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THE UNITED NATIONS



OVERVIEW OF NEEDS AND ASSISTANCE

THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA



## PHOTO CREDITS

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### Preface

In the Democratic People's Republic of Korea (DPRK), United Nations (UN) agencies comprising FAO, UNFPA, UNICEF, WFP, WHO and UNDP work with NGO partners to meet the population's most urgent needs. These people require support to raise the standard of living and access to basic services to levels comparable with other countries in the region. The focus is on mitigating the protracted crisis through a sustained humanitarian response that addresses immediate and intermediate needs in nutrition, health, agriculture, water and sanitation, while also addressing some of the root causes of the vulnerabilities in order to build resilience and sustainable livelihoods.

This Overview Funding Document (OFD) describes the current situation and the efforts being made to improve it. The activities described in the document are just one aspect of a larger response undertaken by the UN system in DPRK in the context of the "Strategic Framework for Cooperation between the UN and the Government of DPRK".<sup>1</sup> The larger response involves environmental protection, climate change mitigation and risk reduction, quality improvement of the educational system and rural energy. Some of these longer-term activities, outside the scope of this document, are financially supported by the agencies' regular budgets or by global partnerships, such as the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) or the Global Alliance for Vaccines and Immunisation (GAVI).

As there is a constant risk of programmes being closed or suspended, the UN is the only remaining multilateral actor that continues to shed light on the plight of people in DPRK. The UN's presence and programmes bring exposure and a voice to an isolated population that is otherwise cut off from the outside world. Regarding access, more needs to be done, hence advocacy and dialogue will continue with the Government to ensure satisfactory and harmonized operating conditions. The maintenance of an in-country UN presence, full compliance with the UN Charter and adherence to the humanitarian principles (humanity, neutrality and impartiality) are still positive factors in improving the situation for the people of DPRK.

On the positive side; while food shortages previously were attributed to external factors, such as sanctions and severe weather conditions, the Government has begun to publicly acknowledge severe food shortages in the country and actively sought food assistance in bilateral meetings with Member States. For example, in January 2011 the Government made an official request for international food assistance - the first time since the last international appeal for humanitarian assistance in 2004.

Pyongyang, 29 May 2012

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<sup>1</sup> Over a five-year period (2011-2015), the Strategic Framework aims to improve people's quality of life, ensure sustainable development and achieve progress towards the Millennium Development Goals. Its strategic priority areas include 1) Social Development, 2) Partnerships for Knowledge and Development Management, 3) Nutrition and 4) Climate Change and Environment.

## Executive Summary

The people of the Democratic People's Republic of Korea (DPRK) endure poor health care, high levels of maternal and child malnutrition, political and economic isolation, recurrent natural disasters and international increases of food and fuel prices. The population's high vulnerability is due to the failure to appropriately and systematically address the underlying risk factors of food insecurity, limited or weak coping mechanisms, and extremely poor sanitation and safe water access.

While international humanitarian assistance has made considerable progress towards meeting some of the basic needs, 16 million people continue to suffer from chronic food insecurity (at various degrees), high malnutrition rates, and deep-rooted economic problems. Inadequate medical supplies and equipment make the health care system unable to meet basic needs, while sanitation, water supply and heating systems continue to fall into disrepair. Young children, pregnant and lactating women and the elderly are particularly vulnerable. The country is further challenged by climate change, poorly developed agricultural techniques and technology, periods of localised floods and harsh weather conditions with loss of crops agricultural fields as a result.

In 2012, the **strategic objectives** of the UN Agencies in DPRK are to:

- Support life-saving humanitarian assistance in nutrition, health, water & sanitation and agriculture while providing essential support to address underlying developmental drivers of the chronic challenges that increase vulnerabilities,
- Support dialogue with all partners to analyze and advise on policies that impact long-term vulnerabilities,
- Continue to work on improving the operational conditions and infrastructure to harmonise and widen the access for UN agencies so as to better determine the needs and monitor the impact of assistance provided,
- Strengthen policy-support and assistance to collection, analysis and dissemination of credible data for evidence-based targeting of interventions,
- In collaboration with partners, maintain a standing capacity to support national response in the event of a natural disaster.

Although limitations on access persist, and opportunities to conduct comprehensive needs assessments are uneven, it is possible to implement effective assistance programmes that address many of the most critical needs, provided the necessary funds are made available. The Government views on linking more favourable operating conditions to the amount of resources being brought into the country is unlikely to change in the near future, despite strong advocacy on this by humanitarian agencies. The UN system will continue to apply the strategy of previous years upholding the principle of 'No Access-No Aid', and will continue to seek wider access for humanitarian activities.

### BASIC FACTS

- **Population:** 24.1 million
- **Estimated average annual growth rate:** 0.85%
- **Average life expectancy:** 69.3 years  
**Men:** 65.6 years  
**Women:** 72.7 years
- **Literacy rate:** + 99%
- **Urban population:** 61%
- **Under-five mortality rate:** 25.7 per 1000 live births
- **Maternal Mortality rate:** 85 to 250 per 100,000 live births (depending on estimates)
- **Number of chronic poor:** 7.2 million (37%)

*Sources: 2008 DPRK Population Census, CBS & UNFPA (surveys/assessments), and agencies WFP/FAO, UNICEF, HMIS*



## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

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To respond to key humanitarian priorities, UN agencies require \$198 million for planned humanitarian activities in 2012. As of 1 May 2012, \$74.9 million has been contributed - corresponding to 37.8 per cent of the overall requirement.

### Overview of funding needs per sector in 2012

Agency	Sector	Total Needs (US\$)	Funding Gap (US\$)	% received
FAO	Agriculture	13,000,000	9,200,000	29.2%
WHO	Health	22,022,000	15,792,000	28.3%
UNFPA	Health	2,200,000	1,500,000	31.8%
WFP	Food Security	136,649,562	78,441,000	42.6%
UNICEF	WASH, Health & Nutrition	24,195,000	18,238,000	24.6%
<b>Total (US\$)</b>		<b>198,066,562</b>	<b>123,171,000</b>	<b>37.8 %</b>

## PART 1 - 2011 in Review

### 1.1 Political Situation

2012 began under the leadership transition from General Kim Jong Il to his son Kim Jong Un. The latter has indicated his intention to pursue the policies as implemented hitherto.

Diplomats from DPRK and Republic of Korea (RoK) held informal talks during the ASEAN Regional Forum meeting in Indonesia in July 2011. However, since then there has so far been no formal agreement to resume the six-party talks, which have been suspended since 2008.

### 1.2. Economic Situation

During the last five years, DPRK's economic performance DPRK has been sluggish. Overall, there has been about 2 per cent growth in real gross domestic product (GDP) between 2005 and 2010, implying an implicit annual compound growth rate of about 0.4 per cent in real national income (Table 1). Population growth is about 0.6 per cent per annum, so per capita real GDP has declined during this period. The recovery that began in 1999 had enjoyed modest growth until 2005, followed by a negative growth in three out of the last five years. Agriculture is a major contributor to the national economy, but its share decreased from 30 to 20 per cent of GDP between 2000 and present. Volatility in agricultural production remains a major challenge in maintaining a stable economy and improving the living standards of the population.<sup>2</sup>

**Table 1:** DPRK - Key Economic Indicators, 2006 to 2010:

	2006	2007	2008	2009	2010
Real GDP growth (%)	-1	-1.2	3.1	-0.9	2.1
Real GDP Index (2005=100)	99	98	101	100	102
Exports (US\$ million)	1,467	1,685	2,045	2,000	2,800
Imports (US\$ million)	2,879	3,083	3,578	3,100	3,300
Trade deficit (US\$ million)	1,412	1,398	1,533	1,100	500

Source: Economist Intelligence Unit, August 2011 Country Report and earlier issues

Inflation has been a serious problem in DPRK in recent years. It deteriorated after the failed initiative to revalue the currency in 2009 where prices increased significantly.<sup>3</sup> The unofficial market value of the currency has been falling at a similar rate (around 4,000 Won to the US dollar), meaning that those with access to foreign exchange are insulated from the ravages of inflation, while those who are reliant on the local currency have seen their buying power decline. Estimates suggest that inflation on an annual basis has averaged 131 per cent for rice and 138 per cent for maize, although the average inflation rate was less rapid in 2011 than in 2010.<sup>4</sup>

DPRK's economic trade is limited to a few countries. China and the Republic of Korea (ROK) account for almost 90 per cent. Judging from the statistics, the country's total trade deficit increased by nearly 50 per cent in just five years; rising from a low of \$983 million in 2003 to an estimated

<sup>2</sup> Based on EIU, Bank of Korea, and Korea Development Institute, Seoul publications, CFSAM 2011

<sup>3</sup> To control prices, the Government re-aligned the currency in 2009, which wiped out small traders' savings and triggered inflationary effects. The policy required the population to begin using newly issued currency by turning in old won (KPW) bills in exchange for new ones (see also "Overview of Needs and Assistance" document from 2011).

