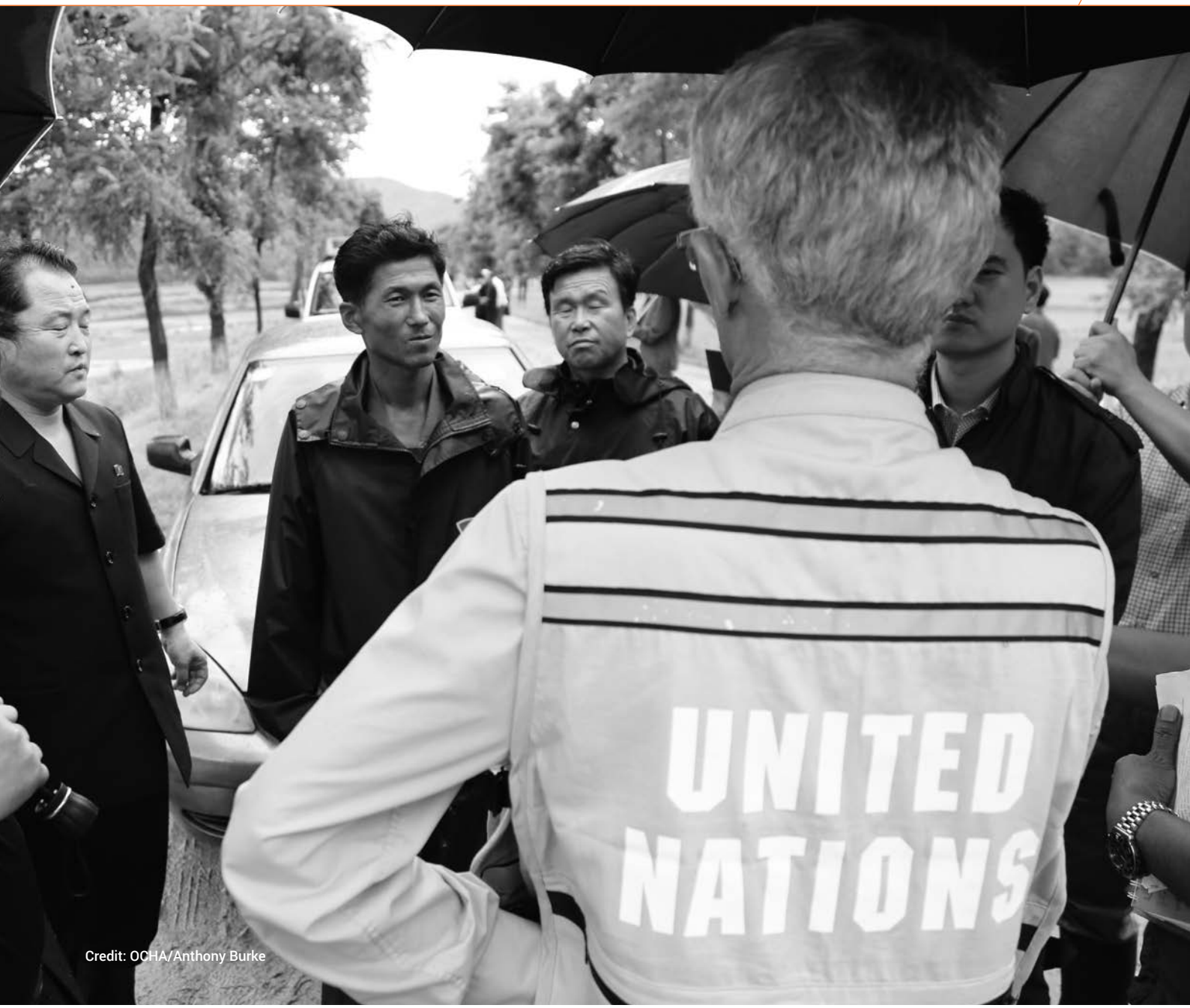
All project activities in DPRK are planned in consultation with the People's Committees and local authorities in targeted counties, and line ministries at the national level. This helps identify key issues and immediate needs, and elaborate response activities. The Peoples' Committees are representatives of the communities and are involved in all the stages of a project including planning, implementation and monitoring.

