

2019

DPR KOREA

NEEDS AND PRIORITIES

MARCH 2019



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

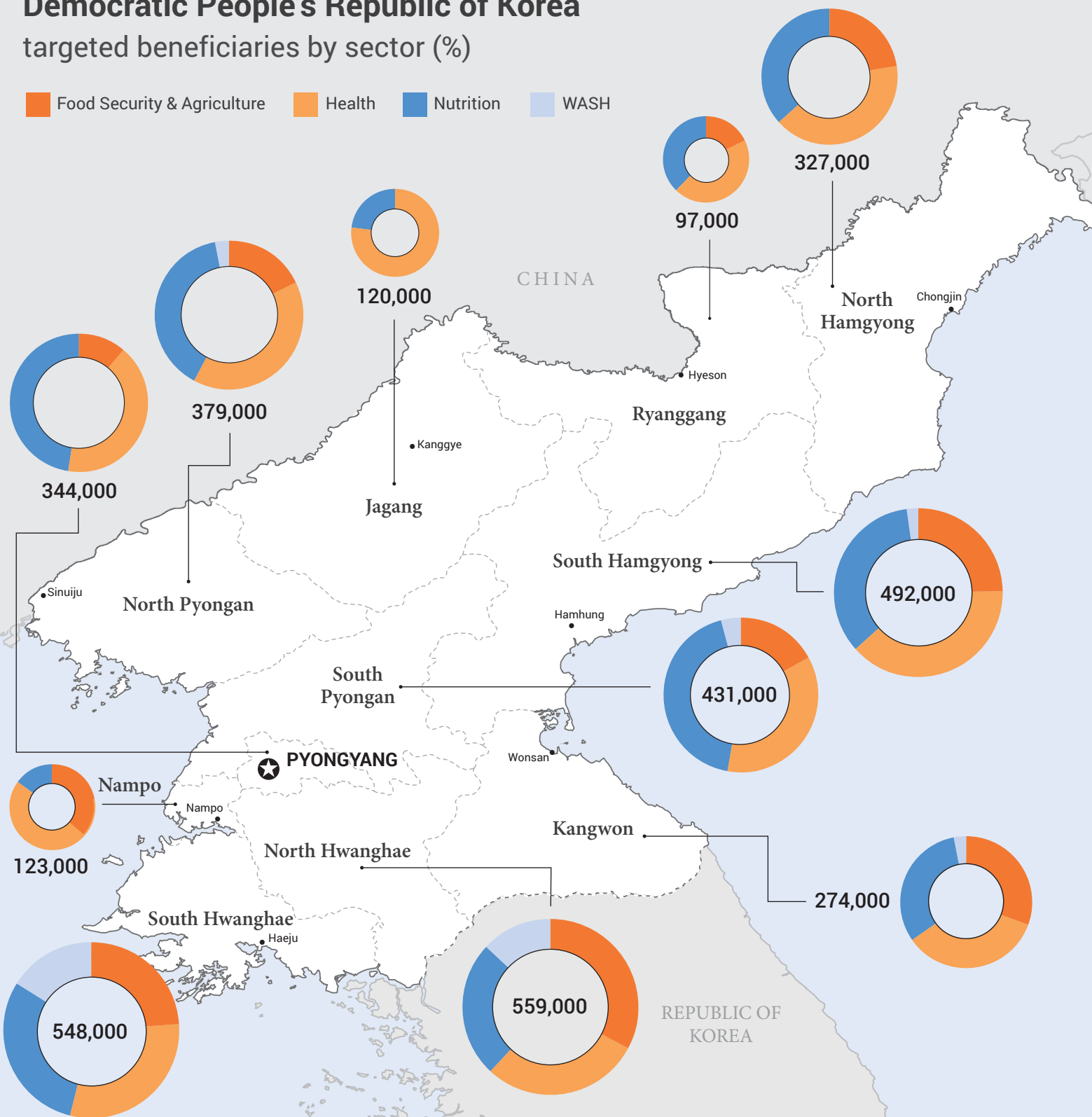


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FOREWORD BY

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.

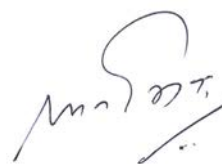
I have never failed to be impressed by the commitment and work of the UN agencies and INGOs in the country. I have seen the impact of their programmes on the lives of ordinary people who they have supported by providing nutritious food, ensuring children are vaccinated, treating malnutrition and diseases, 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**



PEOPLE **TARGETED**



REQUIREMENTS (US\$)



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.

