

2017

DPR KOREA NEEDS AND PRIORITIES

MARCH 2017

Credit: WFP



TOTAL POPULATION OF DPR KOREA

24.9M

PEOPLE IN NEED

18M

PEOPLE TARGETED

13M

REQUIREMENTS (US\$)

114M

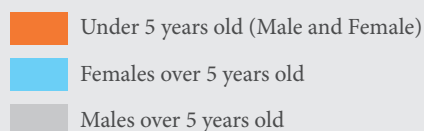
HUMANITARIAN PARTNERS

13

Democratic People's Republic of Korea

Number of targeted beneficiaries

Number of targeted beneficiaries
(millions)



* includes Nampo

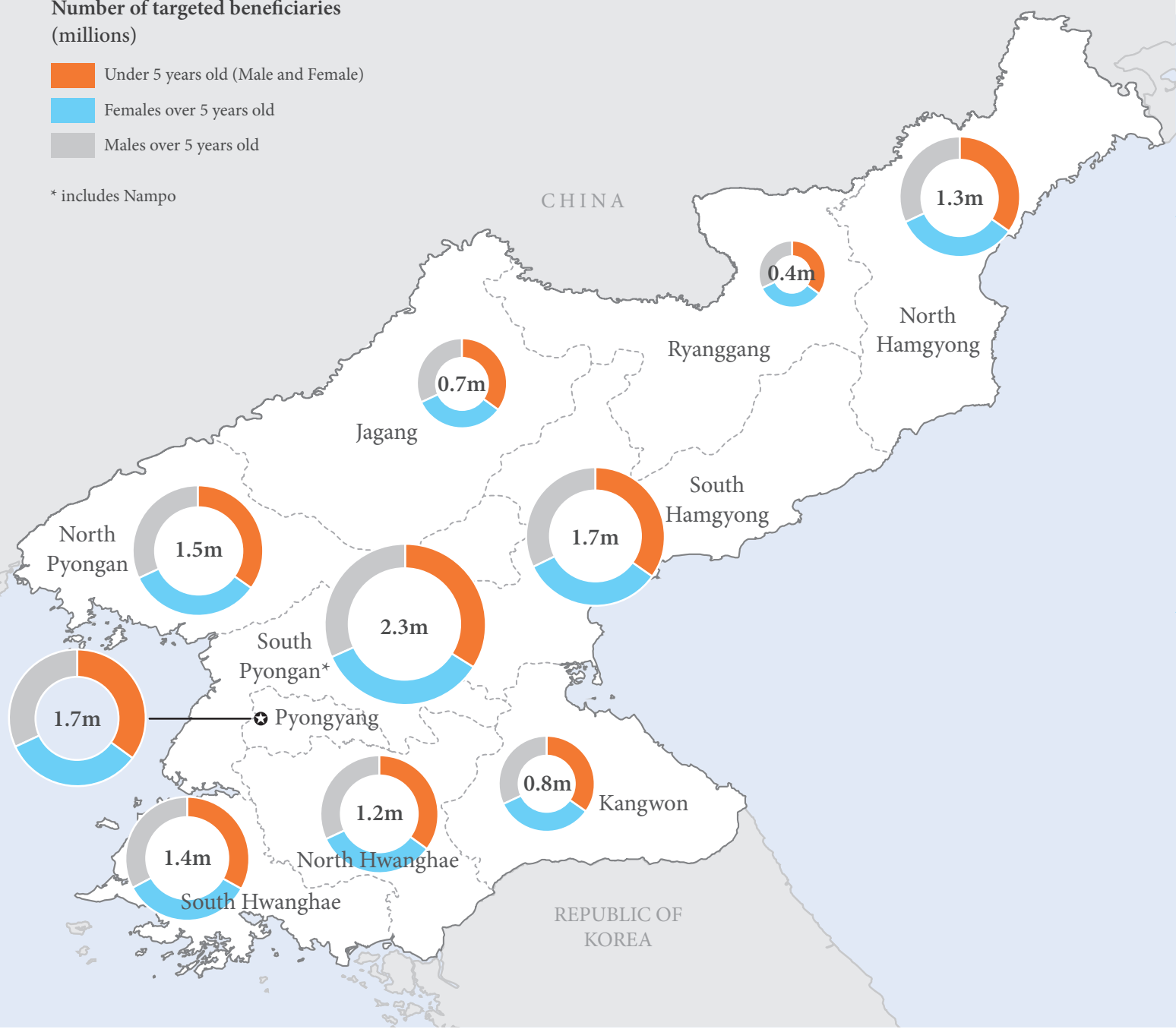


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FOREWORD BY

THE RESIDENT COORDINATOR

The Democratic People's Republic of Korea (DPRK) is in the midst of a protracted, entrenched humanitarian situation largely forgotten or overlooked by the rest of the world. An estimated 18 million people are dependent on Government food rations while 10.5 million people are believed to be undernourished. A lack of access to basic services including water and sanitation, as well as a weak health infrastructure further threaten the well-being of the population, particularly young children and pregnant and breastfeeding women.

The humanitarian situation in DPRK is further exacerbated by frequent natural disasters, especially floods and drought, with an estimated 5.6 million people in DPRK affected by natural disasters between 2004 and 2015. These frequent disasters compound people's vulnerabilities and need for humanitarian assistance.

The most recent large-scale natural disaster took place in August 2016 when 600,000 people were affected and 69,000 people displaced by severe flooding in North Hamgyong Province. The floods also submerged agricultural land, damaged water systems, schools and health facilities. Humanitarian partners in DPRK have been working to bring relief to the most vulnerable populations while also strengthening resilience to future natural disasters.

The 2017 Needs and Priorities document provides a strategic overview of the primary needs and joint response as identified by the Humanitarian Country Team (HCT) in DPRK, with a particular focus on the needs of the most vulnerable including children, and pregnant and breastfeeding women.

Overall, the international community in DPRK is requesting US\$114m in order to respond to the most urgent Food Security, Health, Nutrition, and Water, Sanitation and Hygiene (WASH) needs. Thirteen organizations have been involved in the development of the document including five UN agencies, seven international NGOs, and the Swiss Agency for Development and Cooperation (SDC).

I would like to thank the donors who have remained steadfast in their support of humanitarian assistance in DPRK. External assistance plays a vital role in safeguarding the health and well-being of millions of people; however, securing funds for humanitarian programmes in DPRK has historically been very challenging. And yet without this vital support, agencies will be forced to scale down life-saving activities, with detrimental impacts for the most vulnerable and needy population in the country. I appeal to donors not to let political considerations get in the way of providing continued support for humanitarian assistance and relief.

Tapan Mishra
Resident Coordinator

NEEDS AND PRIORITIES

AT A GLANCE

PEOPLE IN NEED



18 million

PEOPLE TARGETED



13 million

REQUIREMENTS (US\$)



\$114 million

STRATEGIC OBJECTIVE 1



Improve the nutrition status of the most vulnerable people using a holistic approach that includes food security and screening for acute malnutrition.

STRATEGIC OBJECTIVE 2



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

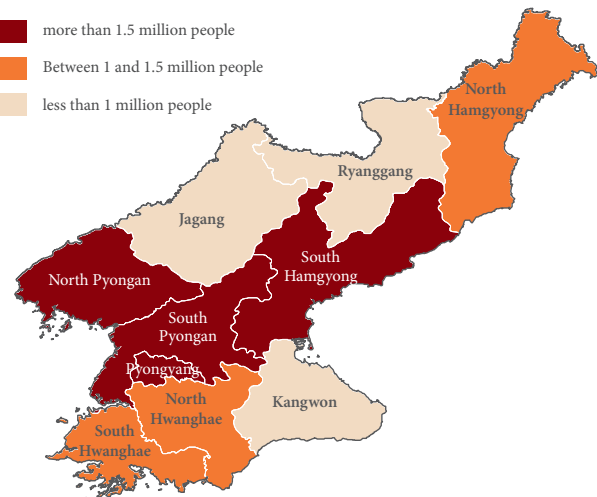
STRATEGIC OBJECTIVE 3



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

PEOPLE TARGETED WITH HUMANITARIAN ASSISTANCE

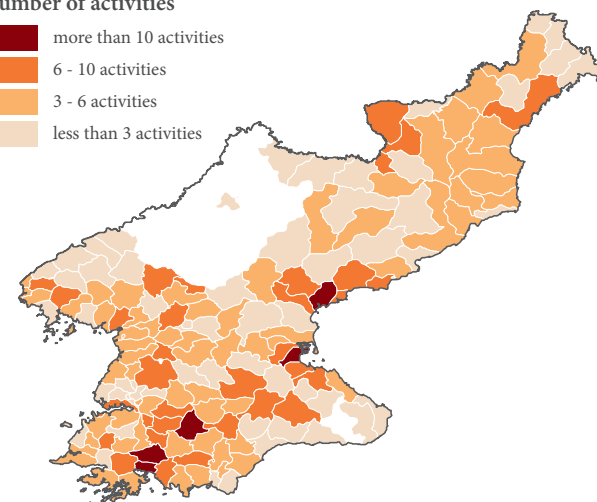
- more than 1.5 million people
- Between 1 and 1.5 million people
- less than 1 million people