Assistance is tailored to ensure that it will be used for its intended purpose. For example, in the Nutrition Sector, food commodities, such as ready-to-use therapeutic food (RUTF), therapeutic milk, fortified cereal blend and fortified biscuits for children are not consumed by the broader population. In the Health Sector, vaccines can only be administered to children under one year of age and pregnant mothers and supplies of medicines are those that can 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. Agencies also engage regularly with line ministry counterparts, as well as having direct links

21. IFRC and ICRC are observers in the HCT



Credit: OCHA/Anthony Burke

with provincal and county level authoritites for planning and implementation of their programmes.

All humanitarian agencies come together in the HCT and subsidiary technical Sector Working Groups (SWGs). Four SWGs have been established to support coordination of humanitarian operations – Food Security and Agriculture, Health, Nutrition and WASH. There is a Monitoring and Evaluation/Data Management Working Group that focuses on better collection and analysis of data and harmonising common standards for M&E. In addition, a Disaster Risk Reduction SWG was established in June 2016, co-chaired by UNDP and IFRC to complement the existing groups. In response to natural disasters, further SWGs can be established as required. An OCHA staff member has been seconded to the Resident Coordinator's Office (RCO) to support coordination. However, coordination with the Government, particularly for Sector Working Group, has been affected by national staff being required to obtain prior approval to attend meetings, however under the UNDS reforms the Government has shown a willingness to engagement more in coordination.

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.

HUMANITARIAN

ACCESS & MONITORING

The level of access and monitoring for humanitarian agencies continues to improve due to continued, principled and robust engagement with the Government. Humanitarian agencies rigorously monitor their programmes throughout the country to ensure assistance is reaching the most vulnerable. But gains risk being lost without sufficient funding to maintain operational presence.

Monitoring

UN agencies and INGOs rigorously monitor humanitarian activities and programmes to ensure aid reaches the most vulnerable people and isn't diverted. Monitoring is conducted by international and national staff and includes regular visits to households as well as project sites including cooperative farms, fortified food production factories, warehouses, public distribution centres, health facilities, nurseries and kindergartens. In 2018, 1,855 project site visits were conducted over 854 monitoring days by UN agencies and INGOs, covering all provinces in the country.

Monitoring involves technical and observational visits, as well as interviews with supported households and project participants. International staff monitor the procurement, dispatch and distribution of the supplies to planned intervention sites to ensure the distribution and proper utilization of supplies together with local authorities. Regular data collection through field monitoring is consolidated and formulated into recommendations used for discussions with national, provincial and county authorities to ensure that coordination and implementation of the interventions are as planned.

Humanitarian agencies also often monitor projects which have been completed 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 authorizations by the Government, in the last year, agencies have not been prevented from monitoring their projects.

However, the gains made with access and monitoring are at risk of being reversed if the agencies do not have the funding to implement and continue their programmes. As access is strongly linked to operational presence, funding constraints force agencies to drawdown programming and therefore reduce their humanitarian footprint. Once access is lost, it is difficult to obtain it again.