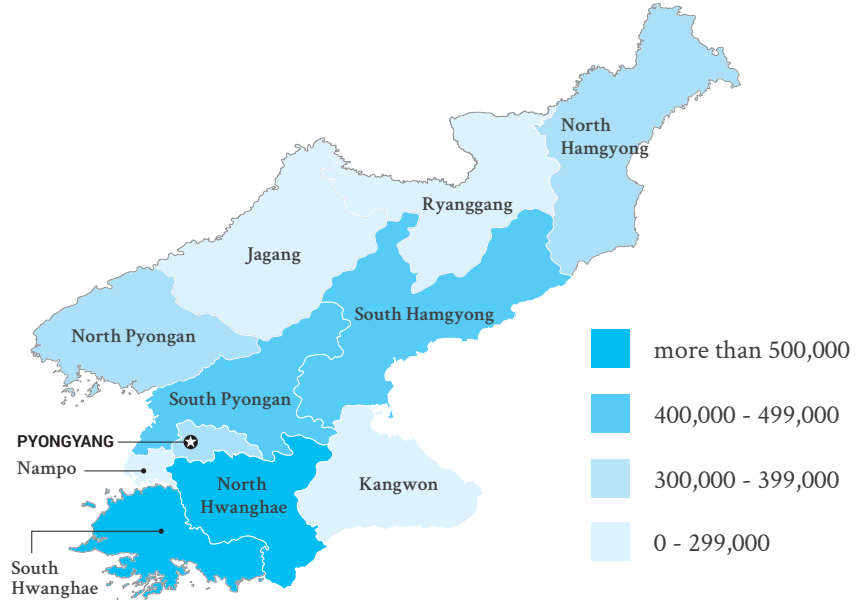
STRATEGIC OBJECTIVE 2

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

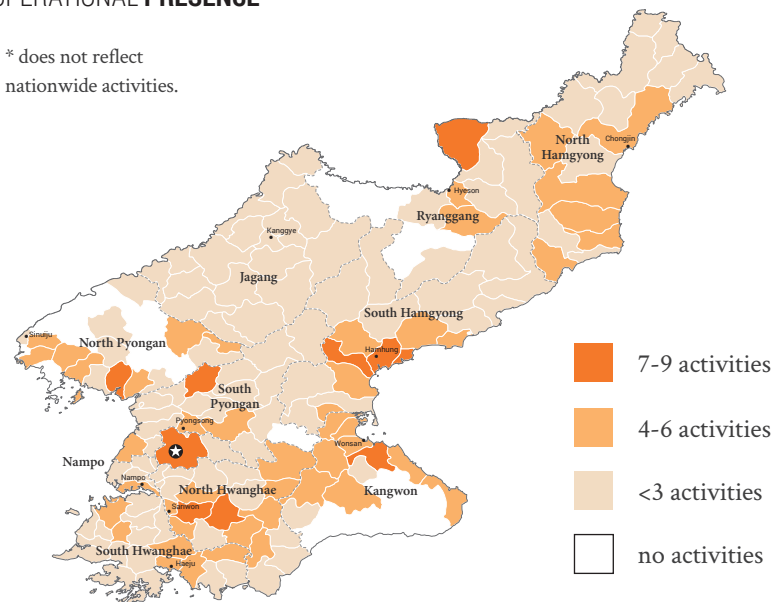
Build the resilience of the most vulnerable people in DPRK to recurrent disasters, particularly floods and drought.

PEOPLE TARGETED WITH HUMANITARIAN ASSISTANCE

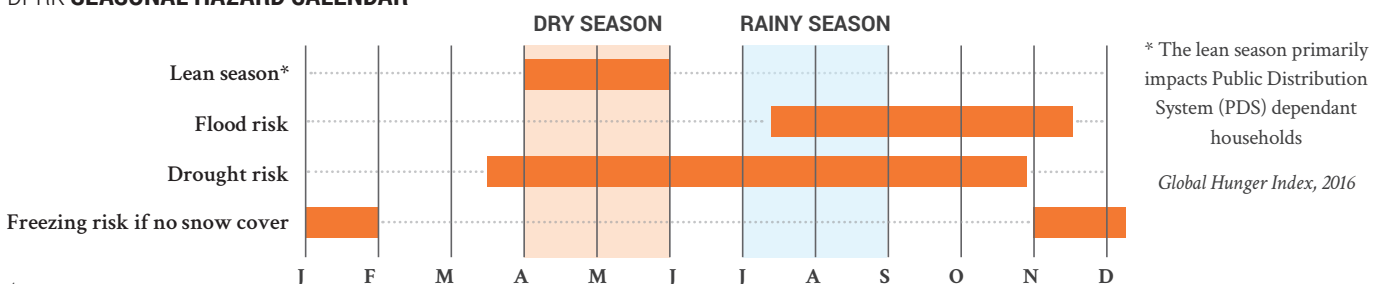


OPERATIONAL PRESENCE

* does not reflect nationwide activities.



DPRK SEASONAL HAZARD CALENDAR



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.

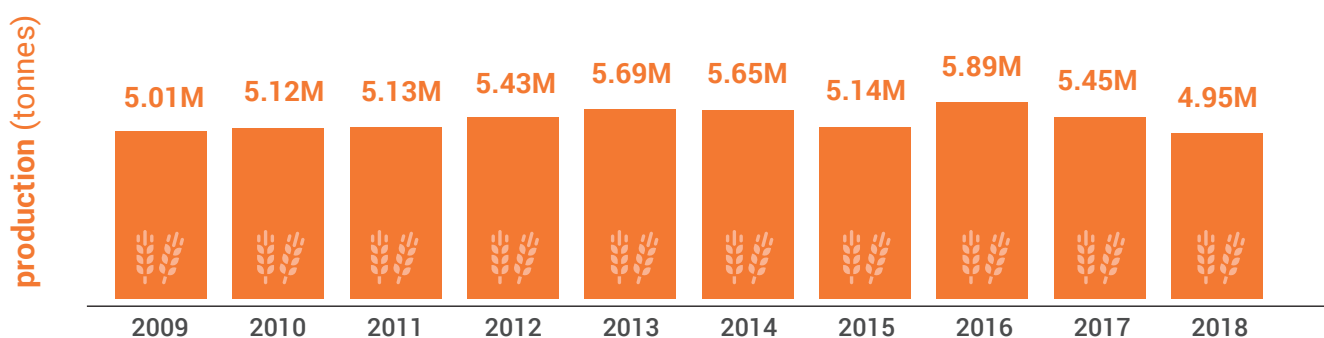
Recurrent natural disasters, such as droughts and floods, significantly impact on the productivity of cooperative farms, which are responsible for national food production, and thus on overall food security. Productive assets need to be rehabilitated as a result of natural disasters and enhanced to

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

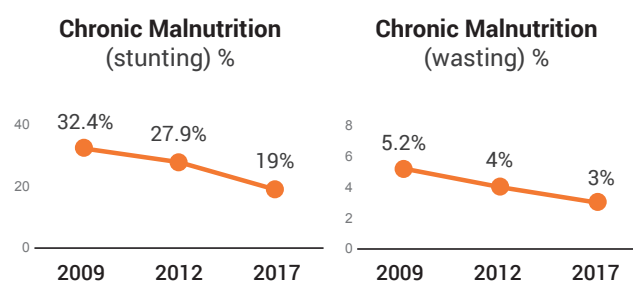
Food insecurity and the nutritional status of people in DPRK are strongly interrelated. Many people do not consume an adequately diverse diet, reinforcing the cycle of undernutrition. In particular, young children and pregnant and lactating women suffer from chronic malnutrition because their diets lack 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, 2019 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>