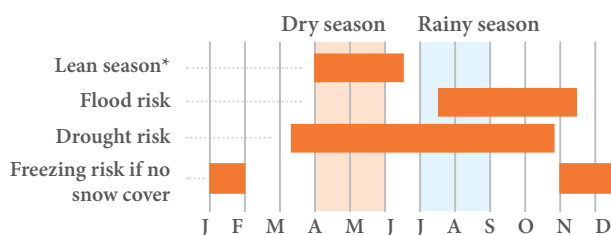
OPERATIONAL ACTIVITIES

Number of activities

- more than 10 activities
- 6 - 10 activities
- 3 - 6 activities
- less than 3 activities



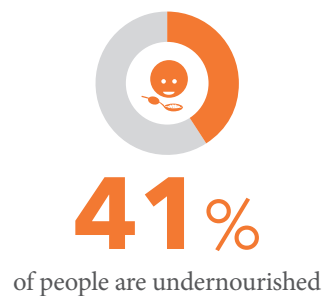
DPRK SEASONAL HAZARD CALENDAR



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

Global Hunger Index, 2016

UNDERNUTRITION



Global Hunger Index, 2016

WATER AND SANITATION



Global Hunger Index, 2016

OVERVIEW OF

THE SITUATION

Amidst political tensions, an estimated 18 million people across DPRK continue to suffer from food insecurity and undernutrition, as well as a lack of access to basic services. Recurrent natural hazards – particularly extended droughts punctuated by near-annual floods – exacerbate and create new humanitarian needs. As a result people have crucial, unmet food, nutrition, health and, water, sanitation and hygiene needs.

Chronic food insecurity

Chronic food insecurity, early childhood malnutrition and nutrition insecurity are widespread in DPRK. According to the 2016 Global Hunger Index (GHI), published by the International Food Policy Research Institute, Concern Worldwide and Welthungerhilfe, which measures and tracks hunger worldwide, DPRK has a score of 28.6, classified as 'serious' and ranks 98th out of 118 countries. Furthermore, 10.5 million people, or 41 per cent of the total population, are undernourished. However, there has been steady improvement since 2000, in part as a result of humanitarian assistance.

There are many complex, intertwined reasons for the high rates of undernutrition in DPRK, including challenges in producing sufficient food. The majority of the country is mountainous, only 17 per cent of land is good for cultivation. Agriculture also remains dependent on traditional farming methods. Food production is hampered by a lack of agricultural inputs, such as quality seeds, proper fertilizer and equipment. In addition, changing weather patterns have left DPRK vulnerable to droughts and floods, which have affected agricultural production. While official Government harvest data for 2016 has not yet been released, FAO estimates that rice production in 2016 increased by 23 per cent compared to the previous year when there was drought, but remains below the previous three-year average.

In DPRK, around 18 million people, or 70 per cent of the population, including 1.3 million under-five children, depend on the Public Distribution System (PDS) for rations of cereal and potatoes. However, even with PDS support most people do not consume an adequately diverse diet that includes sufficient proteins and fats needed for healthy development.

During 2016, average monthly PDS rations were reduced from 380 grams/person/day at the beginning of the year to 300 grams/person/day between July and September; the equivalent of just over 50 per cent of the daily calorific requirements for an adult. In January 2017, the rations were increased to 400 grams/person/day. Fluctuations over the year are normal, but overall, PDS rations are consistently lower than the Government target of an average of 573 grams/person/day.

Public Distribution System

The Public Distribution System (PDS) is administered by the Government's Food Procurement and Administration Ministry, which determines ration sizes of commodities including cereals (rice, maize, wheat, barley, or their equivalent in potatoes), cooking oil and pulses. This is determined on the basis of food production estimates and planned imports. Cereals are distributed through Public Distribution Centres (PDCs) biweekly, while non-cereals such as oil, sugar, soy sauce and bean paste are provided through state shops.

For cereal distribution through PDCs the Government adjusts each month's ration based on availability to ensure cereal at the national level lasts until the next harvest. The Government communicates the monthly ration to FAO and WFP as an average in grams/person/day.

In addition to the PDS, households are increasingly reliant on markets for their foods, except cereals. Farmers' markets are distribution channels for a wide range of foods and basic necessities. In addition to swaps and bartering, markets involve large numbers of small transactions, often led by women. Markets enable households to sell produce from their kitchen gardens; vegetables, maize and potatoes, as well as some small livestock.

Most food is produced on some 3,900 cooperative farms, with 100 state farms focusing on specialized activities such as poultry or pig breeding. The cooperative farm sector is responsible for ensuring national self-sufficiency in the staples of maize and rice, and increasingly also potatoes. Members of cooperative farms are not eligible to receive PDS rations, but have access to kitchen garden plots (approx. 30m²), which provide essential vegetables, maize and some livestock, helping diversify peoples' diet. In urban areas, plots of land near apartments are cultivated by small groups while 'sloping lands', initially cultivated during the 1990s, have been organized into Users' Groups in order to contribute to informal agricultural production.

Natural disasters and climate change

Compounding existing vulnerabilities are the frequent disasters that hit DPRK. The IASC Index for Risk Management ranks DPRK 39 out of 191 countries in terms of disaster risk. Floods and drought, sometimes both in the same year, regularly strike the country. More than 5.6 million people in DPRK were affected by natural disasters between 2004 and 2015 (EM-DAT CRED).

In 2012, the Ministry of Land and Environment Protection estimated that over the period 1918 to 2000, average temperatures rose by 1.9°C, one of the highest rates of temperature change in the world. In DPRK, climate change has already produced visible impacts, with the degradation of natural resources negatively affecting agricultural production.

Sloping Lands

Sloping lands are the lifeline of many households. At least 360,000 ha of land is included in this category, which consists of cultivated land with a 15 and 30 degree slope. The Ministry of Land and Environment Protection, which is responsible for the oversight and management of sloping lands does not routinely collect harvest data.

Until the so-called “arduous march” during the mid-1990s when food supplies dropped drastically, these slopes were for the most part covered by intact or degraded forests, which were felled to provide cultivable land. Being marginal in the first place, the years of cropping since have further reduced soil fertility, with high levels of soil acidity.

Nevertheless, sloping lands provide a vital stop-gap measure for farming families. Crops cultivated include maize, soybean, potato, sweet potato, bellflower, sesame, and perilla. Agroforestry initiatives for fruit and timber trees are also prevalent. However, periods of drought and cold temperatures during 2016 have resulted in suboptimal harvests from these lands.

Droughts have become increasingly common over the past decade, destabilizing agricultural production and food security in the long term. Long dry spells recur in the period from March to June, which is a peak time for crop planting as well as rice transplanting. Major droughts affected DPRK most recently in 2014 and 2015 when humanitarian partners responded by providing life-saving assistance to 1.3 million people in the four worst affected provinces.

In addition, an increase in the frequency of heavy rains in recent years has contributed to recurrent floods. Major floods have hit the country every year from 2010 to 2016. These floods, combined with land and mudslides, caused extensive damage to agricultural production, further exacerbating food insecurity and creating new humanitarian needs.

North Hamgyong Floods

The remnants of Typhoon Lionrock passed over northern DPRK on 29 August 2016, merged with a low-pressure system, resulting in heavy rains, peaking at 30 mm/h, and causing the Tumen River to swell to levels 6-12 metres above flood stage. Six counties in North Hamgyong Province suffered devastating loss of lives and livelihoods. In total, some 30,000 households suffered damage, in addition to schools, nurseries and clinics, and almost 70,000 people were displaced.