<sup>4</sup> Economy Intelligence Unit, North Korea Country Report, February 2012



record high of \$1.53 billion in 2008. Although the annual trade deficit decreased subsequently in 2009 and 2010 due to a lack of hard currency to pay for imports, the accumulation of trade deficit has had a negative impact on the country's ability to import food and other essential goods.

China is the most important source of imports for DPRK and its largest trading partner. Total exports to China in 2010 nearly tripled reaching \$1.195 billion, an increase of \$847 million from the previous year. Imports from China reached \$2.277 billion; an increase of \$ 804 million (estimates by Korea Development Institute). The trade deficit with China in 2010 was slightly lower from that in 2009, but still over \$1 billion. From January to August 2011, the total trade deficit was estimated at \$514 million (Table 2). Until recently, ROK was DPRK's top export destination, accounting for about half of all exports. However, strained political ties between the two countries, including a trade ban by ROK in 2011, has severely affected exports and reduced DPRK's foreign-currency earnings.

**Table 2:** DPRK trade with China

	2009	2010	2011 <sup>5</sup>
Exports to China (US\$ million)	348	1,195	1,562
Imports from China (US\$ million)	1,473	2,277	2,077
Trade deficit with China (US\$ million)	1,125	1,083	514

*Source: 2010 and 2011 Official Chinese Customs data, 2009 based on Korea Development Institute and EIU*

The primary commodities exported from DPRK, particularly to China, are iron ore, coal, fish and timber. There have been reports that exports of iron ore and coal have increased substantially in 2011, reflecting an expansion in investment by overseas companies. The official data has shown that DPRK's exports of coal and coal products from January to September 2011 were more than \$800 million, compared with some \$395 million in 2010. The export of coal is mainly driven by foreign-currency demand as import bills increase for oil, fertilizer, food, and public investment in roads and railways. DPRK imports most of its oil and energy; hence its import bill is vulnerable to fluctuations in global oil prices.

DPRK has previously experimented with economic openings to attract foreign capital. However, although difficult to predict, there are currently no signs that the Government will undertake any of the long-term structural reforms that are necessary to spur national economic growth. Investment in minerals makes up an important part of overall foreign investment in DPRK, mainly from China that has invested in the minerals sector since 2004. In 2010, the Foreign Direct Investment (FDI) stock totalled \$1.5 billion, up from \$1.4 billion in 2009, and inflows are likely to have increased in 2011.<sup>6</sup>

Following the rapid collapse of the centrally planned economy in the mid-1990s, a brief reformist opening (1998-2002) allowed markets to compensate for State shortcomings, through timid measures such as an increase in flexibility of enterprise managers. More recently, it has been a little over two years since the failed currency reform of November 2009 aimed to reassert State control over and to reconstitute the centralized economy.<sup>7</sup> That reform's failure, provoking a devaluation of the currency and increasing inflation, ultimately led the State to allow some markets to reopen (mid-2010) and citizens to hold foreign exchange. The resulting hybrid economy, combining

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<sup>5</sup> January to August only

<sup>6</sup> Economy Intelligence Unit, North Korea Country Report, February 2012

<sup>7</sup> Stephen Haggard and Marcus Noland, Peterson Institute for International Economics, 2011

centralized planning with “marketisation from below”<sup>8</sup> also harbours such shortcomings as an uncertain climate for investors and corruption.

Limited foreign participation is allowed in the economy through special economic zones where investment is approved on a case-by-case basis. In early June 2011, the Governments of China and DPRK declared that they would work to develop two new special economic zones (in addition to the Kaesong industrial zone that was developed with ROK a few years earlier); one near the port city of Raseon on the east coast, and one on the island of Hwanggumpyong. These economic zones are strictly controlled by the State.<sup>9</sup> The Government has also made statements in 2010 and 2011 on the intent to accelerate light industry and agriculture, which is in contrast to previous years that largely have focused on military strengths.

### **1.3. Humanitarian Access**

UN agencies and international NGOs are given differential access based on their programmes’ needs. Provinces and counties deemed “accessible” to one UN agency might not be accessible to other humanitarian organisations, particularly NGOs. Some agencies have full access to project sites, while others are allowed with limits to the same project site, and do not have the freedom to select the monitoring site.

UN agencies and EUPS follow a strict principle of “no access-no aid”. Those living in counties that remain off-limits to humanitarian agencies do not receive assistance<sup>10</sup>. The Government and those provinces/counties receiving food and non-food assistance are responsible for service delivery.<sup>11</sup> The Government continues to link the granting of more favourable operating conditions to the amount of resources being brought into the country, which means that an agency with lower funding is allowed less access to populations. As a result, operational restrictions continue to undermine donor confidence and resource mobilization, which in turn undermines discussions on better operating conditions.

Negotiating access in DPRK has been and remains a long and difficult process. The Government often places unacceptable constraints on access required for humanitarian agencies to undertake programme implementation, monitoring and evaluation of activities.

The general rule for all agencies, which has been in effect for many years, is a seven-day notification for all monitoring missions. However, in special circumstances the Government accommodates monitoring missions with 48-hours’ notice (or less). UNCEF is allowed four day-notification access to households for Water, Sanitation and Hygiene (WASH), health, nutrition, tuberculosis and malaria programmes and random data verification as part of its general programme implementation. Through 2011, WFP maintained its expanded access in conjunction with the Emergency Food Operation (EMOP), allowing Korean-speaking international staff 24 hours’ notice and random visits to markets and households. However, these conditions are subject to re-negotiation upon completion of the current EMOP, scheduled for 30 June 2012.

Despite the problems, there have been considerable and steady improvements in the situation since 1995, when the first humanitarian workers arrived in the country. Various advocacy methods have been employed to find common ground with the Government, including being clear about what constitutes satisfactory operating requirements and encouraging external actors to raise issues of

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<sup>8</sup> Ibid

<sup>9</sup> East Asia Forum, 14 July 2011

<sup>10</sup> It is therefore not possible to determine the exact scope of needs in these ‘off-limit’ areas

<sup>11</sup> The exception to this is support for the Government’s immunisation, vitamin A supplementation, tuberculosis and malaria programmes. These activities are funded by the Global Fund

concern with the Government when possible. This form of engagement has helped increase the Government's familiarity and confidence with humanitarian operations. Through a process of reciprocal patience and the slow understanding about the constraints and requirements of the other party, progress has been made, and this continued invariably through 2011. With constant engagement and confidence-building, organizations working in DPRK continue to achieve significant progress. The UN agencies work with the Government to harmonize the current operating conditions to the level provided to WFP during implementation of the EMOP.

The UN Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Valerie Amos visited DPRK in October 2011. During the five day humanitarian mission, Ms Amos and her team, including a cameraman, travelled to South Hamgyong and Kangwon provinces to see some of the challenges on the ground and the work of the international humanitarian agencies. Ms Amos was able to hear from the people themselves who freely explained the problems and hardship they were facing.

## **1.4. Key humanitarian developments and achievements**

### **1.4.1 Humanitarian developments**

The chronic situation continued to generate humanitarian needs in nutrition, food security and health. Deteriorating infrastructure in water, sanitation and hygiene further exacerbated the humanitarian situation. In a restricted operating environment, UN agencies with limited funds resorted to strict prioritization and targeted interventions that aimed at saving lives, primarily among pregnant and lactating women and children under age 5.

Prospects for the agricultural season in 2011 were threatened by another harsh winter. Farmers were under enormous pressure as they strived to maintain State-set production targets with inadequate agricultural inputs. In response to the Government's request in January 2011 for international food assistance, a rapid food assessment was conducted jointly by WFP, UNICEF and FAO in February and March. It concluded that around 6.1 million people were in need of food assistance.

While national prevalence of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) were low according to the 2009 Multiple Indicators Cluster Survey (MICS) results (5 per cent of GAM in children 0-5 years), it was suspected that if there was no action to buffer the food-and-nutrition crisis, moderately acute malnourished children would rapidly become severely acute malnourished and decrease their chance of survival or full development potential. Undernourished children were also at risk, with a prevalence of underweight children under age 5 close to 20 per cent and chronic malnutrition (stunting) rate at 32.4 per cent<sup>12</sup>.