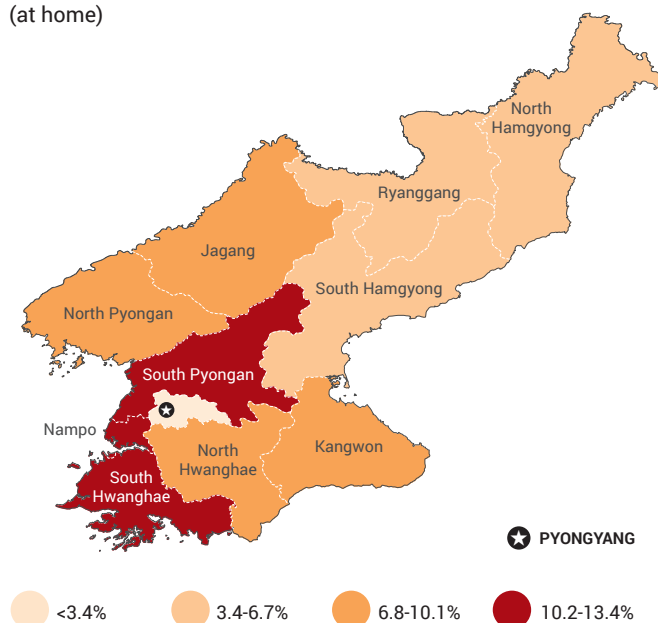
5. <http://mics.unicef.org/surveys>

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.

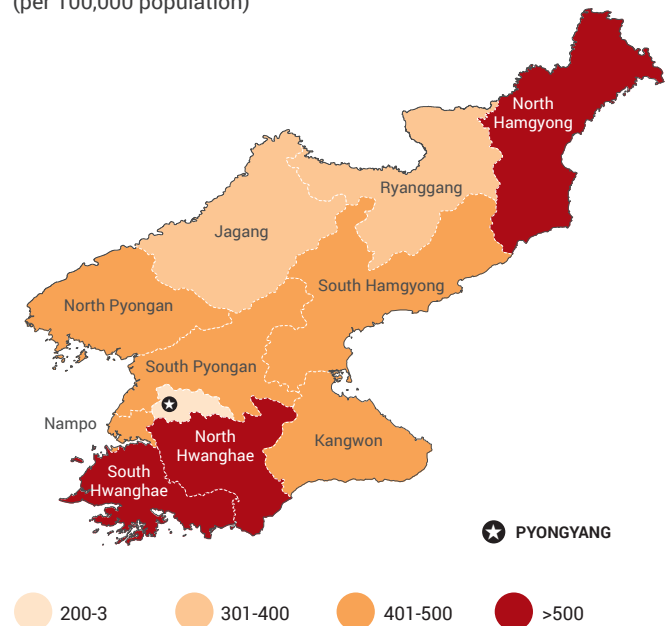
In recent years there have been significant improvements in rates of infant and child mortality, a clear indication that humanitarian aid is making an impact in the lives of the most vulnerable. The current infant mortality rate is estimated at 12 per 1,000 live births, compared to 16 per 1,000 live 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)



Source: 2017 MICS

Tuberculosis incidence rate (per 100,000 population)



Source: DPRK Ministry of Health

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 live-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.

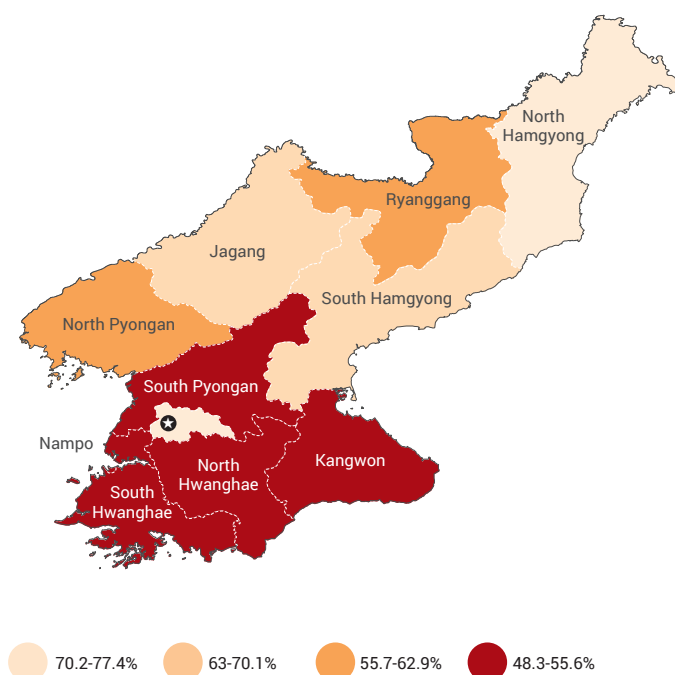
Declining conditions in water, sanitation and hygiene

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.

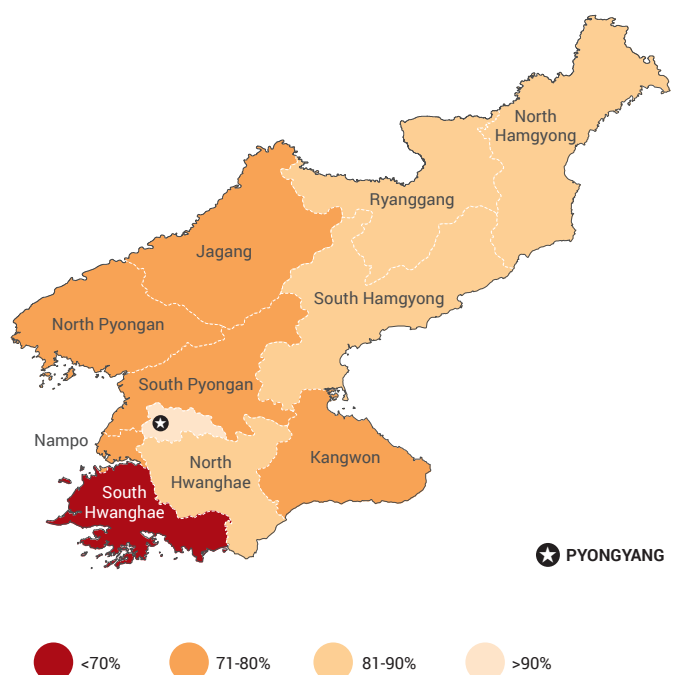
High prevalence rates of diarrhoea and other diseases, as well as the prevalence of undernutrition, are driven by the lack of safe water and sanitation facilities. According to the MICS data, 39 per cent, or estimated 9.75 million people, do not have access to a safely managed drinking water source, rising to 56 per cent in rural areas. Women overwhelmingly 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



★ PYONGYANG

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.