Following a call for support from the Government, agencies immediately released emergency in-country relief assets. Following a joint Government-Humanitarian Country Team (HCT) mission, an Emergency Response Plan (ERP) was launched on 19 September, calling for US\$ 28.9 million to meet immediate needs. Initial funding was provided by the CERF Rapid Response Window as well as the START Fund. A total of 11 resident agencies participated in the response. In addition to immediate contributions of urgent health, food, water purification and shelter support, humanitarian partners initiated longer term programmes to prevent and treat malnutrition and restore damaged water networks.

The September floods were the first major disaster to take place following the joint response preparedness workshop in August 2016, providing an opportunity to test some of the structures and processes agreed. While coordination of the response greatly improved, the disaster nevertheless underscored the need to further strengthen coordination and preparedness actions, including coherent and complementary stockpiling of common relief supplies and improved access to timely and relevant data.

Undernutrition is a countrywide problem

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

Dietary quality for many people in DPRK is poor, with limited consumption of foods that are rich in protein, fat and micronutrients, resulting in problems related to undernourishment including physical and cognitive development concerns. According to the last National

Nutrition Survey, conducted in 2012, the prevalence of chronic malnutrition (stunting) among under-five children was 27.9 per cent and the prevalence of acute malnutrition (wasting) was four per cent. In addition, 23.3 per cent of women of reproductive age were also malnourished.

Micronutrient deficiencies, particularly in iron, zinc, vitamin A and iodine, are common. A 2014 Ministry of Public Health Report noted that 31.2 per cent of pregnant women are anaemic and the prevalence of low birth weight was five per cent. In addition to a lack of access to diverse and sufficient food, undernutrition is exacerbated by inadequate health and water, sanitation and hygiene services.

At the request of the Government, UNICEF in collaboration with the Ministry of Public Health (MoPH) scaled up and expanded the coverage of the Community Management of Acute Malnutrition (CMAM) programme from 16 per cent of the under-five population in 2015 to 90 per cent in 2016. UNICEF field observations and Government data over this time period show significant increase in demand for treatment of children affected by severe acute malnutrition (SAM). Some 60,000 SAM children are expected to be treated in 2017.

Access to basic services

Universal and free health care is guaranteed by law for all DPRK citizens, and in recent years a number of public health gains have been achieved, including significant reductions in Maternal Mortality Rates, Infant Mortality Rates and Under-Five Mortality Rates, and improvements in immunization coverage and obstetric care. Nevertheless, health service delivery remains inadequate, with many areas not equipped with sufficient facilities, equipment or medicines to meet people's basic health needs. There are also disparities in child mortality rates between urban and rural areas as well as amongst provinces, with under-five mortality rates 1.2 times higher in rural areas compared to urban areas.

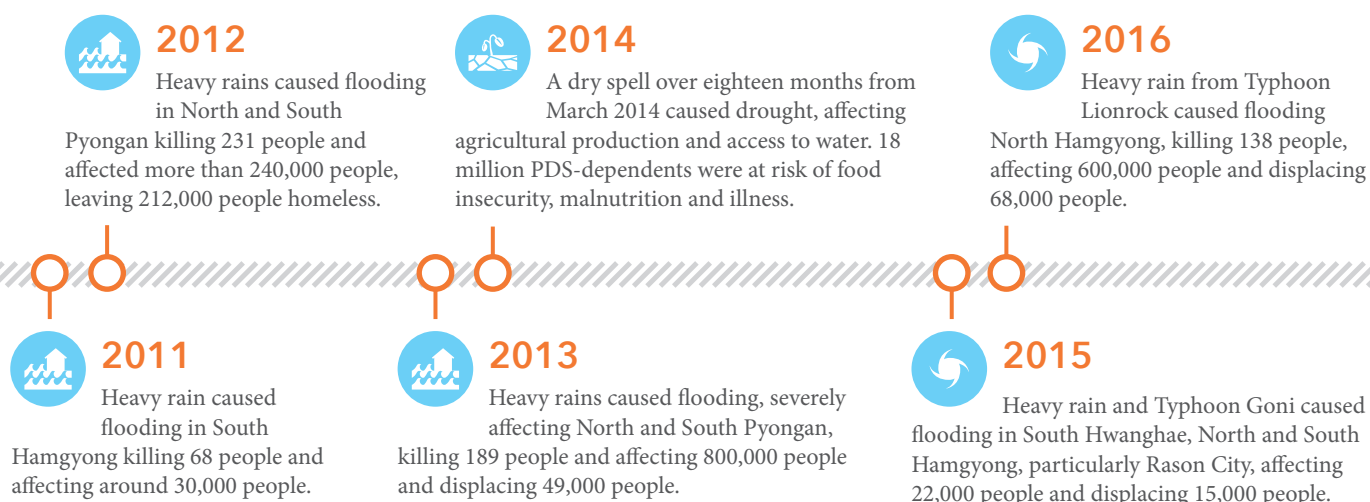
Those most at risk from the consequences of a lack of access to health care include under-five children, pregnant women,

people living with disabilities and the elderly. Diarrhoea and pneumonia are the two main causes of death amongst under-five children in DPRK. Diarrhoea is mainly caused by lack of safe drinking water, poor sanitation and hygiene practices, and is also a contributing factor for childhood pneumonia and malnutrition. The most common cause of maternal mortality in DPRK is post-partum hemorrhage, with women who give birth at home most at risk. Approximately nine per cent of all women still deliver at home (2014 Socio-Economic, Demographic and Health Survey (SDHS), with 67 per cent of maternal deaths occurring amongst women who deliver at home. Many health facilities in DPRK do not have the specialist equipment or trained staff to meet the needs of people with disabilities, with only 37.4 per cent of people who require assistive devices having access to them (Korea Federation for the Protection of the Disabled).

Health issues, such as diarrhoea among children, can be linked to a lack of safe water, sanitation and hygiene facilities. The 2014 Socio-Economic Household Survey reported that 82.1 per cent (86.8 per cent urban and 74.6 per cent rural) of households have access to piped water, with another 10.5 per cent dependent on tube wells and/or boreholes. However, because of a lack of maintenance, 14 per cent of people who should have access to piped water are unable to access it. Overall, over 3.5 million people lack access to sustainable drinking water. This situation and the associated health risks are compounded by the high percentage (37 per cent) of people who do not have access to proper sanitation facilities but instead use traditional shallow pit latrines without proper squatting slabs or covers.

Safe hygiene practices such as hand washing with soap are seriously compromised in absence of running water and hygiene promotion. Beyond the household level, there are an estimated 6 million children in educational institutions, some 50 per cent of which, do not have access to adequate sanitation and water services. The lack of sanitation facilities has an adverse impact on children's education, with teachers citing diarrhoea as the main cause of absenteeism.

TIMELINE OF DISASTERS



STRATEGIC

OBJECTIVES

The overall goal in DPRK is to support and reinforce national efforts to ensure people's health and well-being, especially the most vulnerable, and to build their resilience. To achieve this, the DPRK Humanitarian Country Team (HCT) has agreed on the following strategic objectives in 2017:

**IMPROVING NUTRITION**

Improve the nutrition status of the most vulnerable people using a holistic approach that includes food security and screening for acute malnutrition (wasting). Partners will work to ensure that the most vulnerable people, particularly pregnant and breastfeeding women and under-five children, have access to sufficient nutritious and therapeutic food, and that acutely undernourished children are effectively treated and supported through optimal infant and young child feeding practices.

**ACCESS TO BASIC SERVICES**

Reduce preventable mortality and morbidity; partners will ensure that the most vulnerable people, including children, women, people with disabilities and the elderly, have access to basic health services including maternal, newborn and child health, and immunizations, as well as access to improved water, sanitation and hygiene services.

**STRENGTHEN RESILIENCE**

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

The overall goal of humanitarian interventions in DPRK and the strategic objectives of the HCT's engagement in country is to reduce future humanitarian needs. The protracted nature of the situation makes it difficult to delineate the boundaries between humanitarian and development interventions, and these objectives are consistent and complementary with the UN Strategic Framework (2017-2021).

In addition to addressing chronic food insecurity and undernutrition across the country, humanitarian partners will increase access to basic services for the most vulnerable people, particularly health and water, sanitation and hygiene services, while building local capacity to respond to disasters that regularly impact the country.