Access

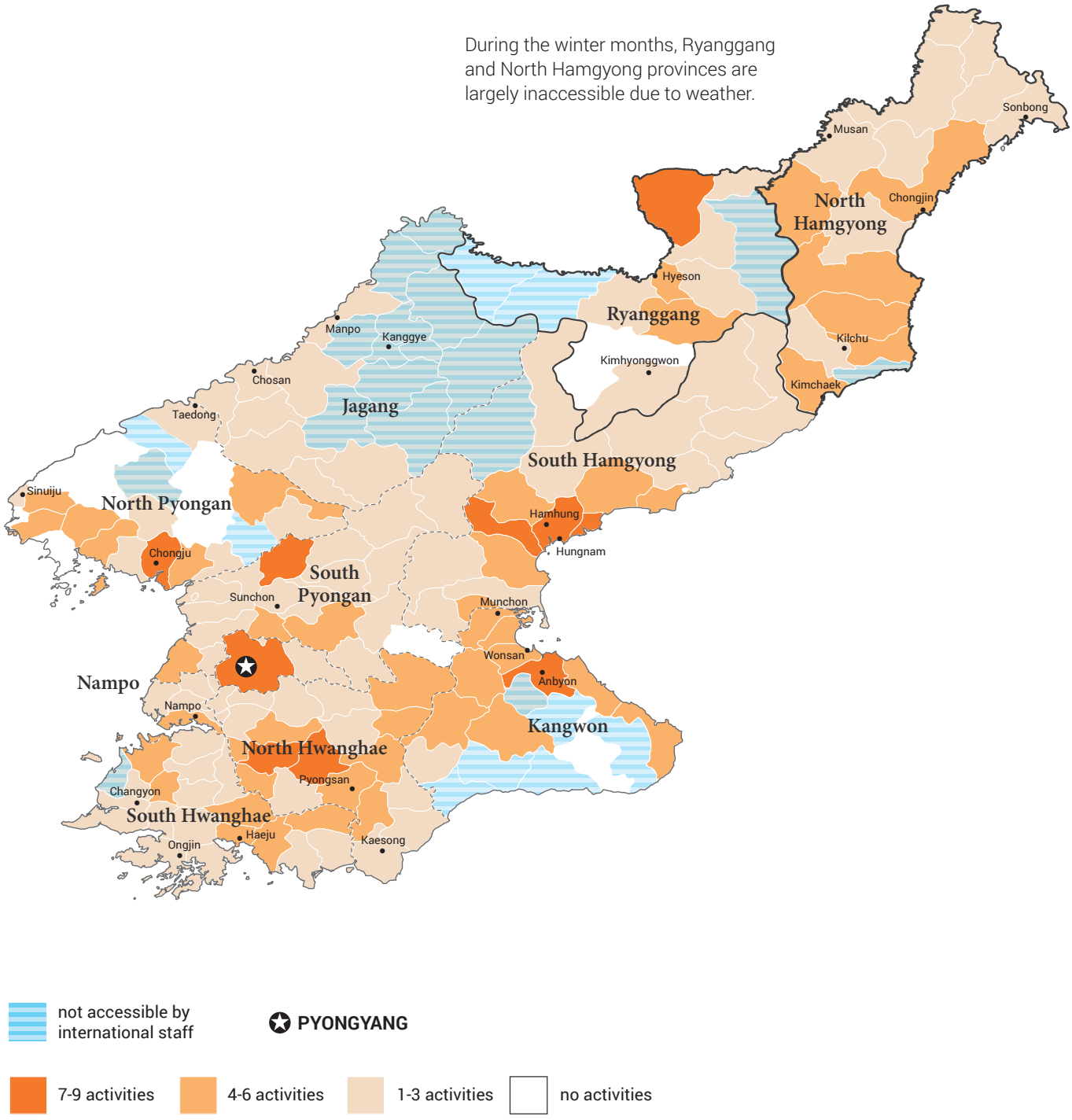
As of 2018, humanitarian agencies in DPRK have access for international staff to all 11 provinces in the country. Jagang Province remains a restricted area and only two agencies having permission from the Government to operate in the province, with specific access and monitoring arrangements. In line with humanitarian principles, agencies operating in Jagang Province are implementing life-saving health and nutrition projects. In October 2018, the first monitoring visit to Jagang province by international staff took place and agencies continue to strongly advocate for increased access.

Travel within the country is regulated by national authorities and international humanitarian agencies need to obtain clearance, in advance, for field visits outside of Pyongyang, as do DPRK nationals. Itineraries must be planned in advance, and international staff must always be accompanied by their national agency staff.

Prior to beginning a new project, agencies will discuss with the Government the location of activities. The lack of availability of baseline data can sometimes make it difficult to determine where the areas of greatest need may be, and thus where projects should be targeted. However, all target beneficiaries are determined by operational agencies, in consultation with their relevant line ministry counterparts.

Physical obstacles remain a challenge as road networks outside Pyongyang are of varying quality and in some areas become impassable during the winter season, particularly in the north of the country.

OPERATIONAL **PRESENCE AND ACCESS**



Access in DPRK is strongly linked to operational presence. Agencies have access to most programme sites, except in certain counties as identified on the map. Access outside programme areas can be agreed with the Government, such as for specific assessment like the 2017 MICS and 2018 Food Security Assessment, as well as in response to a request for support following a natural disaster.

MICS **2012**

5%

prevalence of low-birth weights.