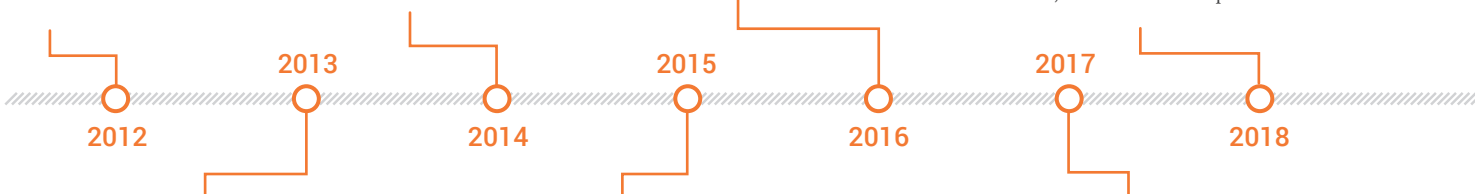
A **dry spell** over eighteen months from March 2014 caused drought, affecting agricultural production and access to water. 18 million PDS-dependents were at risk of food insecurity, malnutrition and illness.



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)¹⁹ 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.

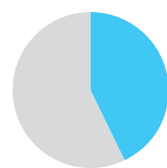
FUNDING

FOOD SECURITY*



\$26M required
8.5%
funded

NUTRITION



\$38.5M required
42.8%
funded

HEALTH



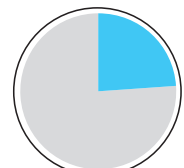
\$37M required
15.5%
funded

WASH



\$9.5M required
21.5%
funded

TOTAL

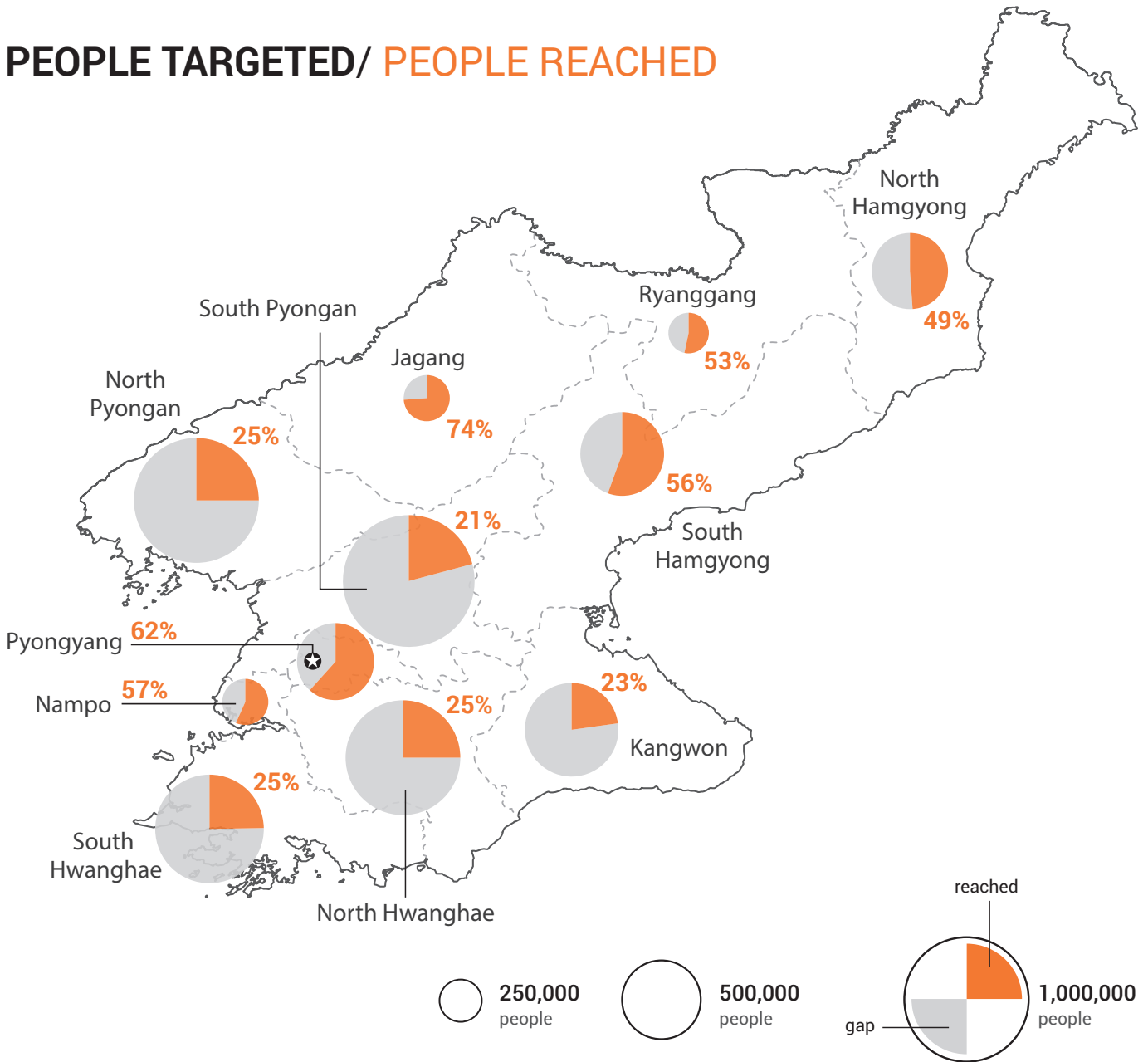


\$111M required
24%
funded

*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.