DPR KOREA: 2016 YEAR IN REVIEW

KEY ACHIEVEMENTS

PEOPLE AFFECTED



18 million

PEOPLE IN NEED



13 million



90% ↑

90% of under-five children had access to community-based management of acute malnutrition services (expanded geographically in 2016).



50% ↓

Pilot food security project showed 50% reduction in post-harvest losses, equivalent to food for 6,800 people.



1.2 million

1.2 million children, and pregnant and breastfeeding women reached with nutritious food.



31% ↓

reduction in malaria cases.



1.7 million

1.7 million under-five children received oral re-hydration solution sachets.

25%

Improved seed production increased by up to 25%.



130,000

130,000 pregnant women were able to access emergency life-saving reproductive healthcare at 223 hospitals.



96% ↑

Immunization coverage increased from 43% in 1998 to 96% in 2016.

= 223



2,640

2,640 people with disabilities (including 1,152 women) received functional rehabilitation care.

RESPONSE

STRATEGY

External assistance continues to play an important role in safeguarding the health and well-being of millions of people in DPRK whose nutrition and essential health status would otherwise be at risk. The humanitarian response in DPRK in 2017 will largely follow the same strategy as in 2016. The 2017 Needs and Priorities will target 13 million acutely vulnerable people. Those targeted for assistance are those most in need of nutritional support, access to essential services, and support to allow them to cope with the protracted humanitarian situation and frequent shocks.

Planning assumptions and focus for 2017

The Government bears the primary responsibility for the welfare of its citizens. The Government acknowledges this and has agreed to the annual publication of a document outlining urgent humanitarian needs and priorities where international financial support and technical assistance would be welcome. Activities included in this plan are strictly humanitarian, principally providing targeted interventions that aim to protect the health and well-being of under-five children, and pregnant and breastfeeding women. The scale of undernutrition in DPRK and the irreversible consequences of malnutrition on new generations requires there to be a holistic and proactive approach to overcome this problem.

Out of the 18 million people in need of assistance, the collective response will target 13 million people (72 per cent.) The needs of vulnerable groups, including under-five children, pregnant and breastfeeding women, adolescent girls, people with disabilities and elderly people, will be given particular attention through the provision of multi-sector humanitarian assistance, including food, nutrition, health and WASH interventions.

The plan takes account of broader, longer-term needs of communities to ensure resilience to future shocks and seeks to ensure that humanitarian action links up effectively with wider development efforts. At all times, efforts will be made to ensure that humanitarian work in DPRK can be monitored and is carried out in accordance with the humanitarian principles of humanity, neutrality and impartiality.

This plan is based on the assumption that the humanitarian situation in DPRK in 2017 will remain largely unchanged from 2016. The funding request within the plan reflects the actual amount required to meet the minimum humanitarian needs rather than reflecting the expected levels of funding. As

in previous years, if sufficient funding is not received for the plan, activities will be scaled down, compromising agencies' ability to affect real positive change for the most vulnerable in the country.

Improved access to data

Access to timely and relevant data remains a challenge in DPRK. National authorities are reluctant to share data beyond the bare minimum and agencies are normally only allowed access to limited information that is strictly related to their operations. While there has been some progress, including the two joint assessments during the flood response in 2016, further advances are required to ensure that planning, financing and decision-making processes are underpinned by accurate information and analysis.

The Humanitarian Country Team (HCT) will continue to advocate for better access to data and for carrying out quality joint needs assessments, as well as analyses of vulnerability, to inform evidence-based humanitarian action.

Protection

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

Strengthening Data Accessibility

Access to timely and relevant data in DPRK remains a challenge. However, there are a number of current and upcoming platforms that will be critical sources of updated information on which to base humanitarian response planning:

In 2015, UNICEF with the DPRK Central Bureau of Statistics (CBS) established the **Child Data Monitoring Unit**. The Unit carries out equity-focused, age and gender disaggregated data analysis with a special focus on humanitarian needs and risks among women and children. In addition to providing a better understanding of immediate, underlying and root causes of vulnerability, it is expected that the Unit will contribute to advocacy and policy dialogue and reporting on the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of Persons with Disabilities.

A **Multiple Indicator Cluster Survey (MICS)** is underway in 2017. The MICS methodology, introduced in 1995, consists of some 740 questions covering topics, including child mortality, nutrition, education and health, and was developed to assist countries in filling data gaps for monitoring human development, particularly for women and children. The last MICS in DPRK was carried out in 2009. The 2017 MICS will be a nationally representative survey of 8,500 households covering 12 topics and around 130 indicators. CBS is leading implementation with technical support from UNICEF in close collaboration with the Ministry of Public Health, Education Commission, Ministry of City Management, Institute of Child Nutrition and other relevant line ministries and humanitarian partners. Once completed, MICS will inform humanitarian needs of children and women and serve as a baseline for the SDGs.

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

In addition to mainstreaming protection into humanitarian programming, partners work to increase the capacities of the Government in implementing its commitments under various human rights conventions and processes, including the Convention on the Rights of the Child (CRC); the Convention

on the Elimination of all Forms of Discrimination Against Women (CEDAW); and the Rights of Persons with Disabilities (CRPD). DPRK has also accepted recommendations made through the Universal Periodic Review (UPR) process in 2014, endorsing 113 of 185 recommendations, including those pertaining to free and unimpeded access to food, education and health services by the most vulnerable citizens. Humanitarian partners work with the Government to fulfil its commitments of implementation of the UPR recommendations.

Gender

DPRK has made progress in the area of gender equality in education, labour force participation and access to health care. Nevertheless, significant gaps remain with only 28 per cent of girls enrolled in tertiary education, a clustering of women in traditionally gendered occupations, a high rate of maternal mortality (65.9/100,000 live births) and high levels of malnutrition among pregnant women (28 per cent) and girls. This reflects issues of equality and inclusiveness in the delivery of health and education services which leaves women and girls more vulnerable to the effects of the ongoing underfunded humanitarian situation. At the same time, it highlights the need for a more nuanced gender responsive strategy that can address underlying causes of gender-based disparities and inequalities.

To date, efforts made by agencies have focused on addressing gender issues through women-centered 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, the HCT will also adopt a more strategic approach to gender mainstreaming taking into consideration different experiences, needs, abilities and priorities of women, girls, boys and men. To this end, the HCT commits to sustained collection and use of data disaggregated by sex, age and other variables, as well as thorough gender analyses. A Gender Task Force comprising agency gender focal points, established in 2016, will support and monitor these efforts.

Prioritization of the most vulnerable

According to the SDHS, 21 per cent, or around 5.2 million, of DPRK's population are children under 15 years of age, of whom 1.3 million are under-five children. Humanitarian partners are working to ensure that programmes across sectors are designed to take children's needs into account. Children are especially vulnerable to malnutrition and the consequences associated with a lack of health care, despite the fact that children are culturally and traditionally accorded special consideration in Korean society, including being provided with special foods and targeted food rations, especially in kindergartens.

The **2018 Census** will play a central role in responding to humanitarian needs, in knowing location, number, and critical characteristics of populations. Disaggregated data for vulnerability mapping is essential for effective humanitarian response, particularly as the last census was undertaken in 2011. UNFPA is supporting this initiative with pre-census activities underway. Results will be available in 2019.

DPRK has an ageing population, with people aged 60 and above expected to make up 20 per cent of the population by 2030. The Government has taken a series of measures to protect the elderly but they remain among the most vulnerable population in the country. Despite the increasing needs of elderly, public health centres and staff lack training and facilities to address common age-related illnesses. Humanitarian agencies will continue to work with the Korean Federation for Care of the Aged (KFCA) and other partners on capacity building and advocacy to strengthen support to this vulnerable group and ensure their needs are adequately addressed.

According to the 2014 Disability Sample Survey, nearly 6.2 per cent of the population (1 in every 15 people) have some kind of disability. There is limited institutional expertise to meet the needs of people with disabilities, limited disability-specific services provided, and limited understanding of disability-related issues. In addition to insufficient resourcing, this often results in people with disabilities not receiving appropriate support which can contribute to feelings of being a burden to their families and society. In recent years, the issue has gained substantial attention resulting in concrete achievements in improved living conditions and greater social inclusion, but challenges related to overall social participation and empowerment of people with disabilities stills persist. An increasing number of humanitarian and development agencies include disability mainstreaming strategies in their programming. The HCT will continue to focus on disability mainstreaming by better identifying and responding to the different experiences and needs of people with disabilities through improved analysis, disability disaggregated data collection and monitoring.