WFP launched an EMOP in April 2011 to meet the emergency food and nutrition needs of up to 3.5 million of the most vulnerable children, pregnant and lactating women and the elderly. FAO supported the agriculture sector by providing fertilizers to cooperative farms. However, most of the indicators (collected through field visits) related to food security reflected a deterioration of the situation at end of 2011. Despite the efforts, a vast number of people suffered prolonged food deprivation from May through to September 2011. Later in 2011 and in early 2012, WFP produced and distributed an increased amount of Super Cereals to about 65 per cent of the planned amount.

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<sup>12</sup> According to the 2009 Multiple Indicator Cluster Survey (MICS)

UNICEF, WHO and UNFPA concentrated their efforts on addressing needs in the health sector, including case management of acute malnutrition, and child and maternal health. This included distribution of drugs to address acute shortages of life-saving medicines for the treatment of major child killer diseases, such as diarrhoea and pneumonia, and prevention of maternal mortality. UNICEF implemented an integrated package of combined WASH (provision of safe water through gravity-fed water supply systems), nutrition, and health interventions in the 25 most food-insecure counties in four Northern provinces, in addition to all baby homes and paediatric hospitals. The screening carried out in these counties showed a worse situation than anticipated, with 14.6 per cent of moderate and 2.8 per cent of severe acute malnutrition compared with the MICS 2009 data estimating 4.7 per cent of moderate and 0.5 per cent of severe acute malnutrition.

In February 2011, an outbreak of foot-and-mouth disease was reported. It affected 135 farms in 41 cities and counties in eight provinces. During the response, which was supported by FAO, local and national authorities evidently lacked the necessary capacity to address an epidemic on that level, lacking technical capabilities and financial resources.

In June/July, typhoons and torrential rains caused human and material losses, mainly affecting North and South Hwanghae, Kangwon and South Hamgyong provinces and Kaesong City. The windstorms and floods left dozens of people dead, wounded or missing. More than 2,900 houses were wrecked throughout the country, and 2,200 houses were wrecked in South Hwanghae Province. Nearly 60,000 hectares of farmland were submerged, buried or washed away, resulting in decreased grain output. An estimated 170 industrial facilities and public buildings collapsed, and landslides and broken revetments severed roads and bridges.<sup>13</sup>

The Crop and Food Security Assessment Mission (CFSAM) in October 2011 concluded that around 3 million people would continue to be in need of external food assistance into 2012 in the five most food insecure provinces of Chagang, North Hamgyong, South Hamgyong and Kangwon. Adverse weather conditions in July and August 2011 had affected paddy and maize with little chance of any overall improvement, resulting in an estimated food deficit of 414,000 tons for the 2011/12 marketing year.

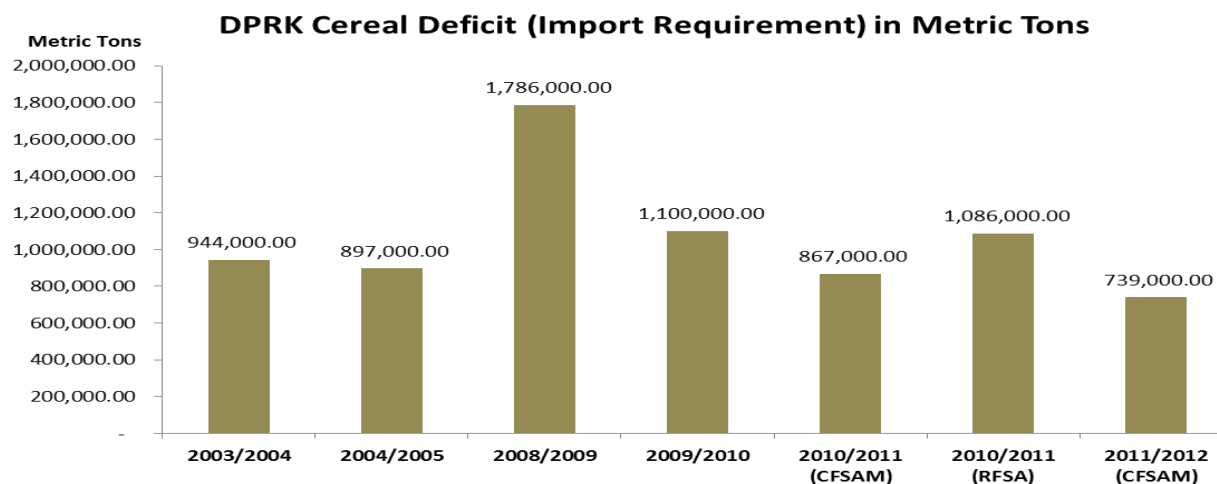


Figure 1

<sup>13</sup> Situation Report on the floods, UN Resident Coordinator's Office, August 2011

In November 2011, WFP conducted a Mid-Upper Arm Circumference (MUAC) screening in 696 children aged 6-59 months from a representative of samples from nurseries and kindergartens in the counties assisted. The results showed a GAM rate of 12.5 per cent and SAM rate of 1.6 per cent. The corresponding rates for children under-two (223) were GAM 18.8 per cent and SAM 4.5 per cent, which is considered high. UNICEF also undertook an independent systematic MUAC screening of 181,300 children under-five in 25 counties in four North-eastern provinces. The results showed that 2.8 per cent of the children were severely acute malnourished (SAM) and 17.4 per cent were acutely malnourished (moderate and severe included). All SAM children in the four North-eastern provinces identified through screening were treated with “Ready-to-Use Therapeutic Food” RUTF) or therapeutic milk and when necessary other children were treated for diarrhoea.

### **1.4.2 Major achievements**

- Led by UNICEF and adopted by all WASH partners, the Rural Sanitation Guidelines were officially launched by the Ministry of City Management (MoCM) after three years of intense advocacy. Development and adaptation of sanitation guidelines is a shift in sanitation promotion strategy as the guidelines focus more on safe management of human faeces instead of constructing latrines. However, the guidelines need to be disseminated nationwide and county and Ri leadership needs to be trained and motivated for its use. Since diarrhoea is one of the main contributing factors of chronic and acute malnutrition, safe management of excreta and the use of improved latrines will have long term impact on reducing malnutrition among children under-five.
- The Ministry of Public Health, with UNFPA technical support, developed and endorsed a National Reproductive Health Strategy for 2011-2015, which encompasses the key reproductive health issues including maternal and newborn health, family planning, commodity security, prevention, diagnosis and treatment of the reproductive tract infections (RTIs), cervical cancer among others.
- UNICEF continued to support the expansion of gravity fed water systems (GFS). In 2011, some 100,000 people including some 7,000 children under-five had access to safe water through completion of nine GFS. This coverage represents less than 2 per cent of 5.28 million people that still need safe water<sup>14</sup>. The new GFS allowed provision of clean water to all the institutions in the area, including 14 health facilities, 17 primary and secondary schools and children institutions (13 nurseries and 14 kindergartens).
- In counties affected by the food and nutrition emergency and covered by ‘Community Management of Acute Malnutrition’ (CMAM) interventions, WASH facilities were rehabilitated in seven children’s permanent institutions (47 per cent of institutions in four Northern Provinces) and 17 childcare homes benefiting 2,674 (0 -17 years) and 3,225 (0 -6 years) children respectively, corresponding to about 3 per cent of the pre-school age children from 25 CMAM counties.
- A water supply assessment tool for the establishment of water supply coverage baseline in DPRK was adopted in a national seminar of MoCM facilitated by an international expert. Data collection was piloted in March 2012 in two counties to pave the way for nationwide rollout of the assessment, with results now compiled and analysed.
- The national immunisation coverage in 2011 reached above 95 per cent (347,705 children) in six antigens among children under-one and among pregnant women (352,482), which provide

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<sup>14</sup> According to the 2009 Multiple Indicator Cluster Survey (MICS)

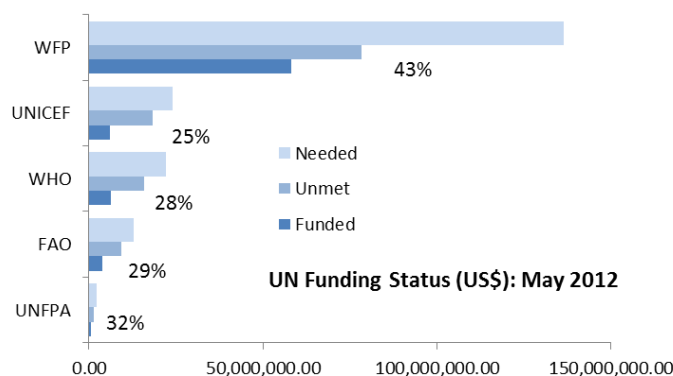
an opportunity to keep a very low incidence of vaccine preventable diseases. With strategic partners such as the 'Global Alliance for Vaccines and Immunisation' (GAVI), 95 per cent of cold chain and transport systems for the 'Extended Programme on Immunisation' (EPI) has been upgraded for the entire country in 2011. At the policy development level for EPI, a key strategic and guiding comprehensive multi-year plan for 2011-2015 has been developed.