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 2030²⁰. 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

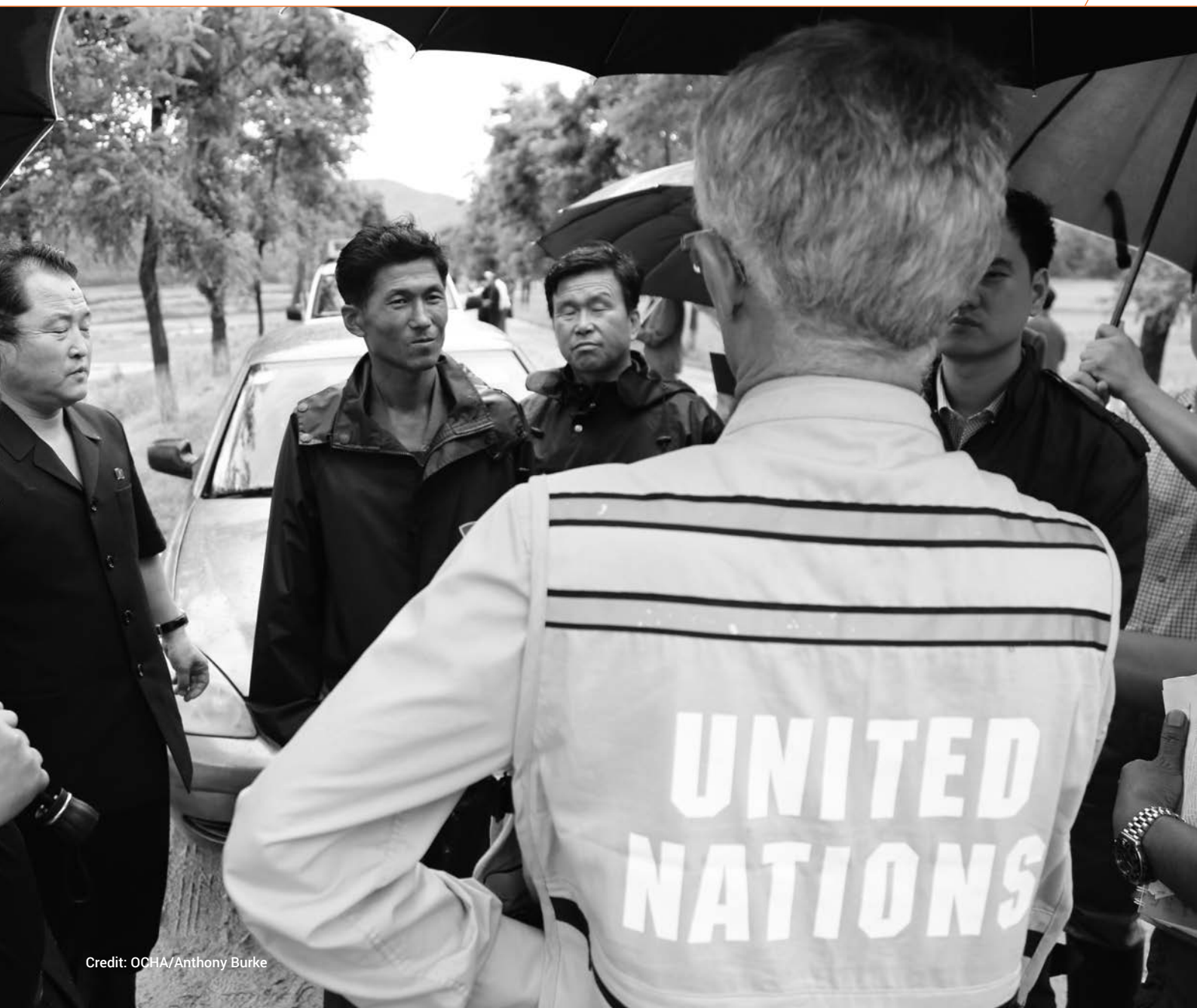
UNICEF. The project, which focuses on early childhood development for the early screening and detection of disability in children, represents a breakthrough in UN and international-national INGO collaboration. It also reflects the Government's commitment to implement the recommendations from the Committee 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



Credit: OCHA/Anthony Burke

with provincial and county level authorities 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.

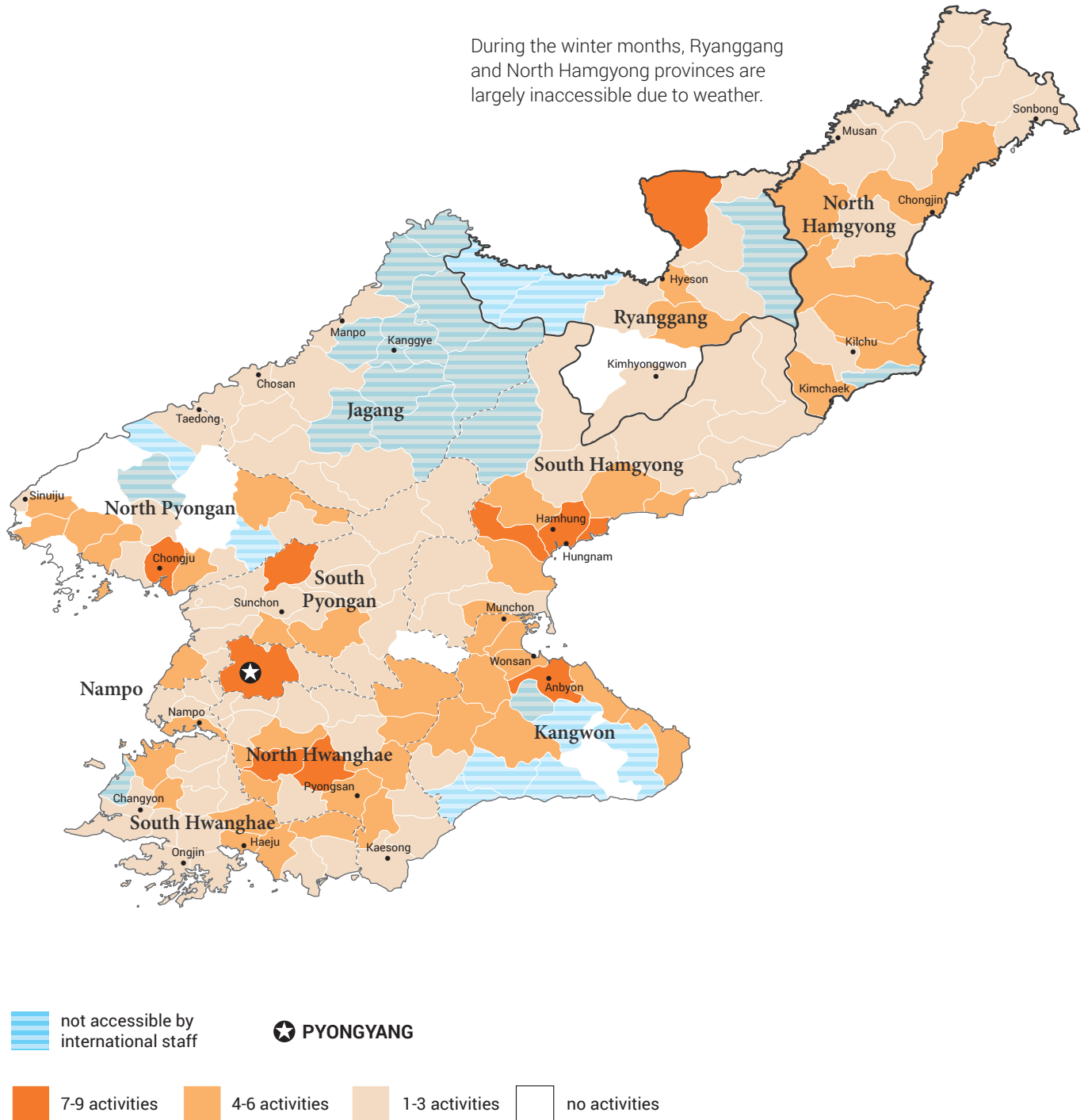
Travel within the country is regulated by national authorities and international humanitarian agencies need to obtain clearance, in advance, for field visits outside of Pyongyang, as do DPRK nationals. Itineraries must be planned in advance, and international staff must always be accompanied by their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