11%

of people do not have access to piped water.

MICS **2017**

3.1%

prevalence of low-birth weights.

41.5%

of people do not have access to piped water.

Access to data

Progress has been made to obtain new and accurate data to analyse vulnerabilities and adequately target humanitarian programmes. In addition to the 2017 MICS that was released in 2018, WFP conducted a Food Security Assessment in November 2018 which included a qualitative assessment as the first step and the basis for further assessments. In the event of natural disasters, specific assessment missions are undertaken to understand the disaster's impact and identify needs for response. In 2018, two assessment missions were conducted in the flood-affected areas of North and South Hwanghae provinces. Furthermore, the Government provides agencies with post-harvest data and other agricultural information. Humanitarian organizations continue to advocate for a timely and comprehensive release of such data to inform programmes.

While availability of data has been improved in 2018, challenges remain. Under the leadership of the Resident Coordinator, Humanitarian Country Team partners continue to advocate for regular access to relevant and timely and disaggregated data for accurate vulnerability analysis. Throughout 2018, members of the HCT have continued to engage with the Government collectively and at the level of individual agencies to access the information required to ensure accountability and appropriate programming.

In 2019, the Population and Housing Census will be undertaken. Postponed from 2018, it will play a central role in better understanding humanitarian needs and vulnerabilities. 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 2020.

2017 Multi-Indicator Cluster Survey (MICS)

The DPRK 2017 Multiple Indicator Cluster Survey (MICS) was carried out by the Central Bureau of Statistics (CBS), with technical support from UNICEF and released in 2018. The MICS is a household level survey that collects data on a range of indicators related to the situation of children and women. The MICS was conducted in all provinces, in both urban and rural areas, and involved interviews with 8,500 households, including individual interviews with under-five children, children over age 5, women and men.

The MICS provides information about the conditions in which people living in DPRK grow and develop. The survey covers indicators related to child mortality, reproductive and maternal health, child nutrition, education, access to safe water and sanitation, and protection from violence and exploitation.

The data also helps contribute to a better understanding of the needs in the country. It suggests that there have been overall improvements in some areas in the last few years, but that the situation in others may be more serious than previously thought. For example, the MICS results show that 19 per cent of under-five children are suffering from chronic malnutrition, as opposed to 28 per cent as was determined in 2012. It also highlights that the prevalence of wasting has dropped to 3 per cent from 4 per cent in 2012 and that the prevalence of low-birth weights has dropped from 5 per cent in 2014 to 3.1 per cent in 2017.

However, while the MICS shows improvements in the child nutrition situation, a clear indicator that humanitarian assistance provided makes a difference in the lives of the most vulnerable, the water and sanitation situation is more serious than originally thought. For example, 41.5 per cent of people do not have access to piped water, compared to 11 per cent in 2013-14.

SUMMARY OF NEEDS, TARGETS & REQUIREMENTS

In 2019, the total number of people in need (PIN) is estimated to be 10.9 million people. As was the case last year, the overall PIN uses the Food Security figure, as the highest sectoral PIN, to account for overlaps between the sectors. This figure represents the number of people in DPRK estimated to be undernourished as outlined in the State of Food Security and Nutrition in the World report.

For Nutrition, people in need focuses on specific vulnerable groups most at risk of malnutrition, including under-five children, pregnant and lactating women, as well as the most vulnerable rural populations. The metric for identifying the PIN for nutrition changed slightly in 2019 meaning the figure has slightly increased to 10.4 million people. The Health Sector similarly used the most vulnerable groups in need of health support, including under-five children, women of reproductive age, and people requiring treatment for communicable and non-communicable diseases, such as TB. This figure has slightly reduced from 2018 to be 9 million in 2019. For 2019, the WASH Sector PIN, which is 9.8 million people, has increased significantly following new data largely drawn from the 2017 MICS. This figure has been determined by evidence that 39 per cent of the population do not have access to safely managed drinking water services.

In 2019, with humanitarian needs remaining high, partners will focus on delivering humanitarian assistance to people in most acute need. The total population targeted with humanitarian assistance is 3.8 million people. This figure remains largely consistent with last year for most sectors, except Food Security where some partners included indirect beneficiaries in 2018. This has been rectified for this year and thus all sectors only reflect direct beneficiaries although it is acknowledged that many activities have benefits far beyond those identified in the plan. The sector breakdowns are in the table below.