- Following intense advocacy efforts on the necessity to gather data and improve monitoring, of nutrition activities, there has been some progress in 2011. This includes improved access to households with the possibility to interview the end users (in particular mothers and children), more systematic collection of data in some areas such as CMAM with access to raw data, joint monitoring visits with counterparts or involving different sections, and shorter time notice of 4 days.
- The Government demonstrated more interest in collection and analysis of data, in particular the Central Bureau of Statistics (CBS). A newly established inter-agency theme group on 'Data' includes participation of Government counterparts from CBS and the National Coordination Committee – NCC (*see also section 1.6.*). Also, a national nutrition survey planned for 2012 will focus on the prevalence of malnutrition (chronic and acute) as well as key infant and young child feeding practices. The data should be provincially representative as well as compiled for national analysis. There is a plan to conduct MICs in 2013. The Ministry of City Management (MoCM) agreed to include baseline data on waterborne diseases in the WASH project feasibility study report from targeted areas which is a positive development.
- A "National Action Plan for Multi-sectoral Collaboration on NCD Prevention and Control 2012-2013" was adopted and national guidelines on emergency health services" was developed with reference to WHO guidelines.
- Prevention and promotion of two common childhood diseases - diarrhoea and pneumonia was expanded in 110 focus counties by training focal points at Ri level and expanding the concept of the WHO/UNICEF strategy on Integrated Management of Childhood Illnesses (IMCI).

## 1.5 Review of humanitarian funding

### 1.5.1 Status

As of 1 May 2012, **\$74,895,562** has been contributed against an overall requirement of **\$198,066,562** for planned humanitarian activities in 2012 corresponding to 37.8 per cent<sup>15</sup>.



Source: WFP, UNICEF, WHO, FAO and UNFPA

Donor support to UN agencies operating in DPRK remains low. In 2009, the funding coverage stood at only 21 per cent against a requirement of \$492 million, and in 2010 only 9.8 per cent of the \$ 137 million that was required was covered. The "Overview of Needs and Assistance" document for 2011 was only 37 per cent funded

<sup>15</sup>According to UN agencies' own calculations



against a requirement of \$219 million. However, in 2011, there was an important shift, with the number of donor countries providing support to humanitarian response DPRK increasing from nine in 2010 to 22 in 2011, suggesting that there is potential for further broadening of the donor base in order to strengthen the humanitarian response<sup>16</sup>.

Funds from the Central Emergency Response Fund (CERF) played a pivotal role in supporting humanitarian programmes in DPRK. Since 2007, the CERF has provided \$62.3 million and become the single largest source of multilateral humanitarian funding to DPRK. In 2011 alone, \$15.4 million was allocated from the CERF in order to minimally address the needs of 3.5 million vulnerable people. Another \$11 million was contributed by the CERF in January 2012.

The main priorities for CERF funds are usually nutritious food assistance to vulnerable groups such as pregnant and lactating women and children, agricultural inputs such as plastic sheeting, high quality seeds and fertilizer, RUTF and therapeutic milk for the management of severe acute malnutrition and medical supplies and basic health services for children under-five, pregnant and lactating women.

### 1.5.2 Implications

There are a number of factors affecting the efficiency and effectiveness of the humanitarian assistance programme in DPRK.

- **Firstly**, insufficient and inconsistent funding has grave implications, particularly when the amounts received do not match articulated requirements.
- **Secondly**, in a consistent trend, most of the already limited funds made available over the years have been allocated to food aid. While provision of food assistance contributes to the reduction (but not elimination) of the incidence of acute malnutrition, lack of funding in other sectors leads to an increased risk of epidemics, disease, chronic malnutrition and preventable deaths.
- **Thirdly**, actual humanitarian needs most likely are greater than agencies have been allowed to witness.
- **Fourthly**, limited funding has meant that operations have been downsized, with several areas and some vulnerable groups no longer receiving international assistance. There has been a drastic reduction in the provision of basic life saving assistance such as food, medical supplies and health services, and agricultural inputs. The nutritional support that is necessary to manage severe acute malnutrition has increased, but funding still needs to be secured as only regular funding will guarantee its continuity and coverage for children in need.
- **Finally**, the UN system constantly grapples with the risk of having projects and country programmes suspended due to serious funding shortfalls. Current resources of some agencies could be exhausted by mid-2012. The UN system is committed to bringing vital assistance to the people in DPRK but needs humanitarian funding to do so.

Continued CERF support has played a critical role in ensuring that the most vulnerable continue to be reached while dialogue channels with the Government remain open as negotiations on improved operating conditions progress. However, the CERF has limited resources and would not be able to support a significant scaling-up of the humanitarian response, required to meet the needs.

Contrary to the principles of Good Humanitarian Donorship (GHD), and at variance with the humanitarian principles of humanity, neutrality and impartiality, humanitarian agencies note that

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<sup>16</sup> Apart from CERF, top donors in 2011 included European Commission, Australia and Russia, (<http://fts.unocha.org/pageloader.aspx?page=emerg-emergencyCountryDetails&cc=prk>), while in 2012 Canada, Russia and Brazil are among the top three

there is an inherent link between the political environment and provision of funding to the UN and partners. The argument that the policies and actions of the Government need to change before an increase in assistance can be considered leaves the most vulnerable caught in the middle. The humanitarian needs of the people of DPRK are widely recognised and provision of assistance should be based on humanitarian principles, rather than be contingent on political developments. Separating humanitarian needs from political issues will require stronger engagement by Member States, and equally importantly is a prerequisite for a sustainable improvement in the condition of people.

## **1.6 Review of Coordination Arrangements**

Six UN resident agencies are currently working in DPRK (FAO, UNDP, UNFPA, UNICEF, WFP, and WHO) and six European NGOs (Save the Children, Premiere Urgence, Welthunger Hilfe, Triangle, Concern Worldwide and Handicap International). The NGOs operate under the aegis of the Europe Union's Aid Cooperation Office (FSO), and are known internally as EUPS (European Union Programme Support) units. In addition, the Swiss Agency for Development and Cooperation (SDC), the Italian Development Cooperation Office, a Swedish Agricultural Rehabilitation Project, and the International Federation of Red Cross & Red Crescent Societies (IFRC) and ICRC, also operate in the country. Non-resident UN entities include UNEP, UNESCO, UNIDO, UNESCAP, OCHA and UNOPS.

The EUPS units and UN agencies have devised a participatory approach to coordination, led by the UN Resident Coordinator. The main forum for exchange of information on the situation and programme implementation is the Inter-Agency Meeting that convenes weekly and is attended by all resident humanitarian, development organisations, and embassies. The Meeting is participatory and inclusive. A standing invitation exists for UN agencies, IFRC, ICRC, EUPS units and embassies (resident and non-resident) to attend and participate.

Nine theme groups have been formed, and these can, in times of disaster, become clusters that coordinate sector emergency responses under the UN Resident Coordinator. The RCO is responsible for inter-sectoral coordination among the agencies. The Theme Groups are:

1. Climate Change and Environment
2. Contingency Planning and Preparedness
3. Data Collection
4. Education
5. Food Security and Agriculture
6. Health
7. Monitoring & Evaluation
8. Nutrition
9. Water, Sanitation and Hygiene

Every resident and non-resident agency is assigned a dedicated Government counterpart under the Ministry of Foreign Affairs. The counterpart created for UN agencies is the National Coordination Committee (NCC) and the counterpart for EUPS units is the Korean European Cooperation Coordination Agency (KECCA).

The Government has started to accept an increased cooperation between UN agencies and EUPS units at the field level<sup>17</sup>, and humanitarian agencies, including IFRC and ICRC, share programmatic information at the Inter-Agency and Theme Group meetings.

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<sup>17</sup> In 2011, the WASH Theme Group organised an inter-agency field trip to visit NGO projects/programmes. Also, an inter-agency assessment missions was undertaken in August 2011 in conjunction with the floods.