Alignment with early recovery and disaster risk reduction

Humanitarian agencies have agreed to jointly respond to the humanitarian needs in DPRK by employing an integrated approach that addresses immediate needs in nutrition, health, food security, and water and sanitation. Simultaneously, and while not included in this plan, other actors present, such as the International Federation of the Red Cross (IFRC), the UN Development Programme (UNDP), the European Union

Food Security Office and the Italian Cooperation Office, are working to address the underlying causes of vulnerability through programmes focusing on community-based disaster risk management, environment protection, disaster reduction and climate change adaptation, and enhance rice and agricultural production in general.

Early recovery will be critical for building institutional support and strengthening community resilience. To enhance the resilience of communities, the HCT will work closely with communities, national and local authorities as well as development partners to increase access to livelihoods and basic services.

Coordination

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

A Disaster Risk Reduction SWG was established in June 2016, co-chaired by UNDP and IFRC to complement the existing groups on Food Security, Health, Nutrition and WASH. In addition, a Shelter SWG and an Education SWG were temporarily established to respond to the needs in the North Hamgyong floods.

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.



OPERATIONAL

CAPACITY

The humanitarian community in DPRK is comparatively small; a result of limitations on funding as well as challenges in establishing a presence in-country. Within this reality partners make every effort to ensure that assistance is provided based on needs and vulnerabilities.

There are currently six UN agencies and seven international NGOs, as well as the International Committee of the Red Cross (ICRC), the International Federation of the Red Cross (IFRC) and four technical cooperation offices (Swiss Agency for Development and Cooperation, European Union Food Security Office, French and Italian Cooperation) based in Pyongyang; 13 of these partners participated in developing this plan¹. While agencies have expanded their presence to respond to natural disasters, such as during the North Hamgyong floods in 2016, most agencies maintain highly prioritized programmes due to a lack of funding, with a few agencies maintaining nationwide programmes.

In addition to the organizations present in Pyongyang, a number of non-resident agencies also operate regular 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

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

Assistance is tailored to ensure that it will be used for its intended purpose and therefore, by its nature, is less likely to be diverted. For example, in the Nutrition Sector, food commodities are targeted to beneficiaries, such as fortified biscuits for children, which are not consumed by the broader

population. Similarly, local production of fortified foods focuses on producing those assessed as less likely to be diverted. In the Health Sector, supplies of medicines are those that can only be used for their intended purpose.

Sanctions

While international sanctions imposed on DPRK clearly exempt humanitarian activities, they have unintentionally caused disruptions to humanitarian operations. Since 2013, banking channels have been regularly disrupted, with agencies unable to transfer funds into the country. Prolonged disruptions have forced agencies to reprioritize implementation of life-saving activities, as well as cancelling or postponing others.

Agencies are also faced with delays in procurement as a result of additional requirements for licensing, as well as the need to ensure that equipment or supplies are not on the sanctions list. Agencies have been working hard to overcome these challenges and continue operations.

International sanctions have also indirectly contributed to reluctance among donors to provide funds to DPRK. Factors such as disruptions to fund transfers, as well as lengthy procurement processes and slow delivery of equipment and supplies has influenced donor's attitudes and decisions on the allocation of funding. This is reflected in radical decline in donor funding since 2012. As a result agencies have been forced to significantly reduce the assistance they provide. Consequently, critical needs of some of the most vulnerable have not been met. More predictable funding is urgently required to ensure the immediate needs of the most vulnerable are addressed.

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

HUMANITARIAN

ACCESS & MONITORING

A number of physical and administrative restrictions exist in DPRK, hampering the ability of agencies to deliver timely and appropriate assistance to the most vulnerable affected populations. The humanitarian community works with the Government to improve access and monitoring.

Access

Travel within DPRK is strictly regulated. International humanitarian agencies need to obtain advance clearance for any travel, as do DPRK nationals, typically a week in advance. The itinerary has to be planned in advance in detail, generally with little flexibility to deviate. International staff must always be accompanied by DPRK nationals. In some counties, only national staff are permitted access, while some counties and the whole of Jagang Province cannot be accessed by either nationals or internationals. Prior clearance is required for Government and national staff to be able access international organizations' offices and attend meetings, impacting Government and national staff participation in coordination fora. A very specific impact has been the hampering effect on Line Ministry participation in Sector Working Groups.

Road networks outside Pyongyang are of varying quality and in some areas become impassable during the winter season or as a consequence of heavy rain. This often negatively affects the ability to assess, monitor or directly implement activities in a timely manner.

Monitoring

Regular monitoring is key to effective delivery of assistance as well as accountability to donors and beneficiaries. Humanitarian agencies working in DPRK carry out frequent monitoring and field visits to programme sites and warehouses to ensure efficient management of resources and verification of data. Any interaction with beneficiaries is normally overseen by local authorities, making independent ad-hoc monitoring difficult. Moreover, access to up-to-date baseline data continues to pose a challenge. The last National Nutrition Survey was carried out in 2012 and the last Crop and Food Security Assessment Mission (CFSAM) was carried out in 2013, although the Government has since conducted its own crop assessment but that misses key nutritional data. In view of the ongoing food security and nutrition challenges in the country, regular assessments in these sectors are critical. In this context, the plans to carry out a MICS in 2017 and a national population census in 2018 are welcomed.

Members of the HCT have continued to engage with the Government collectively and at the level of individual agencies throughout the year to access the information required to ensure accountability and appropriate programming. Progress has also been made towards the priority areas identified in the 2016 Needs and Priorities. Most notably:

- Sector-specific 3Ws (Who, What, Where) including information on monitoring access were developed and maintained. Moreover, specific tracking sheets were developed for the North Hamgyong flood response for relief assistance and funding which were frequently updated and shared with Government and partners.
- Two joint missions with representatives of Government and HCT were carried out following the North Hamgyong floods to review damage and assess needs, and to review progress of implementation. Findings were widely disseminated in public reports.
- Joint missions provided an opportunity to review and adapt the rapid needs assessment methodology and assessment forms to the DPRK context.
- The establishment of the Child Data Management Unit is expected to significantly improve Government capacity to provide disaggregated data.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

PEOPLE IN NEED



The total number of people in need (PIN) is an estimated 18 million people. This is calculated using the Food Security PIN has the highest number, and is calculated as the total number of people who depend on the PDS.

The total population targeted with humanitarian assistance in 2017 by humanitarian partners is 13 million. This is based on the highest number of people targeted with some form of life-saving assistance by age group and province, which is

PEOPLE TARGETED












FUNDING REQUIREMENTS (US\$)



the Health Sector. All population groups are disaggregated by sex and age (as much as possible) as well as by geographic location (see annex).

The total funding requirement for the plan is US\$114 million. The humanitarian response has been prioritized and seeks to address critical humanitarian needs over the next year.

17

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	18,000,000	4,261,635	24% 	2,032,097 48%	2,229,538 52%	77,346 2%	78,829 2%	1,954,751 46%	2,150,709 50%
 Nutrition	4,600,000	2,509,843	55% 	901,353 36%	1,608,490 64%	800,000 32%	800,000 32%	101,353 4%	808,490 32%
 Health	15,400,000	12,888,942	84% 	6,314,372 49%	6,574,570 51%	2,197,020 17%	2,286,934 18%	4,117,352 32%	4,287,636 33%
 WASH	3,500,000	557,236	16% 	264,761 48%	292,475 52%	50,511 9%	53,124 10%	214,250 38%	239,351 43%
TOTAL**	18,000,000	12,952,601	72% 	6,328,313 49%	6,624,288 51%	2,197,020	2,286,934	4,131,294	4,337,354

* 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



Nutrition



Health



Water, Sanitation & Hygiene (WASH)

FOOD SECURITY (INCLUDING AGRICULTURE)



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



FOOD SECURITY OBJECTIVE 1:

1 Improve sustainable food-based approaches to help expand domestic food production so that supply levels are adequate to feed the population.

RELATES TO S01, S03

FOOD SECURITY OBJECTIVE 2

2 Strengthen resilience of cooperative farms and small scale farmers to help withstand recurrent shocks and climate related disaster events.

RELATES TO S01, S03

Priority Needs

The lack of updated data makes it difficult to accurately estimate the number of food insecure people in DPRK. In the absence of a better measure, partners are working on the understanding that 18 million people who depend on the Public Distribution System (PDS) for monthly rations, in view of the fluctuations in ration size, are vulnerable to food insecurity. In addition to general food insecurity most people do not consume an adequately diverse diet, which reinforces cycles of undernutrition particularly amongst women and children. It is estimated that around 10.5 million people, or 41 per cent of the country's population, is undernourished.