For the total number of people targeted, for under-five children the targeted figure is based on the Nutrition Sector figures, which targets almost the whole under-five caseload. For people over-five, this is based on a combination of Food Security, Health and WASH figures.

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 and Agriculture	10,900,000	1,403,769	13%	691,858 49%	711,911 51%	57,712 4%	61,474 5%	634,146 45%	650,437 46%
Nutrition	10,382,870	2,282,276	22%	1,018,262 45%	1,264,014 55%	800,000 35%	800,000 35%	218,262 10%	464,014 20%
WASH	9,900,000	322,986	3%	156,621 48%	166,365 52%	13,540 4%	14,804 5%	143,081 44%	151,561 47%
Health	8,952,072	2,111,667	24%	920,486 44%	1,191,181 56%	743,350 35%	773,690 37%	177,136 8%	417,491 20%
TOTAL**	10,900,000	3,773,853	35%	1,754,363 46%	2,019,490 54%	800,000 22%	800,000 22%	920,859 24%	1,189,381 32%

* 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

PART II
NEEDS & PRIORITIES BY SECTOR

FOOD SECURITY & AGRICULTURE

PEOPLE IN **NEED**

10.9M

PEOPLE **TARGETED**

1.4M

REQUIREMENTS **(US$)**

28.5M

OF **PARTNERS**

9

FOOD **OBJECTIVE 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:**

Strengthen resilience of cooperative farms, small-scale farmers and communities to cope with recurrent shocks and climate related disaster events.

RELATES TO SO3

Priority Needs

In 2018, overall food production in DPRK was 4.95 million tonnes, which was a 9.22 per cent reduction from 2017 and 15.96 per cent lower than in 2016. Around 10.9 million people, or 43 per cent of the country's population, are food insecure. Food insecurity is mainly driven by insufficient agriculture production, households' inability to access diversified food, poor food utilization and communities' ability to cope with recurrent natural disaster which have major impact on productive assets. Lack of dietary diversity is a major concern and has a direct impact on the chronic malnutrition situation, especially on children, women of reproductive age and the elderly.

Response Strategy

Priority Interventions: The Sector will focus on strengthening the national capacity of food production and food systems, building and rehabilitating productive assets, and reinforcing household and community resilience, especially against natural hazards. Members will work in all four food security pillars: availability, access, utilization and stability. In particular access to more diverse, safe and nutritious foods will be increased for the food insecure population with special emphasis given to children, women and the elderly, including through specific interventions, such as supporting cooperative farms and household agriculture production. The Sector supports the Government's goal of increasing national food production, improving livelihoods, and the raising the nutritional status of the population. In 2019 the Sector will assist nutrition-sensitive food production of main staple crops (rice, maize, potato, vegetable and soybean), livestock and fisheries through the provision of agricultural inputs such as fertilizers, seeds, plastic sheets, farming equipment and small livestock. Assistance will include the introduction of new farming techniques to ensure sustainability and improve management of resources as a way of increasing resilience. Assistance will focus at community and household level.

Climate change related recurrent disasters such as flood and drought will be mitigated and managed by supporting the vulnerable population, communities and farmers with resilience building activities to strengthen food security. Small-scale community interventions, will mitigate the impact of natural hazards on agriculture production, as well as providing food. Capacity building on food security awareness, preparedness and technical support will be part of the Sector strategy.

Partnerships: The Sector works closely with the Ministries of Agriculture, Fisheries, Land and Environment Protection, the Academy of Agricultural Sciences, and the Forest Management Research Institute. Partners also work with the Forest Management Research Institute and Sloping Land Users' Groups responsible for managing sloping lands and the Ministry of Food Processing and Daily Necessities, which oversees all aspects of food processing.

Complementarity: The Food Security Sector aims at strengthening coordination with the Nutrition and Disaster Risk Reduction (DRR) sectors to improve the nutritional situation and mitigate risks caused by natural hazards. The Sector will be a platform for all food security and agriculture agencies to coordinate the response and will support members with technical guidance, as well as quantitative and qualitative analysis.