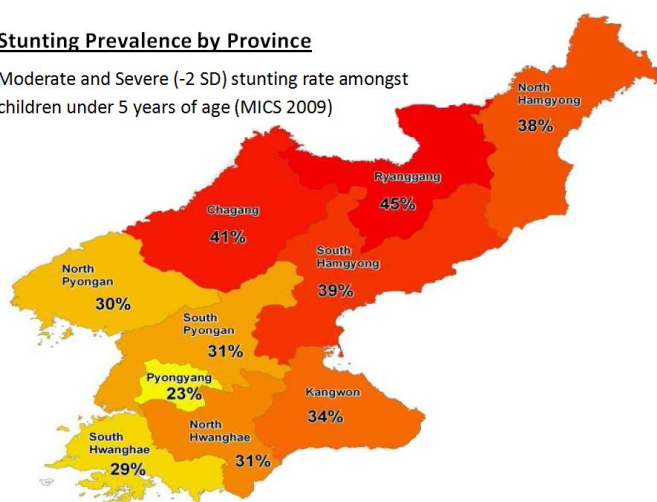
## PART 2 – Humanitarian analysis and approach

### 2.1. Key humanitarian issues in DPRK

People in DPRK continue to face high levels of vulnerability. While international humanitarian assistance has made considerable progress towards meeting some of the basic needs<sup>18</sup>, the people continue to suffer from chronic food insecurity (around 16 million people depend on the Public Distribution System (PDS), and are therefore considered chronically food insecure, at various degrees), high malnutrition rates, and deep-rooted economic problems. Inadequate medical supplies and equipment make the health care system unable to meet basic needs, while sanitation, water supply and heating systems continue to fall into disrepair. Young children, pregnant and lactating women and the elderly are particularly vulnerable. The country is further challenged by climate change, poorly developed agricultural techniques and technology, periods of localised floods and harsh weather conditions with loss of crops agricultural fields as a result (*see section 2.2*).

#### Stunting Prevalence by Province

Moderate and Severe ( $-2$  SD) stunting rate amongst children under 5 years of age (MICS 2009)



Map produced by WFP DPRK, VAM Unit, April 2011

Key humanitarian priorities include food and nutritional assistance, agricultural support and interventions in the water, sanitation & hygiene and health sectors. There is also a need for longer-term economic investment and development support especially in agriculture, rural energy and in disaster risk reduction. Limited and constrained access to energy services (both fuel and electricity) has significantly hampered rural and agriculture productivity, and functionality of Ri clinics, as many productive activities in the rural areas are less efficient, or in some cases impossible, without the services energy provides (e.g. water for pump irrigation, provision of agricultural outputs, access

to safe water, factories that produce essential supplies like Oral Rehydration Salt (ORS) and Iodised salt, etc.)<sup>19</sup>.

#### 2.1.1 Food Security and Agriculture

<sup>18</sup> For example, available figures for acute malnutrition dropped from 15.7 per cent in 1997 to 8.1 per cent in 2002, 7.0 per cent in 2004 and 5.2 per cent in 2009 (Nutrition survey reports 1997, 2002, 2004 and MICS 2009). This can be attributed in part to the substantial humanitarian assistance provided by the international community, including food aid, health and WASH interventions. However, stunting (chronic malnutrition) was stable from 38.6 per cent in the Nutrition Assessment in 1997 to 37 per cent in the one of 2004, which illustrates that Food Aid support does not have impact on the chronic nutritional status of the population. The apparent drop of stunting in the MICS 2009 to 32.4 per cent can be associated with the change in growth standards used in data analysis (WHO new growth standards instead of NCHS standards) as well as an improvement in the general food security post-famine of the population although this situation being far from ideal. In addition, people benefited from improved water quantity and quality, essential medicine and immunization to fight common childhood diseases, reinforcing the gains made in improved nutritional status (acute and chronic malnutrition). This demonstrates that well-targeted assistance can have a sustainable impact on the lives of vulnerable people.

<sup>19</sup> According to UNDP's Sustainable Rural Energy Development (SRED) Programme in DPR Korea 2010-2012

Instability in agricultural production is a major challenge, largely due to its vulnerability to natural disasters such as droughts, floods, tidal surges, hail storms, typhoons and extremely cold winters. The agricultural sector is further constrained by large mountainous areas and only 20 per cent of available land suitable for agricultural production.

The agricultural sector is struggling with shortage of essential agricultural inputs such as quality seeds, fertilizer, plastic sheets, insecticides/ pesticides, fuel, farming and transport machinery and spare parts. Crops yields are frequently limited by soil acidity (4.5- 5.5 pH). Domestic farming techniques have increased the acidity of soils, which makes some soil nutrients unavailable and reduces the effectiveness of others. Despite a significant increase in the proportion of gravity-fed irrigation system in the last decade, many irrigation systems still depend on electrically powered pumping stations. Rehabilitation of existing and construction of new irrigation canals are crucial to increase crop production in the country.

With overall cereal needs around 5.3 million metric tons, and production at 4.5 metric tons, the yearly import need is around 1 metric ton on average or four (4) months of the public distribution system (PDS)<sup>20</sup>. Approximately 16 million people rely on the PDS. However, with proper agronomic practices, adequate use of agricultural inputs, mechanization and reducing post harvest losses, the country has a potential to return to previous production levels of 6-7 million tonnes, etc. However, major challenges remain to meet these requirements such as shortage of spare parts, fuel, tyres, etc.<sup>21</sup>.

Volatility in agricultural production exacerbates the food availability problem. To increase total food production in the country, every possible piece of cultivable land, including plots with extremely high slopes in mountainous areas, is being brought under production unofficially by individuals. Cultivation of marginal lands has unintended consequences of soil erosion and further reduction in overall land productivity. Due to lack of mechanization the level of post-harvest losses in the country has long been high.

The central, south-western and south eastern parts of the country, mainly North and South Hwanghae, North and South Pyongan, Pyongyang and Nampo collectively named the 'cereal bowl' produce most of the country's cereal crops (*see map on page 20*). These provinces have relatively suitable land for paddy rice production with a cropping period of 180 days and with the possibility of double cropping in some areas. Nevertheless, without sufficient agricultural inputs and proper agronomical practices and mechanization, production in the 'cereal bowl' surplus areas cannot reach levels whereby food may be transferred to deficit areas in support of the neediest communities. On the other hand, north east provinces Ryanggang, Chagang, North and South Hamgyong and Kangwon provinces are mostly mountainous terrain with very limited scope for expanding cultivable areas, cold and prolonged winter and a very short cropping season with very low yield per hectare. These provinces are the most vulnerable and food insecure areas of the country.

The CFSAM estimated in October 2011 the total cereal import requirement in 2011/12 at 739,000 metric tons. Compared to previous years, the food gap has narrowed this year as the expected production was about 8.5 per cent higher than in 2010/11 reflecting higher plantings and yields. But it still remains at a significantly high level. Against planned commercial imports of 325,000, the uncovered deficit is 414,000 metric tons, equivalent to two months of PDS rations for the entire

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<sup>20</sup> MDG Progress Report indicates average annual agricultural production growth (4.5% over 1998-2010) will fail to reach target of 7 million tons by 2015.

<sup>21</sup> Crop and Food Security Assessment Mission (CFSAM) Reports November 2010 and November 2011

country. Given the low probability of receiving increased international or bilateral food assistance, commercial imports should be increased substantially to reduce the food gap.

### **2.1.2 Health**

The health system in DPRK is in dire shape. The system has over the past two decades become increasingly vulnerable due to financial constraints, which has led to a general rundown of the infrastructure. Inadequate medical supplies (less than 30 per cent of essential drug needs are covered) and equipment make the health care system unable to meet basic needs, seriously affecting the health and nutrition status of people, especially pregnant women, newborns and children under-five. Lack of electricity and heating systems, inadequate water and sanitation in health facilities, production of ORS and iodised salt and lack of ambulance care adversely complicate the health system response to medical emergencies and contribute to high mortality among newborns, children under-five and women in delivery.

Noteworthy, the extensive and expansive system of institutionalized healthcare and services is frequently regarded as one of the achievements of the Government of DPRK. The Government guarantees universal and free health care in the Constitution, through a health system that is equally prophylactic and curative. This entails household doctors attached to 130 families each in average, clinics, polyclinics and hospitals in each Ri and dong, hospital and anti-epidemic station in each county or urban district, and specialized institutions (maternity/paediatric hospitals, blood centres, and medical warehouses) in each province and municipal city<sup>22</sup>. A major area of comparative success has been in the prevention of disease through immunization. A coverage evaluation survey done in 2008 shows 88 per cent of children were fully immunised nationally, routine immunization coverage for measles was 99 per cent, and national Hepatitis B vaccination reached 97.2 per cent.