Response Strategy



Priority Interventions: The Sector supports the Government's goal to improve people's living standard by increasing crop yields, livestock and fish farming, and the production of fruits, mushrooms, and vegetables. This is fundamental to broaden people's access to adequate and nutritious foods. In 2017, the Food Security Sector will prioritize: provision of agricultural inputs, such as fertilizer, seeds and small farming equipment and small livestock, particularly in areas vulnerable to the impact of climate change; support for communities to restore degraded lands to increase food production; provision of assistance in nutrition-based agriculture and sloping land management; food assistance to vulnerable population groups; and capacity building for agriculture-based resilience and disaster risk management.

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

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

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

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY SEX AND AGE

 SECTOR FOOD SECURITY	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
4.3 MILLION total targeted	48% - 52% 	77,346 2%	78,829 2%	1,954,751 46%	2,150,709 50%

NUTRITION



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



NUTRITION OBJECTIVE 1:

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

RELATES TO SO1

NUTRITION OBJECTIVE 2:

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

RELATES TO SO1

Priority Needs

Malnutrition among children and women of reproductive age remains a nationwide problem. The majority of children under 24 months, and 50 per cent of pregnant and breastfeeding women have insufficient dietary diversity leading to micronutrient deficiencies and unacceptably high prevalence of chronic and acute malnutrition. While no national survey has been conducted since 2012, the expansion of UNICEF's Community Management of Acute Malnutrition (CMAM) programme demonstrates a significant increase in demand for treatment of Severe Acute Malnutrition (SAM).

Response Strategy

Priority interventions: In 2017, the Nutrition Sector will maintain its proactive approach to addressing undernutrition with a focus on the importance of the first 1,000 days of life, which is at the heart of nutrition-related advocacy. A focus on maternal and adolescent nutrition will also be integrated. Ongoing support for implementation and further scaling-up of nutrition-specific interventions, such as promotion of optimum IYCF practices, dietary supplements for children and women, micronutrient supplements and services for the prevention and treatment of severe acute malnutrition will be continued.

Partnerships: Nutrition partners work closely with the Government, in particular the Ministry of Public Health and Institute



of Child Nutrition. The Nutrition Sector engages in regular dialogue with relevant stakeholders to provide and share technical information and assistance to harmonize best practices.

Complementarity: Cognizant of the importance of a multi-sectorial approach, nutrition sensitive interventions from other sectors will be incorporated with nutrition interventions particularly Food Security and WASH. Enhancing access and availability to diverse foods at the household level and children's institutions will be strengthened and coordinated to contribute to improving food security and nutritional outcomes amongst the most vulnerable.

The sector will also collaborate on key nutrition activities such as harmonization of monitoring tools, data management and participation in MICS. Capacity development for Government partners at national level will center on strengthening community management of acute malnutrition and counselling on infant and young child feeding. 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 chaired by UNICEF with WFP as co-lead.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY SEX AND AGE

	SECTOR	BREAKDOWN OF AGE AND SEX				
	NUTRITION	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	2.5 MILLION	36% - 64%	800,000	800,000	101,353	808,490
	total targeted		32%	32%	4%	32%

HEALTH



PEOPLE IN NEED



15.4M

PEOPLE TARGETED



12.9M

REQUIREMENTS (US\$)



37M

OF PARTNERS



8

HEALTH OBJECTIVE 1:

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

RELATES TO SO2

HEALTH OBJECTIVE 2:

2 Sustain immunization coverage at > 95% nationwide.

RELATES TO SO2

Priority Needs

According to the SDHS (2014), the Infant Mortality Rate in DPRK is estimated at 13.7/1,000, Under-Five Mortality Rate at 16.2/1,000, and Maternal Mortality Rate at 66/100,000 live births; well above the global averages. These rates are higher in rural than in urban areas. One of the key reasons for this is inadequate quality of health care services, a situation exacerbated in rural areas, with lack of essential medical equipment and pharmaceutical remedies as well as limited professional capacity of the health care providers.

Response Strategy

Priority Interventions: Partners in the Health Sector will work together to support critical and life-saving health interventions as well as to strengthen the quality of health care services. A minimum integrated package of health care services, including, maternal, neonatal, child and reproductive health, nutrition and WASH will be jointly delivered. Interventions will include the provision of essential medicines, including oral rehydration solution and vaccines, the provision of basic diagnostic and hospital equipment, strengthening the capacity of health care providers, developing and dissemination of treatment protocols and guidelines, and supportive supervision to ensure optimum implementation

To ensure equity in access to quality health care services, the strategy will prioritize health interventions in rural areas, especially hard-to-reach communities.



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

Complementarity: The Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund provide financial assistance through WHO and UNICEF to further improve the country's immunization services and assist the MoPH to combat malaria and tuberculosis.

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

Coordination: The Health Sector Working Group is chaired by WHO with UNICEF as co-lead.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY SEX AND AGE

	SECTOR	BREAKDOWN OF AGE AND SEX				
	HEALTH	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	12.9 MILLION	49% - 51%	2,197,020	2,286,934	4,117,352	4,287,636
	total targeted		17%	18%	32%	33%

WATER, SANITATION AND HYGIENE



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



WASH OBJECTIVE 1:

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

RELATES TO SO2

WASH OBJECTIVE 2:

2 Support adoption on good hygiene practices at household and institutional levels.

RELATES TO SO2

Priority Needs

While 82 per cent of households are connected to piped water, the proportion is much lower for schools, health facilities, kindergartens and nurseries. Due to insufficient and erratic power supply and underinvestment in maintenance, water supply systems in most parts of the country are not fully functional, compromising the quality and quantity of water. Widespread inappropriate use of pit latrines, use of fresh excreta as fertilizer and poor hygiene practices pose further threats to human health. An estimated 3.5 million people are in need of access to safe water, sanitation and hygiene.

Response Strategy

Priority Interventions: Primary WASH interventions will focus on improving access to safe water and sanitation and hygiene services. This includes: construction and rehabilitation of water supply systems, in particular for schools, nurseries, kindergartens, hospitals and clinics; hygiene promotion, including development of standard hygiene messages on hand washing, menstrual hygiene management, and general hygiene; wastewater management; and safe management and disposal of faeces.



Partnerships: The WASH Sector works closely with Government partners, particularly the Ministry of City Management (MoCM), responsible for water systems; Ministry of Public Health, responsible for water quality and hygiene promotion; and the Education Commission.

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

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

Coordination: The WASH Sector Working Group is chaired by UNICEF with IFRC and EUPS 3 as co-leads.

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY SEX AND AGE

 SECTOR WASH	BREAKDOWN OF AGE AND SEX				
	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
557,000 total targeted	48% - 52% 	50,511 9%	53,124 10%	214,250 38%	239,351 43%

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: ANNEXES

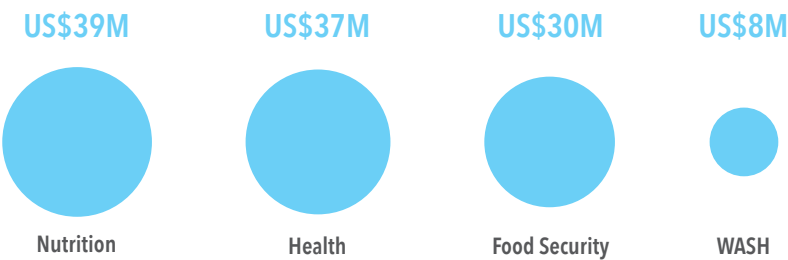
Funding requirements	25
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PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS ¹	REQUIREMENTS (US\$)
World Food Programme (WFP)	45,930,575
World Health Organization (WHO)	22,000,000
UN Children’s Fund (UNICEF)	18,200,000
Food and Agriculture Organization (FAO)	10,120,000
UN Population Fund (UNFPA)	4,000,000
EUPS 2	3,500,000
EUPS 1	2,400,000
EUPS 3	2,300,000
EUPS 4	2,300,000
EUPS 5	1,552,200
EUPS 7	1,200,000
TOTAL	113,502,775*

* This does not include \$1.2 million for SDC and \$730,000 for FIDA/FAHRP that are fully funded.