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

BREAKDOWN OF TARGETED PEOPLE **BY SEX AND AGE**

SECTOR AND TARGET	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
FOOD SECURITY AND AGRICULTURE 1,400,000 total targeted	691,858 - 711,911 49% - 51%	57,712 4%	61,474 5%	634,146 45%	650,437 46%

NUTRITION

PEOPLE IN **NEED**

10.3M

PEOPLE **TARGETED**

2.3M

REQUIREMENTS **(US$)**

50.5M

OF **PARTNERS**

3

NUTRITION **OBJECTIVE 1:**

Support access to quality screening, referral and treatment for acute malnutrition among under-five children.

RELATES TO SO1

NUTRITION **OBJECTIVE 2:**

Support equitable access to nutritious, safe and sufficient food for vulnerable groups under-five children and pregnant women and lactating mothers 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. Young children and pregnant and lactating women particularly suffer from chronic malnutrition because their diets lack essential vitamins, minerals, proteins and fats. 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. This contributes to one in five children suffering from stunting. Chronic food insecurity, as well as poor water and sanitation are main contributors to chronic undernutrition expose people to increased health risks. Three per cent of under-five children (approximately 140,000) are expected to be affected by wasting of whom around 30,000 face an increased risk of death. Complementary nutrition-specific and nutrition-sensitive interventions are necessary to help address the inter-generational cycle of undernutrition.

Response Strategy

Priority interventions: In 2019, the 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. A strategy for maternal and adolescent nutrition will also be integrated. Members will aim at distributing a full package of nutrition services. Supplementary fortified food will be distributed through public institutions such as nurseries, kindergarten, orphanages and hospitals. Nutrition support will also target TB patients through hospitals and their households for better nutrition and immunity. The needs of pregnant and lactating women and girls will be particularly addressed. 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 young children and women, micronutrient supplements and services for the prevention and treatment of severe and moderate acute malnutrition will continue.

Partnerships: Nutrition partners will strengthen their partnership 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: Acknowledging the importance of a multi-sectorial approach, Nutrition partners work closely with other sectors. Food Security and Nutrition coordinate closely to ensure a common approach to addressing needs and with Health to support patients, including those with TB. Nutrition and WASH will also collaborate to mitigate the lack of access to sufficient WASH facilities, particularly in public child institutions. The Sector will also collaborate for joint programming and monitoring, maintaining a database of monitoring tools, as well as sharing data, including the MICS results. Capacity development for Government partners at national, provincial and county levels will focus 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 AND TARGET	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
NUTRITION	1,018,262 - 1,264,014	800,000	800,000	218,262	464,014
2,300,000 total targeted	45% - 55%	35%	35%	10%	20%

WATER, SANITATION AND HYGIENE

PEOPLE IN **NEED**

9.9M

PEOPLE **TARGETED**

0.3M

REQUIREMENTS **(US$)**

9.2M

OF **PARTNERS**

7

WASH **OBJECTIVE 1:**

Improve access to safe and sustainable drinking water and hygienic sanitation facilities.

RELATES TO SO2

WASH **OBJECTIVE 2:**

Support adoption of good hygiene practices at household and institutional levels.

RELATES TO SO2

Priority Needs

Around 39 per cent of people do not have access to a safely managed water source, rising to 56 per cent in rural areas. Amongst the most vulnerable households, 36 per cent of people drink contaminated water. Around 16 per cent of people do not have access to even basic sanitation facilities. However, the bigger health concern is the unsafe disposal of human waste. 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. As a result, much of the population is regularly exposed to the risk of waterborne diseases such as diarrhoea which is among the leading cause of child mortality and acute malnutrition. Thus, support to the WASH sector is critical to sustain gains made in the health and nutrition.

Response Strategy

Priority Interventions: Sector partners will focus on improving access to safe water, sanitation and hygiene services. This includes the provision of safe drinking water through adequate water supply systems, such as gravity-fed systems and solar-pumping systems. Activities also focus on the promotion of safely managed sanitation in rural areas and installation of handwashing facilities in health centres, nurseries, kindergartens and schools. Partners will also pay special attention to the promotion of menstrual hygiene management and training of household doctors and school teachers on hygiene promotion. Partners will also support water source protection measures, and will increase household water connections, to ensure more people have access to safely-managed water sources. In 2019, partners will also promote Urine Diverting Dehydration Toilets (UDDT) and composting toilets as the key priority sanitation option in rural areas to encourage safely managed sanitation and recover nutrients from excreta for reuse in agricultural fields. Given the vulnerability of communities to recurrent natural disasters, and the impact on the sector, partners will seek to pre-position WASH supplies in the most disaster-prone areas.