Yet, DPRK is the only country in the Asia-Pacific region not on track to meet Millennium Development Goals (MDG) 4 (reduce child mortality), 5 (improve maternal health), and 6 (combat malaria, HIV, and other diseases). Reducing maternal and newborn mortality is a major challenge for DPRK. While the **Under-five Mortality Rate** (UMR) has been reduced from 45 to 33/1000 between 1990 and 2008, the **Infant Mortality Rate** (IMR) has likewise increased from 23 to 26/1000 during same period<sup>23</sup>.

**Neonatal death** is one of the major causes of infant mortality, which accounts for 51 per cent of under-five mortality (global average of neonatal deaths accounting for 40 per cent of under-five mortality)<sup>24</sup>. Little is known about the causes of death in the peri-natal and neonatal periods. Diarrhoea and pneumonia combined with malnutrition accounts respectively for 11 per cent and 17 per cent of the causes of death among children under-five. This means that 11,406 children are dying every year before their fifth birthday (31 children per day), out of which, 6,000 die in the first 28 days of life (16 children per day). In addition, 13 per cent of children under-five are not provided with antibiotic treatment in case of suspected pneumonia, further increasing the risk of mortality<sup>25</sup>.

The 2008 Census show an infant mortality rate at 19 per 1,000 live births and MMR at 85 per 100,000<sup>26</sup> live births which are considerably higher than reported in the 1990s (14/1,000 and

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<sup>22</sup> There is a high ratio of doctors; 317 per 100,000, compared with 162/100,000 in China, as well as an extremely high doctor to nurse ratio (1: 1.1u1), according to WHO.

<sup>23</sup> According to the latest joint report from UNICEF, WHO, UNFPA and World Bank (2008)

<sup>24</sup> According to "Count Down 2015" report published in 2010

<sup>25</sup> According to the 2009 Multiple Indicator Cluster Survey (MICS)

<sup>26</sup> Validated result of the census MMR estimation, 2009 Maternal Mortality Validation Study, CBS & UNFPA



54/100,000 respectively). Deficiencies in the health system combined with high rates of malnutrition are among the major contributors to the high rates of maternal and child mortality. The MMR is much higher in rural areas (105) than in urban areas (70.7)<sup>27</sup>. Out of the total number of maternal deaths, more than half of cases occur at home. The most common causes of maternal mortality are post partum haemorrhage (49 per cent), followed by puerperal sepsis and infection (15 per cent), and pregnancy-induced hypertension including Eclampsia<sup>28</sup> (13 per cent). Data from Ministry of Health (MoPH) indicates some progress have been made in the reduction of maternal mortality in the country. However there is a significant discrepancy in MMR estimates from the national census results validated in 2009 (85 per 100,000 live births) and from the 2010 WHO/UNICEF/UNFPA/WB Global estimates (250 per 100,000 live births). Therefore, improving availability and reliability of maternal mortality data, understanding root causes and factors affecting the high level of maternal death and essential interventions preventing maternal and infant death would be critical to address those causes.

Two thirds (68 per cent) of monthly deliveries take place at county hospitals or Ri clinics, which indicates primary consideration for improving access and quality of maternal and newborn care should be at county and Ri levels<sup>29</sup>. Approximately 42 per cent do not have resuscitation equipment for mothers and 36 per cent for newborns<sup>30</sup>. Supply of consumables and essentials drugs such as analgesics and antibiotics are insufficient, and 40 to 60 per cent of county hospitals and Ri clinics lack basic consumables. Approximately 11.5 per cent per cent of married women experience abortions or miscarriages or stillbirths<sup>31</sup>.

Other diseases that challenge the general health status include Tuberculosis (TB) and Malaria. The annual incidence and prevalence of all forms of TB and Malaria is 345 and 423 per 100,000 people respectively<sup>32</sup>. The National TB Programme has consistently achieved treatment success rate over 85 per cent and from the cases registered in 2010 and reported in 2011 this was about 90 per cent. Malaria is a disease of public health importance in DPRK. Malaria transmission occurs in six provinces and three cities where over 62 per cent of the country's population reside. Currently, three Northern provinces are malaria free.

Cervical cancer is the second most common cancer among women and is an important public health concern in DPRK, considering its relatively high morbidity and mortality. However, cervical cancer is one of the most preventable cancers since there is a detectable precancerous condition that can be easily treated to substantially reduce the risk of progression to malignancy.

There are also indications of high prevalence of Reproductive Tract Infections (RTI) in DPRK. A small scale study on RTI conducted by Pyongyang Maternity Hospital, among women in six health facilities in Pyongyang city indicated an RTI infection rate of 42 per cent, with sexually transmitted infections (STI) at 16 per cent. Unmet need for family planning is 14.5 per cent among married women.

### **2.1.3 Nutrition**

The 2009 Multiple Indicator Cluster Survey (MICS) found the national prevalence of Global Acute Malnutrition (GAM) in children under-five at 5.2 per cent and of Severe Acute Malnutrition (SAM) at

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<sup>27</sup> 2009 Maternal Mortality Validation Study, CBS & UNFPA

<sup>28</sup> Eclampsia – severe pregnancy complication leading to death during peri-natal period

<sup>29</sup> Assessment of Quality of Reproductive Health Care (2010) conducted in 31 county hospitals and 226 Ri clinics, UNFPA

<sup>30</sup> Ibid

<sup>31</sup> 2010 Reproductive Health Survey, CBS and UNFPA

<sup>32</sup> WHO Global TB report 2011



0.5 per cent<sup>33</sup>. Although acute malnutrition is low, three Provinces – North Hamgyong, South Hamgyong and Chagang - show higher rates where SAM levels are at 1 per cent. Over a quarter of women aged 15-49 (26 per cent) are under-nourished, with a Mid-Upper Arm Circumference (MUAC) of less than 225 mm and almost one in five among children under-five is moderately underweight (19 per cent) with 4 per cent per cent severely underweight.

About one in three children (32 per cent) is stunted (too short for their age) with disparities between rural (45 per cent) and urban (23 per cent) and across provinces (4 out of 10 provinces are above national average with 45 per cent in Ryanggang); this worsens with age, with 47 per cent of children 48-59 months being stunted. The high prevalence of chronic malnutrition or stunting needs to be addressed.



The combination of acute malnutrition (or wasting) associated with food insecurity, low quality water/sanitation /hygiene, poor health services with limited access to essential medicines and care highlights also the needs for multi-sectoral interventions. All three under-nutrition indicators showed higher prevalence in the four North-Eastern provinces (Ryanggang, North and South Hamgyong and Kangwon) and Jagang Province (however, no access is granted for this last province).

The social protection system in DPRK provides the ultimate obligation of care to the State. 10,219 children are present in institutional care (baby homes, children homes, boarding primary and secondary schools). About 3,000 orphans and abandoned children live in 14 baby homes across the country. Baby homes are run by Ministry of Public Health (MoPH) and have poor heating and water systems and lacks adequate nutritious food.