During the winter months, Ryanggang and North Hamgyong provinces are largely inaccessible due to weather.



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	25
Nutrition	26
Water, Sanitation and Hygiene (WASH)	27
Health	28



FOOD SECURITY & AGRICULTURE

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



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).

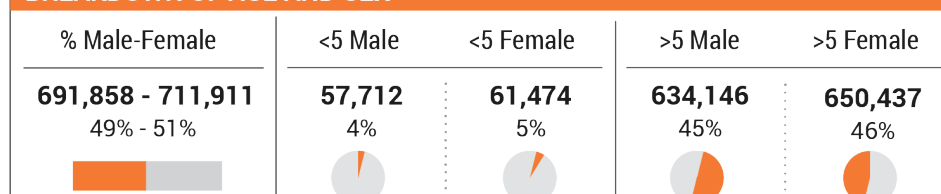
BREAKDOWN OF TARGETED PEOPLE BY SEX AND AGE

SECTOR AND TARGET

FOOD SECURITY AND AGRICULTURE



BREAKDOWN OF AGE AND SEX





NUTRITION

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



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

NUTRITION



2,300,000
total targeted

BREAKDOWN OF AGE AND SEX

% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
1,018,262 - 1,264,014 45% - 55%	800,000 35%	800,000 35%	218,262 10%	464,014 20%

WATER, SANITATION AND HYGIENE



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



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

WASH



323,000
total targeted

BREAKDOWN OF AGE AND SEX

% Male-Female

156,621 - 166,365
48% - 52%



<5 Male

13,540
4%



<5 Female

14,804
5%



>5 Male

143,081
44%



>5 Female

151,561
47%





HEALTH

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



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.

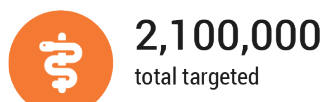
Complementarity: The Health Sector coordinates closely with WASH and Nutrition sectors to jointly address the spread of common diseases which may be exacerbated by undernutrition and a poor sanitary environment, including diarrhoea, respiratory infections and communicable diseases such as Tuberculosis.

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

HEALTH



BREAKDOWN OF AGE AND SEX

% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
920,486 - 1,191,181 44% - 56%	743,350 35%	773,690 37%	177,136 8%	417,491 20%

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)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website: www.unocha.org/cerf/our-donors/how-donate



In-Kind relief aid

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: logik@un.org



Registering and recognizing your contributions

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>

PART III

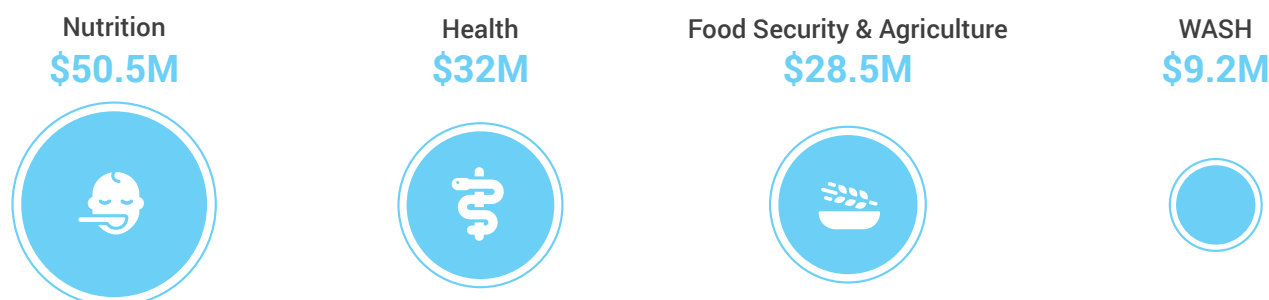
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PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS ¹	FUNDS REQUESTED (US\$)
WFP	\$53,091,713
WHO	\$22,500,000
UNICEF	\$19,551,025
FAO	\$10,029,000
UNFPA	\$4,000,000
EUPS 1	\$3,200,000
EUPS 3	\$2,066,127
EUPS 4	\$3,086,750
EUPS 5	\$1,021,275
EUPS 7	\$800,000
Fida International	\$1,000,000
TOTAL	\$120,345,890

FUNDING REQUIREMENT BY SECTOR



As per the agreement between the European Commission and the Government of DPRK regarding the DPRK Food Security Thematic Programme “EU-supported INGOs 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

1. This does not include for IFRC or ICRC which have specific coordination mechanism and separate resource mobilization processes. IFRC through its operational plan is requesting CHF 12 million to provide assistance to 2.7 million people in 2019. SDC funding is not reflected as they are fully funded.