Partnerships: The WASH Sector works closely with the Ministry of Urban Management (MoUM), responsible for water systems, Ministry of Public Health, 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, such as borehole wells using alternate technologies like solar energy are encouraged.

Complementarity: WASH, nutrition and health interventions are closely aligned 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, and to address the underlying causes of undernutrition. WASH partners also work closely with humanitarian and development actors in resilience to ensure sustainable and environmentally appropriate solutions.

Coordination: The WASH Sector Working Group is chaired by UNICEF and co-led by EUPS 3 (Concern Worldwide) and IFRC.

BREAKDOWN OF TARGETED PEOPLE **BY SEX AND AGE**

SECTOR AND TARGET	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
WASH	156,621 - 166,365	13,540	14,804	143,081	151,561
323,000 total targeted	48% - 52%	4%	5%	44%	47%

HEALTH

PEOPLE IN **NEED**

8.9M

PEOPLE **TARGETED**

2.1M

REQUIREMENTS **(US$)**

32M

OF **PARTNERS**

7

HEALTH **OBJECTIVE 1:**

Reduce maternal, neonatal and under-five mortality and morbidity.

RELATES TO SO2

HEALTH **OBJECTIVE 2:**

Sustain immunization coverage at > 95% nationwide.

RELATES TO SO2

HEALTH **OBJECTIVE 3:**

To reduce preventable mortality, morbidity and disability due to communicable and non-communicable diseases.

RELATES TO SO2

Priority Needs

While health facilities exist throughout DPRK, there are critical shortages in essential medical equipment and life-saving medicines to provide quality health services. There is limited quality comprehensive services, including for sexual and reproductive health, child health disability care, and for communicable and non-communicable diseases. There is also limited professional competencies of the health care providers to deliver at all levels of the health system. This is particularly acute in remote and rural areas.

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. In line with Universal Health Coverage principles, a minimum integrated health package, including to address communicable and non-communicable diseases, maternal, neonatal, child and reproductive health will be a focus for health partners. Additionally diagnosis and treatment for rehabilitation/early detection and intervention for persons with disabilities will be jointly delivered in collaboration with the Ministry of Public Health (MoPH). Interventions will include the provision of essential medicines, targeting women, children, and other vulnerable groups. Essential medicines will include primary health care medicines, such as pediatric and reproductive health drugs. Priority will be given to sustain immunization coverage, as well to address TB/MDR TB epidemic and malaria which includes provision of diagnostic equipment and support for strengthening of surveillance systems for timely detection of and treatment for communicable and non-communicable diseases. Specialized services, such as provision of assistive and mobility devices for children and persons with disabilities, as well as specialized care support for the elderly will be included. Strengthening of the capacity of health care providers for delivering primary health care services and developing, updating and disseminating protocols and guidelines will be a focus. To ensure equity in access to quality health care services, partners will prioritize health interventions to areas with the highest needs, especially in rural and hard-to-reach communities.

Partnerships: Health partners work closely with the Ministry of Public Health (MoPH), which is responsible for the coordination and implementation of public health policy at all levels. Specifically for disability, partners work with the Korean Federation for the Protection of the Disabled (KFPD), and for service delivery through the Korean Federation for the Care of the Aged (KFCA). At provincial, county and Ri levels, health partners work in close collaboration with People's Committees at the relevant health bureaus and departments.

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, respiratory infections and communicable diseases such as Tuberculosis.

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

BREAKDOWN OF TARGETED PEOPLE **BY SEX AND AGE**

SECTOR AND TARGET		BREAKDOWN OF AGE AND SEX				
		% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
HEALTH	2,100,000 total targeted	920,486 - 1,191,181 44% - 56%	743,350 35%	773,690 37%	177,136 8%	417,491 20%