MICS 2009	Chronic Malnutrition (stunting) (%)			Acute Malnutrition (wasting) (%)			Underweight (%)		
	Global	Moderate	Severe	Global	Moderate	Severe	Global	Moderate	Severe
Ryanggang	44.9	29.1	15.8	7.9	7.4	0.5	25.4	20.0	5.4
North Hamgyong	38.0	27.6	10.4	7.2	6.2	1.0	21.0	16.2	4.8
South hamgyong	38.5	27.1	11.4	7.3	6.3	1.0	21.5	16.9	4.6
Kangwon	34.2	25.0	9.2	5.7	5.7	0.0	19.4	15.1	4.3
Jagang	40.9	27.9	13.0	6.9	5.9	1.0	22.0	16.9	5.1
North Pyongan	30.4	21.9	8.5	4.9	4.9	0.0	18.0	14.1	3.9
South Pyongan	30.5	25.1	5.4	4.4	3.9	0.5	17.7	14.4	3.3
North Hwanghae	30.8	22.1	8.7	4.5	4.0	0.5	18.0	14.4	3.6
South Hwanghae	29.2	22.0	7.2	4.0	3.6	0.4	17.4	14.1	3.3
Pyongyang	22.5	18.2	4.3	2.3	2.3	0.0	14.4	11.6	2.8
<b>DPRK</b>	<b>32.4</b>	<b>24.0</b>	<b>8.4</b>	<b>5.2</b>	<b>4.7</b>	<b>0.5</b>	<b>18.8</b>	<b>14.9</b>	<b>3.9</b>

## 2.1.4 Water, Sanitation and Hygiene

The continual deterioration of water infrastructure and lack of resources (particularly financial) to replace dilapidated facilities and constant power supply shortages continue to be crucial problems

<sup>33</sup> Gender differences are not present but important Regional disparities are noted (higher in rural areas compared to urban areas and higher in the 4 North-Eastern Provinces as well as Chagang Province)

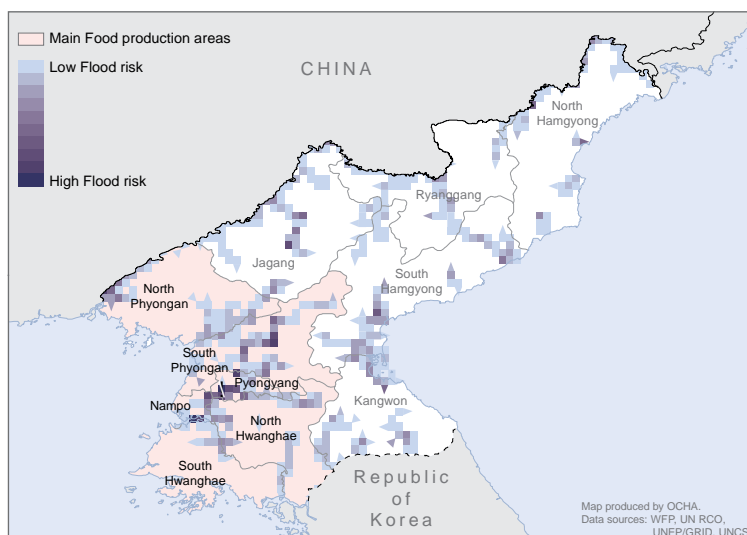
in DPRK. Inadequate access to safe water and poor sanitation services, coupled with poor hygiene, are the key factors contributing to high incidence of diarrhoea among children under-five. Losses from leaking networks are widespread and remain a major source of secondary contamination. Most of the health and education institutions do not have functioning water systems.

Although the MICS 2009 is stating that 89 per cent of the population has access to piped water networks, the Census 2008<sup>34</sup> states that nationally, 22 per cent of the population above the age of 15 years are involved collecting water, often from unprotected sources. There are also urban disparities – almost 30 per cent of the rural population collects water compared to only 18 per cent in urban areas. MICS 2009 shows that nationally, 42 per cent of families use traditional shallow pit latrines that need frequent evacuation. The evacuated material is applied as fertilizer (often fresh) in vegetable gardens and community farms, causing possible ground water contamination and exposure to pathogens (*germ*) and helminths (*parasitic worms*).

While progress is being noted in the WASH sector, this remains only an assumption given the absence of information from the Government on how many government-systems were built or repaired, how much more of the population is now covered, and what types of resources were used. The water sector assessment survey initiated by UNICEF and the Ministry of City Management (MoCM) in 2011 is expected to clarify the overall sector status, on its completion in 2013.

## 2.2 Natural Disasters

Natural disasters continue to pose serious threats to life and livelihoods in DPRK. Weather extremes such as torrential rains, typhoons, flooding and storm surges occur annually, and lead to soil erosion and sedimentation, landslides, droughts and dust and sand storms. Frost, forest fire and hail are reported to be of medium frequency, while earthquakes and air pollution are of relatively limited concern. Agriculture is, however, severely affected by the frequent weather extremes.<sup>35</sup>



Some 80 per cent of the country is composed of mountains and uplands. Deforestation and forest conversion (particularly of slopes and mountainsides) have, over the last 20 years, in particular since the breakdown of the former Soviet Union, contributed to an increase in floods, landslides and slope failures. A number of significant flood events have occurred in recent years (most severe in 2007, but also in August 2010), resulting in economic loss (particularly to agriculture), damage to infrastructure and

loss of life and livelihoods. The people living in the southern part of the country (where most of the food production for the country takes place) are considered most at risk of floods, and floods in

<sup>34</sup> The 2008 Census produced by the Central Bureau of Statistics (CBS) is supported by UNFPA

<sup>35</sup> World Meteorological Organization, "Report of the Fact-finding Mission to The State Hydro-meteorological Administration (SHMA), DPR Korea 26 June 2011"

these areas (especially North and South Hwanghae) can have a severe impact on the subsequent availability of food (see map above). With the increasing effects of climate change, the frequency and intensity of hydro-meteorological disasters are likely to increase in the future.

Vulnerability is a structural problem in DPRK and constant external shocks make it even harder for particularly the chronic poor to develop sustainable livelihoods. Safety-net / contingency programmes to cope with such sudden onset disasters do not exist in the country. Even a partial disruption of the normal food supply will have serious consequences.

The climate and disaster risk forecasting capacity in the country is also hampered by limitations in data communications and data processing capacity. Real-time transmission of weather data from hydro-meteorological stations is often constrained by an inadequate telecommunications network in rural areas. Since all of the State Hydro-Meteorological Administration's (SHMA) analytical and modelling capacity is currently located in Pyongyang, the inability to transmit real-time weather data from field sites, and to disseminate weather forecasts and disaster warnings to local and county authorities in a timely manner is a significant constraint.

## **2.3 Strategic objectives and priorities**

- Support life-saving humanitarian assistance in nutrition, health, water & sanitation and agriculture while providing essential support to address underlying developmental drivers of the chronic challenges that increase vulnerabilities,
- Support dialogue with all partners to analyze and advise on policies that impact long-term vulnerabilities,
- Continue to work on improving the operational conditions and infrastructure to harmonise and widen the access for UN agencies so as to better determine the needs and monitor the impact of assistance provided,
- Strengthen policy-support and assistance to collection, analysis and dissemination of credible data for evidence-based targeting of interventions,
- In collaboration with partners, maintain a standing capacity to support national response in the event of a natural disaster.

## **2.4 Humanitarian response strategy**

### **2.4.1 Livelihood and life-saving interventions**

As elsewhere, in the context of DPRK, the actions of the UN agencies are guided by the principles of humanity, neutrality and impartiality to ensure that the humanitarian imperative is being met. Interventions are solely based on the articulated needs.

With a chronic deficit of an average 1 million metric tons of cereals every year (a significant gap that cannot be met under the current agricultural practices), food assistance is still –and will remain– needed for the most vulnerable people together with agricultural inputs, such as fertilizers and plastic sheeting. Similarly, other vital humanitarian interventions in the areas of nutrition and health will continue to be needed for the most vulnerable among women (pregnant and lactating) and children under-five to prevent further increases in the morbidity and mortality rates. Although it is recognised that the structural causes of food insecurity in DPRK only can be addressed fully through changes in Government policy, an integrated approach of short-, medium- and long-term interventions is necessary in order to save both lives as well as livelihoods, and build resilience.

While food shortage is a major determining factor for the level of acute malnutrition, malnutrition is also caused by a number of other factors such as inadequate water and sanitation, poor caring practices and other diseases as well as the access to quality health services. Inadequate medical supplies and equipment, combined with frequent power cuts due to shortage of electricity, make the health care system in DPRK unable to meet basic needs in a satisfactory manner.

By that logic, energy must be seen as a means, not only to provide sustainable livelihoods, health, water and sanitation for rural households but also as crises prevention measure. Therefore, it is important that energy interventions are focussed on vulnerable groups. To reduce energy shortages, UNDP works with farm cooperatives on provision of energy services to address issues related to food insecurity<sup>36</sup>. For the same reasons, wind energy development has become a stated priority for DPRK in its efforts to overcome shortages of electricity and because of rising concern for pollution caused by the use of coal<sup>37</sup>.

Lack of clean water and of hygiene has immediate and drastic effect on the health of children; leading to high rates of diarrhoea and pneumonia, two of the main killers of children under-five (first killer being diarrhoea). Almost 90 per cent of diarrhoeal deaths are due to lack water for hygiene and lack of soap, unsafe drinking water supplies and poor excreta disposal, and both diarrhoea and pneumonia can lead to increases in the levels of malnutrition. Each diarrhoeal episode contributes to malnutrition, reduced resistance to infections and when prolonged, impaired growth and development. Prevention of diarrhoea is particularly important because of mal-absorption of nutrients, anorexia and catabolism during episodes. Helminths infections (*parasitic worms*), resulting from poor sanitation and hygienic practice, can lead to or compound malnutrition via a variety of mechanisms.