ACTIVITIES BY SECTOR

FOOD SECURITY & AGRICULTURE



FAO will target more than 513,000 people 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 more than 350,000 people through their Food Assistance for Asset (FFA) programme. FFA activities aim to mitigate the effect of natural disasters, such as floods and drought, to reduce the impact on agriculture production and strengthen food security among communities. The asset creation activities are undertaken seasonally in spring and autumn and take place in the most food-insecure and natural disaster-prone counties and provinces. In exchange for people's work, participants and their families are provided with a take-home ration to diversify households' diets and increase food stability.

EUPS 1 is targeting 66,600 people in South Hwanghae Province to contribute in improving children nutrition through the enhancement of production and distribution of animal source foods (especially goat milk) and soy milk. EUPS 1 will focus on supporting fodder production, animal husbandry and milk processing at farm level as well as strengthening capacities of agriculture executives and university professors through high-level trainings and exchanges.

EUPS 3 is targeting 102,000 beneficiaries in two provinces to contribute to lasting improvement in food and nutrition security through technical support and capacity building. Activities include the promotion of conservation agriculture, rice intensification systems, rehabilitation of solar greenhouses, household kitchen gardening support, fixed irrigation systems, provision of threshing and food processing equipment. The programme also promotes resilience building through introduction of climate smart agriculture

models to overcome the impacts of Climate Change and disasters.

EUPS Unit 4 is targeting 155,000 direct beneficiaries by supporting sophisticated vegetable, legume and grass seed facilities to produce high-quality and quantity vegetables mainly for child institutions, a project which also incorporates nutrition-awareness campaigning. A notable and separate component of the projects are focused on nutrition-sensitive and climate-resilient agriculture production systems, combined with improved livestock production facilities. A parallel concentration on sloping land users' groups helps these households to better maintain and secure their livelihoods through improved nursery management, reforestation, agroforestry, and crop production initiatives, and enhances their food security via on-site food processing systems.

EUPS 5 targets more than 134,000 beneficiaries in three 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, trainings on greenhouse management and food preparation and conservation, irrigation systems, and warehouses.

Fida International is addressing the food insecurity of 91,250 beneficiaries in Kangwon province through agricultural interventions and promotion of cultivation of potato. Through potato cultivation Fida aims to improve food security by providing a crop with better yields, as well as greater tolerance to challenging climatic conditions, and a crop with earlier harvest to fill in the worst hunger gap. Activities include provision of virus-free seed, training on virus-free seed cultivation, training on proper cultivation methods, and supporting of construction of innovative winter storage.

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 395,000 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 Census.

UNICEF supports the Ministry of Public Health in the field of maternal, new-born and child health through capacity building of health facilities staff and provision of supplies directly targeting

over 1.6 million people in 10 provinces. This includes the provision of emergency maternal and neonatal care equipment, essential medicines and oral rehydration solution, as well as basic vaccines. In addition UNICEF will provide technical assistance in adapting the policies, guidelines and protocols related to maternal and child health, prioritizing the integrated approach specially for the detection and treatment of childhood TB. UNICEF has an emergency preparedness plan as well as emergency stockpiles to allow for timely interventions following a disaster.

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. For 2019, WHO is directly targeting over 2 million people in all provinces. 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 42,500 beneficiaries in South Hwanghae Province to improve access to quality health services all along the continuum of care, at community and county level. EUPS 1 will focus on staff capacity building to strengthen referral system, improve material conditions of health facilities, and support treatments providing medical and medicine supplies.

EUPS 5 supports the Korean Federation for Care of the Aged (KFCA) at central, provincial and local levels in providing day multi-service care for around 3,000 elderly people in Senior Houses and

supporting Old People Houses (OPH) hosting isolated elderly people, in four provinces. EUPS 5 aims at improving health and prevention of age-related diseases, psychosocial care to strengthen wellbeing, dignity, resilience and long-term autonomy. By training, exchanges of good practices and developing with KFCA an adequate care model to be replicated at the national scale, EUPS 5 indirectly targets the most vulnerable older people at a national scale.

EUPS 7, in collaboration with the Korean Federation for the Protection of the Disabled, is supporting 11 health facilities and outreach mobile camps in six provinces and Pyongyang to improve access to functional rehabilitation services for persons with disabilities, targeting 9,700 people. Interventions focus on improving working conditions of health facilities, strengthening physiotherapy and rehabilitation departments with essential rehabilitation and therapeutic equipment, early screening of childhood disability and provision of early intervention for the new-born and children at risk of developing a 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 is providing crucial life-saving medical equipment to six provincial or county-level hospitals, particularly in cardiovascular and gastroenterological areas. The provision of equipment is always complemented by professional lectures and hands-on training of medical personnel by specialised international surgeons. It is expected that some 170,000 diagnostic and surgical procedures will be carried out in 2019 with equipment provided by Fida, and the catchment population that will benefit from improved medical services is around 2,416,000 people.

NUTRITION



UNICEF will maintain high coverage of nutrition programmes aiming to reach at least 1.6 million children (6-59 months) with Vitamin A supplementation, and screening and referral for treatment for all under-five children identified with

SAM and MAM with concurrent illnesses 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) for home fortification of their complementary foods and 240,000 pregnant and lactating women with multi-micronutrient tablets (MNT). UNICEF will continue strengthening technical knowledge and skills of health care providers on IYCF counselling and treatment of acute malnutrition.

WFP's nutrition assistance in 2019 targets more than 700,000 people in nine provinces, aiming to reduce hunger and prevent undernutrition. The assistance will consist of locally produced fortified cereals and biscuits, with a special focus on children's

institutions, under-five children and pregnant and lactating women. TB patients and their families will also be targeted with nutritious food due to the strong correlation between TB and undernutrition. WFP will maintain operational and technical support to the eleven local food processing facilities to ensure production of high-quality blended foods. WFP will continue discussions with the Government and in-country partners on food fortification. Assistance to beneficiaries will be continued on a regular basis to ensure populations most in need have adequate access to nutrition interventions.