FUNDING REQUIREMENT BY SECTOR



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

EUROPEAN UNION PROJECT SUPPORT (EUPS)	EU NGOS
EUPS 1	Première Urgence International
EUPS 2	Save the Children
EUPS 3	Concern Worldwide
EUPS 4	Deutsche Welthungerhilfe
EUPS 5	Triangle Génération Humanitaire
EUPS 7	Handicap International

ACTIVITIES BY SECTOR

FOOD SECURITY



FAO targets more than 600,000 vulnerable people on 60 cooperative farms in ten provinces (North Hamgyong, Ryanggang, Pyongyang, Kangwon, South Hamgyong, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan, and Nampo

provinces). The priority is to provide farms with critical inputs that are essential for increasing production as well as raising crop productivity. 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.

EUPS 1 targets 40,000 beneficiaries in South Hwanghae Province to contribute to the improvement of infant nutrition through enhancement of production and distribution of animal source foods. To achieve its goal, PUI will focus on resolving fodder production and animal husbandry issues as well as enhancing capacities of agriculture executives and professors through high-level trainings.

EUPS 2 targets 175,997 beneficiaries in South Hamgyong and Kangwon provinces through food security programmes focusing on the prevention of stunting. It focuses on nutrition sensitive interventions and adopts a multi-sectoral approach. Activities include training of staff at children's institutions on improved nutrition management practices, improved food diversity through greenhouse construction, food processing factories, local production of agriculture products and nutrition education, many of which are undertaken in close partnership with the State Academy of Sciences.

EUPS 3 is targeting 110,000 beneficiaries in four provinces (North Hwanghae, Kangwon, Pyongyang, and North Hamgyong) to strengthen food and nutrition security and access to safety nets through technical support and capacity building in the production of crops and vegetables, and food processing. Activities include promotion of conservation agriculture, rehabilitation of solar greenhouses (farm and household level), support to household kitchen gardening, and management of natural resources.

EUPS 4 targets nearly 3 million beneficiaries in five provinces (North and South Pyongan, Kangwon, North and South Hwanghae) to ensure availability and access to nutritious foods by support for vegetable, legume, and grass seed production; in sloping lands management/disaster risk reduction (including livelihoods support); and in nutrition-led agricultural support and innovation on cooperative farms.

SDC, the Swiss Agency for Development and Cooperation through the Sustainable Livelihood and Disaster Mitigation Programme (SLDM) supports 20,000 beneficiaries (indirectly more than 100,000) in two provinces (North Hwanghae, Kangwon) to contribute to the livelihood improvement and sustainable resource management which is ecologically sustainable, economically cost-effective and socially participatory and satisfies needs of the communities by applying agroforestry and bioengineering approaches to improve soil and water protection. In addition, SDC contributes to WFP's programmes through the provision of Dried Skimmed Milk.

Fida International/ FAHRP directly targets about 20,000 beneficiaries and indirectly more than 100 000 beneficiaries in Kangwon and North Pyongan provinces through stabilization of food production. The focus is to contribute to greater food security by contributing to clean seed potato production chains, from basic seed to multiplication of food potato.

EUPS 5 targets around 35,000 beneficiaries in three provinces (North Hwanghae, North Pyongan and Nampo). 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 elderly. The organization focuses on specific activities like integrated fish farming systems, greenhouses and water treatment systems, and capacity building of a non-state actor involved in the elderly sector in DPRK.

WFP plans to reach 292,500 people through Food for Disaster Risk Reduction (FDRR) activities. FDRR activities aim to mitigate the impact of natural disasters on local communities and improve food security. Activities will take place in food-insecure and natural-disaster prone counties and are undertaken seasonally in spring and autumn. In exchange for people's work, participants and their families are provided with a take-home ration. Food rations are rich in protein and fat to diversify families' diets, complementing the Government's PDS cereal ration.

HEALTH



WHO supports provision of policy and technical guidance along with logistical support to ensure the delivery of Universal Health Coverage by further strengthening the country's network of primary, secondary and tertiary health care facilities. The

emphasis has been narrowed to provision of essential life-saving medicines to health institutions that provide maternal and child services, targeting about six million women and children. These clinics and hospitals further receive basic life-saving equipment including blood transfusion services, essential to ensure safe

deliveries and treatment of sick children. It is estimated that 120,000 pregnant women and newborns benefit from these services while it will further help to manage about 45,000 children with severe Respiratory Tract Infections, diarrhoea and other complications. WHO undertakes development of treatment protocols and guidelines and training of doctors, nurses and midwives.

UNICEF supports the Ministry of Public Health in the field of maternal, newborn and child health through capacity building of service providers and provision of supplies. This includes the

ACTIVITIES BY SECTOR

HEALTH

provision of emergency maternal and neonatal care equipment, essential medicines and oral rehydration solution, as well as basic vaccines targeting overall 12 million beneficiaries.

EUPS 1 targets 80,000 inhabitants in South-Hwanghae to improve their access to quality health care all along the continuum of care, from the community to the county level. PUI focuses on staff capacity building at Ri and County level (secondary health care), to strengthen referral system and improve material conditions of health care, including by supporting medicines supply.

UNFPA focuses on increasing access to quality reproductive health services to ensure improved reproductive health, including safe motherhood and improved survival rates of newborns 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 350,000 pregnant women. It will be complemented with training of midwives, support for maternal death surveillance and family planning services with an emphasis on expansion of choice. In addition, UNFPA will continue to support interventions on data for humanitarian assistance and will be the lead agency supporting the 2018 Census.

EUPS 7 in collaboration with the Korean Federation for the Protection of Disabled is supporting 11 health facilities in three provinces (North Pyongan, South Hamgyong and Pyongyang) to improve access to functional rehabilitation services for people with disabilities, targeting 4,000 people. Through increased service provision in the target communities this number is expected to increase to nearly 668,000 people with disabilities in the target areas. Interventions focus on improving working conditions of health facilities, establishing a physiotherapy department with essential international standard rehabilitation and therapeutic equipment,

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.

EUPS 5 targets around 35,000 beneficiaries in three provinces (North Hwanghae, North Pyongan and Nampo). Under a multi-sectoral approach the mission aims at providing humanitarian assistance primarily to the most vulnerable categories of population, namely children living in child institutions and elderly. The organization focuses on specific activities like integrated fish farming systems, greenhouses and water treatment systems, and capacity building of a non-state actor involved on elderly sector in DPRK.

EUPS 2 will provide health services to 7,310 beneficiaries in South Hamgyong Province with special focus on maternal and new born child health care through infrastructure renovation at health clinics and hospitals, provision of medical tools and equipment, and capacity development of local health staff.

Fida International/ FAHRP supports four local hospitals in Kangwon, South and North Pyongan provinces to improve major clinical specialties such as cardiology, surgery, gastroenterology and radiology. The purpose of the project is to improve provision of health services of selected hospitals. The population of the catchment area of three city/county level hospitals of two million people will have access to better health services.

NUTRITION



UNICEF will continue to expand nutrition programmes aiming to reach at least 60,000 children with SAM treatment in all provinces. UNICEF plans to reduce the gap in micronutrient supplementation, as well as scale up community infant and young

child feeding counseling services and targets 500,000 children 6-23 months with multi-micronutrient powder supplements (MNP-Sprinkles), 1.6 million under-five children with Vitamin A and 700,000 pregnant and lactating women with multi-micronutrient tablets (MNT).

WFP's nutrition assistance targets 650,000 children and women in 60 counties in nine provinces (Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan, Nampo provinces) aiming to reduce hunger and address undernutrition. Additionally, 30,000 children and women in the three worst flood-affected counties will continue to receive nutrition assistance. Fortified cereals and biscuits are

locally produced in eleven factories across the country and provided to children in institutions and to pregnant and nursing women.

EUPS 4 targets a little over 600,000 beneficiaries (women of childbearing age, and children U5) in four provinces (North and South Pyongan, North and South Hwanghae) in nutrition-sensitive programming deriving from vegetable and legume seed production as well as from dietary diversification and disease prevention initiatives.

ACTIVITIES BY SECTOR

WATER, SANITATION AND HYGIENE



UNICEF will provide access to safe drinking water through gravity-fed water supply systems to reach 150,000 people in four provinces (North Pyongan, South Hwanghae, South Pyongan and North Hamgyong). Programmes focus on nationwide

promotion of hygiene and sanitation to reduce diarrhoea, particularly in those communities underserved by piped water. They will provide WASH supplies, including emergency WASH kits and continue advocacy programmes.