EUPS 4 targets 155,000 beneficiaries collectively across Food Security and Nutrition sectors, with supplementary nutrition campaigning for children, households, kindergarden cooks, women of childbearing age and under-five children, in four provinces. This includes nutrition-sensitive programming derived 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 233,000 people in five provinces. Programmes focus 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 42,500 people in South Hwanghae to improve hygiene conditions at health facility level through better access to running water and waste management. Hygiene and nutritional practices will also be promoted at community level through awareness and sensitization programmes.

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, and bio composting to address intestinal parasite. The programme targets around 36,000 people.

EUPS 4 is targeting 14,000 people in two provinces with potable water supply through rehabilitation of water systems, including deep well drilling especially in rural areas and at nurseries, kindergartens, schools and health centres.

EUPS 5 will target around 4,000 beneficiaries in two 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 a pilot Decentralised Wastewater Treatment System (DEWATS), within the Food Security projects.

EUPS 7 is targeting 2,900 people in three provinces. Activities aims to improve and renovated three schools for children with hearing and visual impairment and five community buildings to apply universal design principles for WASH facilities and ensure they are accessible and inclusive of all community members, include persons with disability, pregnant women and the elderly.

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























PROVINCE	TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
 North Hwanghae	559,411	47% - 53% 	80,128	80,128	180,625	218,529
 South Hwanghae	548,234	47% - 53% 	80,000	80,000	178,873	209,361
 South Hamgyong	492,146	46% - 54% 	103,781	103,781	124,216	160,368
 South Pyongan	430,970	47% - 53% 	104,071	104,071	96,983	125,845
 North Pyongan	379,104	46% - 54% 	93,349	93,349	82,500	109,906
 Pyongyang	344,092	45% - 55% 	105,064	105,064	50,849	83,114
 North Hamgyong	342,293	44% - 56% 	79,752	79,752	79,016	103,772
 Kangwon	337,241	46% - 54% 	50,845	50,845	109,426	126,125
 Nampo	122,664	46% - 54% 	33,694	33,694	22,775	32,502
 Jagang	120,296	44% - 56% 	44,663	44,663	8,771	22,199
 Ryanggang	97,402	46% - 54% 	24,653	24,653	20,329	27,768
TOTAL	3,773,853		800,000	800,000	954,363	1,219,490

PEOPLE TARGETED BY SECTOR

FOOD SECURITY AND AGRICULTURE		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	North Hwanghae	266,200	48% - 52%	10,619	11,118	116,559	127,904
	South Hamgyong	207,204	49% - 51%	4,441	4,701	96,568	101,494
	South Hwanghae	201,016	50% - 50%	12,626	13,450	87,328	87,612
	South Pyongan	144,443	51% - 49%	11,740	12,622	61,228	58,853
	North Hamgyong	134,002	50% - 50%	3,106	3,232	63,405	64,259
	North Pyongan	116,901	50% - 50%	5,931	6,377	52,502	52,091
	Kangwon	202,189	48% - 52%	5,820	6,403	94,707	95,259
	Pyongyang	66,413	49% - 51%	2,277	2,371	30,265	31,500
	Nampo	33,295	50% - 50%	511	533	16,254	15,997
	Ryanggang	32,106	50% - 50%	641	667	15,329	15,469
	Jagang	0	-	0	0	0	0
		1,403,769		57,712	61,474	634,146	650,437

NUTRITION		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hamgyong	321,189	45% - 55%	103,781	103,781	40,618	73,009
	South Pyongan	294,988	45% - 55%	104,071	104,071	27,456	59,390
	North Pyongan	269,714	45% - 55%	93,349	93,349	27,159	55,857
	South Hwanghae	249,867	45% - 55%	80,000	80,000	32,426	57,441
	Pyongyang	241,241	44% - 56%	105,064	105,064	0	31,113
	North Hamgyong	239,198	45% - 55%	79,752	79,752	27,477	52,217
	North Hwanghae	236,049	45% - 55%	80,128	80,128	25,515	50,278
	Kangwon	150,315	45% - 55%	50,845	50,845	16,448	32,177
	Jagang	102,552	44% - 56%	44,663	44,663	0	13,226
	Nampo	96,435	45% - 55%	33,694	33,694	9,344	19,703
	Ryanggang	80,726	45% - 55%	24,653	24,653	11,819	19,602
		2,282,276		800,000	800,000	218,262	464,014

PEOPLE TARGETED BY SECTOR

HEALTH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Pyongan	351,857	44% - 56%	137,413	143,021	20,371	51,052
	South Hamgyong	288,108	45% - 55%	104,749	109,025	21,713	52,621
	Pyongyang	276,565	44% - 56%	100,139	104,227	20,584	51,614
	North Pyongan	258,625	44% - 56%	93,495	97,311	20,187	47,633
	South Hwanghae	255,510	44% - 56%	80,753	84,049	32,195	58,513
	North Hamgyong	216,891	44% - 56%	79,266	82,500	15,611	39,514
	North Hwanghae	203,904	43% - 57%	72,280	75,230	16,178	40,217
	Kangwon	138,094	44% - 56%	50,353	52,409	10,006	25,326
	Ryanggang	68,118	44% - 56%	24,902	25,918	5,000	12,298
	Jagang	30,970	28% - 72%	0	0	8,771	22,199
	Nampo	23,026	28% - 72%	0	0	6,521	16,505
		2,111,667		743,350	773,690	177,136	417,491
WASH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hwanghae	137,297	45% - 55%	7,077	7,634	59,349	63,237
	North Hwanghae	105,943	45% - 55%	3,567	4,079	47,888	50,409
	South Pyongan	34,319	45% - 55%	1,452	1,542	15,385	15,940
	North Pyongan	21,500	45% - 55%	739	767	9,811	10,183
	South Hamgyong	12,902	44% - 56%	350	364	5,935	6,253
	Kangwon	11,025	45% - 55%	355	417	4,713	5,540
	North Hamgyong	0	45% - 55%	0	0	0	0
	Ryanggang	0	45% - 55%	0	0	0	0
	Nampo	0	44% - 56%	0	0	0	0
	Jagang	0	45% - 55%	0	0	0	0
	Pyongyang	0	45% - 55%	0	0	0	0
		322,986		13,540	14,804	143,081	151,561

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