EUPS 2 supports 35,000 people in South Hamgyong Province by providing clean water supply with gravity-fed water supply systems to communities, child and health institutions. Improved latrines will be constructed for nurseries, kindergartens, schools and health facilities to improve sanitary conditions as well as hygiene promotion.

EUPS 3 is targeting over 100,000 beneficiaries in Kangwon and North Hwanghae provinces focusing on sustainable gravity-fed and solar powered water supply systems, sanitation, hygiene and nutrition promotion and capacity building. The programme aims to improve nutrition and hygiene through the reduction of waterborne disease, environmental enteropathy, menstrual hygiene management and integrated DRR across all the WASH initiatives contributing to better health for women, girls and young children.

EUPS 4 targets almost 45,000 beneficiaries in North Pyongan and Kangwon provinces through providing access to safe drinking water via wastewater treatment and reclamation, provision of sanitation services and flood management, and new potable water supply systems.

SDC, the Swiss Agency for Development and Cooperation, in cooperation with the Ministry of City Management, supports capacity building, including protection of water sources, water treatment and analysis, as well as photovoltaic solar energy for water pumping, food preparation and hygiene, decentralized wastewater systems and waste disposal, construction of gravity-fed system and improved sanitation in the rural areas in Kangwon and North Hwanghae provinces, targeting 30,000 beneficiaries.

EUPS 5 targets around 35,000 beneficiaries in three provinces (North Hwanghae, North Pyongan and Nampo). Under a multi-sectoral approach the mission aims at providing humanitarian assistance primarily to the most vulnerable categories of population, namely children living in child institutions and elderly. The organization focuses on specific activities like integrated fish farming systems, greenhouses and water treatment systems, and capacity building of a non-state actor involved on elderly sector in DPRK.

EUPS 1 intends to reach 24,000 people in South Hwanghae Province to improve hygiene conditions at health facility level through a better access to running water and adapted hygiene practices. Hygiene and nutritional practices need to be promoted at community level through awareness and sensitization programmes.

NON RESIDENT AGENCIES

American Friends Service Committee (AFSC)

www.afsc.org/office/north-korea

Sector(s): Food Security, Agriculture

CABI (Centre for Agriculture and Biosciences International)

www.cabi.org

Sector(s): Food Security, DRR

Christian Friends of Korea (CFK)

www.cfk.org

Sector(s): WASH, Nutrition, Health, Food Security

FiBL Research Institute of Organic Agriculture

www.fibl.org/en/homepage.html

Sector(s) Food Security, Agriculture

Global Aid Network (GAIN) gGmbH

www.gain-germany.org

Sector(s): Nutrition-Food Security

Mennonite Central Committee (MCC)

<https://mcc.org/learn/where/asia/north-korea-dprk>

Sector(s): Food Security, Agriculture, Health

IFOAM - Organics International

www.ifoam.bio

Sector(s): Agriculture, Food Security

Mission East

www.missioneast.org

Sector(s): WASH, Food Security

Oxfam Hong Kong

www.oxfam.org.hk/en/DPRKorea.aspx












Sector(s): Food Security, Livelihoods, Response

World Vision












<http://wvi.org/north-korea>












Sector(s): WASH, Food Security, Agriculture, Nutrition, Response

PEOPLE TARGETED BY PROVINCE












ALL SECTORS	TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
 South Pyongan	1,754,691	48% - 52%	290,012	301,849	552,535	610,295
 South Hamgyong	1,700,227	49% - 51%	290,071	301,910	543,319	564,928
 Pyongyang	1,653,238	49% - 51%	283,530	295,103	526,556	548,048
 North Pyongan	1,505,477	49% - 51%	257,932	268,460	479,917	499,168
 South Hwanghae	1,356,648	49% - 51%	221,178	230,446	441,917	463,107
 North Hamgyong	1,282,789	49% - 51%	219,998	228,978	408,568	425,245
 North Hwanghae	1,229,567	49% - 51%	210,785	219,389	391,708	407,686
 Kangwon	814,910	49% - 51%	139,671	145,372	259,640	270,227
 Jagang	716,437	49% - 51%	122,869	127,884	228,185	237,499
 Nampo	542,171	49% - 51%	92,982	96,778	172,682	179,730
 Ryanggang	396,445	49% - 51%	67,990	70,765	126,268	131,421
TOTAL	12,952,601					












PEOPLE TARGETED BY SECTOR

FOOD SECURITY		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Pyongan	1,170,855	48% - 52%	3,930	4,095	552,535	610,295
	North Pyongan	790,309	47% - 53%	9,417	9,449	365,441	406,002
	South Hwanghae	731,538	48% - 52%	3,863	4,135	343,718	379,822
	North Hwanghae	689,037	47% - 53%	7,090	6,623	319,550	355,774
	South Hamgyong	225,897	49% - 51%	22,114	23,207	88,448	92,128
	North Hamgyong	135,873	48% - 52%	4,893	4,973	60,274	65,733
	Kangwon	96,918	47% - 53%	4,868	4,513	40,283	47,254
	Ryanggang	55,821	48% - 52%	1,806	1,895	25,122	26,998
	Pyongyang	39,027	48% - 52%	1,263	1,324	17,564	18,876
	Nampo	33,860	49% - 51%	8,069	8,173	8,524	9,094
	Jagang	-	-	-	-	-	-
TOTAL		3,969,135					

NUTRITION		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hamgyong	338,508	36% - 64%	103,902	103,902	19,534	111,171
	South Pyongan	324,199	36% - 64%	104,104	104,104	12,237	103,755
	Pyongyang	300,456	35% - 65%	104,506	104,506	-	91,443
	North Pyongan	291,227	36% - 64%	93,782	93,782	10,702	92,962
	North Hamgyong	266,814	36% - 64%	79,796	79,796	17,161	90,061
	South Hwanghae	258,379	36% - 64%	79,874	79,874	14,177	84,455
	North Hwanghae	252,021	36% - 64%	80,217	80,217	10,098	81,489
	Kangwon	162,563	36% - 64%	50,757	50,757	8,146	52,904
	Jagang	128,356	35% - 65%	44,646	44,646	-	39,065
	Nampo	105,363	36% - 64%	33,759	33,759	3,877	33,967
	Ryanggang	81,955	37% - 63%	24,657	24,657	5,421	27,219
TOTAL		2,509,843					

PEOPLE TARGETED BY SECTOR

HEALTH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	South Hamgyong	1,700,227	49% - 51%	290,071	301,910	543,319	564,928
	South Pyongan	1,691,032	49% - 51%	290,012	301,849	538,594	560,577
	Pyongyang	1,653,238	49% - 51%	283,530	295,103	526,556	548,048
	North Pyongan	1,505,477	49% - 51%	257,932	268,460	479,917	499,168
	South Hwanghae	1,356,648	49% - 51%	221,178	230,446	441,917	463,107
	North Hamgyong	1,282,789	49% - 51%	219,998	228,978	408,568	425,245
	North Hwanghae	1,229,567	49% - 51%	210,785	219,389	391,708	407,686
	Kangwon	814,910	49% - 51%	139,671	145,372	259,640	270,227
	Jagang	716,437	49% - 51%	122,869	127,884	228,185	237,499
	Nampo	542,171	49% - 51%	92,982	96,778	172,682	179,730
	Ryanggang	396,445	49% - 51%	67,990	70,765	126,268	131,421
TOTAL		12,888,942					

WASH		TOTAL	% Male-Female	<5 Male	<5 Female	>5 Male	>5 Female
	North Hamgyong	233,000	48% - 52%	27,934	30,316	83,802	90,948
	North Pyongan	72,359	48% - 52%	5,551	6,013	28,853	31,942
	North Hwanghae	69,520	48% - 52%	4,273	3,703	29,024	32,520
	Kangwon	67,145	45% - 55%	4,091	3,727	26,213	33,114
	South Hwanghae	50,462	48% - 52%	3,921	4,284	20,055	22,202
	South Hamgyong	42,426	48% - 52%	2,069	2,187	18,229	19,941
	South Pyongan	22,266	48% - 52%	2,672	2,894	8,016	8,684
	Pyongyang	58	-	-	-	58	-
	Ryanggang	-	-	-	-	-	-
	Nampo	-	-	-	-	-	-
	Jagang	-	-	-	-	-	-