### 2.4.2 Preparedness and Risk Reduction

#### Disaster Preparedness

International support to respond to natural disasters continues to be required. To support national efforts maintain a standing response capacity in the country, an inter-agency contingency planning group has been established. Under the overall auspices of the UN RC, the Group is represented by UN agencies, NGOs, the ICRC, IFRC, and SDC.

On annual basis, prior to the rainy season (where natural disasters are most likely to occur), the inter-agency contingency plan is updated and tested through simulation exercises supported by the Regional Office of the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Bangkok. The contingency planning exercise, which includes hazard and multi-risk analysis and vulnerability assessments, also helps to identify which preparedness activities are necessary to undertake in the areas of access to safe water, health care, food, education, etc. Building in-country stocks of emergency supplies (health and hygiene kits, food, water purification tablets, etc) is one of the central strategies of the contingency plans for enabling a swift and effective response by the international partners to the Government.

WHO supports Ministry of Public Health (MoPH) in the development and implementation of a 'National Action Plan on Emergency Preparedness and Response to Disasters' affecting the health status of the people. As a result of this support, the ministry capacity has been strengthened to reduce the health consequences of emergencies, disasters, crises and conflicts, and to minimize the social and economic impact. The main focus of joint efforts is further development of the national

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<sup>36</sup> UNDP's 'Sustainable Rural Energy Development' pilot programme in DPRK 2010-2012

<sup>37</sup> UNDP Small Wind Energy Development and Promotion in Rural Areas in DPRK 2010-2012

network of health institutions at provincial level for preparedness, response and early recovery after emergencies. Capacity of provincial centres will be strengthened for maintaining mitigation and public health activities in response to emergencies and prevention of epidemic outbreaks of infectious diseases and reduce morbidity and mortality.

### Disaster Risk Reduction

Ecosystem management, climate change adaptation and disaster risk reduction issues are strongly interlinked in DPRK. Addressing environmental sustainability in this context requires a strong focus on the impact of climate change and the interplay between environmental degradation and extreme weather events. UNDP and FAO support longer term Government efforts to develop ecosystem-based adaptation strategies such as sustainable watershed forest management, as well as sustainable land management in agriculture to reduce soil erosion and run-off and to improve water retention, promote sustainable natural resource management and livelihoods.

Climatic conditions and human impact on the environment mutually reinforce the chronic vulnerability of livelihoods; and lack of local capacities/capabilities and access to productive assets and opportunities make peoples' livelihoods increasingly vulnerable.<sup>38</sup> Successful local adaptation to climate variability and change requires support to household coping strategies through multiple pathways and interrelated short- and long term measures. UNDP in DPRK continuously strives to promote some such adaptation measures through Agricultural and Socio-Economic Development interventions. UNDP's strategy for ecosystem-based adaptation<sup>39</sup> aims to maintain and enhance the beneficial services provided by natural ecosystems in order to secure livelihoods, food, water and health, reduce vulnerability to climate change, store carbon and avoid emissions from land use change and forestry.

Likewise, UNICEF's promotion of GFS encourages communities to protect their forest and their water sources and reduce the carbon footprint in the atmosphere. Promotion of Decentralized Wastewater Treatment System (DEWATS) is an environment friendly approach that generates methane gas for cooking and enables the treated sludge to be used as fertilizer.

### **2.4.3 Access strategy**

Although limitations on access persist, and opportunities to conduct comprehensive needs assessments are uneven, it is possible to implement effective assistance programmes that address many of the most critical needs, provided the necessary funds are made available.

The Government views on linking more favourable operating conditions to the amount of resources being brought into the country is unlikely to change in the near future, despite strong advocacy on this by humanitarian agencies. The UN system will continue to apply the strategy of previous years; while upholding the principle of 'No Access-No Aid', and together with reciprocal patience, perseverance and slow understanding of the constraints and requirements of the other party, continued dialogue will seek to increase the Government's familiarity and confidence with humanitarian operations and thereby increase further opportunities for wider access.

The implementation procedures for delivery of assistance depend on the policy of each agency and are connected to the coordination arrangements currently in place and the level of access granted

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<sup>38</sup> FAO, *Livelihood Adaptation to Climate Variability and Change...*, 2006.

<sup>39</sup> <http://www.undp.org/biodiversity/mitigation.shtml>



to the agencies. Unlike other countries, humanitarian programmes are not implemented through NGO partners, but are either implemented directly or through government structures.

Supplies are generally procured by each agency but in country transport remains the responsibility of the Government. Priority and areas of interventions, however, are largely determined by the Government. However, there are exceptions; apart from some areas that are not accessible, needs assessment are now increasingly conducted with government participation (e.g. MICS, CFSAM, natural disasters, such as floods), where identification of most needy counties and eligibility for assistance are established jointly according to agreed criteria. This increased engagement by the Government provides better opportunities to mutually agree on scope and kind of interventions required.

Agencies exercise capacity building in a measured manner according to the circumstances, supported through the provision of technical assistance, training and study tours abroad for technicians, academics and cooperative management experts. To the extent possible, agencies support government counterparts in exercising the acquired knowledge to ensure that theoretical skills are not left un-utilised. Support to development of guidelines, e.g. in nutrition and health protocols and in water, sanitation and hygiene are important components of the capacity building providing by the UN agencies in DPRK.

### 2.4.4 Monitoring and Evaluation (M&E)

Data collection in DPRK is extremely challenging, often with questions around the accuracy of information provided by the Government. Humanitarian agencies continuously advocate for improved data collection activities, which can provide baselines in each sector, help evaluate progress and impact of operations, and most importantly, substantiate the level of humanitarian needs.

Accountable programming that reports on impact and results is critical to the UN agencies. The existence, or establishment of, a reliable system to collect accurate data, standardised monitoring protocols, and robust evaluation frameworks are key in this context. Currently, humanitarian agencies are not systematically provided with the opportunity to verify the accuracy of lists provided by the Government – due to limitations on access.

However, some data analysis is possible. The UN collects data through on-site monitoring visits, through surveys or directly from the Central Bureau of Statistics (CBS). The CBS has a network of data collection that begins at the Ri-level (i.e. village level) and is aggregated to the provincial level. While the system for data collection is therefore arguably in place, the capacity of the CBS to collect data for sophisticated indicators and analyse them for information, is limited, at best.

An exception is the expanded access that has been granted to WFP (*see section 1.3.*); teams of international and national officers closely monitor food distributions at the institutions and households to ensure that food commodities reach the intended beneficiaries. WFP conducts monitoring on the basis of random sampling through specially-designed checklists that allow field staff to record operational issues and food security indicators. Visits (which count more than 200 per month) are made to households, institutions, hospitals, warehouses and PDC, through which WFP food assistance is distributed. Beneficiary Contact Monitoring (BCM) is used to verify food receipts by the beneficiaries either at the household level or at child institutions and to gather and monitor beneficiaries' perceptions of the programme.

Efforts to build the capacity of the CBS by UNFPA, and UNICEF are partially addressing the need for better data and analysis on which to formulate programmatic interventions. With UNFPA support,



DPRK completed its 2008 population census according to international standards, and in 2011, the capacity building of CBS in carrying out in-depth analysis of the census data resulted in production and printing of several census monographs such as "The Analytical report", "Women in DPRK", "The Elderly population of DPRK", "Working population" and "Socio-Economic Atlas". These publications have been widely disseminated for planning and monitoring of programmes. The UN agencies have programmes that build capacities of CBS staff and craft a "stock" of data that can be used to report on humanitarian and development indicators. Key to these efforts is the Millennium Development Goals (MDG) progress report, various census-related monographs, Kor-info and Census-info. In addition the M&E Theme Group is also in discussions with the Government to maintain a more rigorous M&E framework for the longer-term Strategic Framework.

## **PART 3 – Sector Response Plans**

### **3.1 Sector response strategy and prioritisation**

#### **3.1.1 Food Security and Agriculture**

Without addressing the structural and underlying root causes that include inefficient production, distribution systems, limited arable land, floods/climatic shocks, lack of agricultural inputs, low yield, etc. the protracted food crisis cannot be mitigated.

However, in the immediate perspective, another year of prolonged food deprivation will have a serious impact on the health and nutrition situation of the people, primarily young children, pregnant and lactating women, and the elderly living alone. Consequently, WFP and FAO continue as a priority to address the most urgent needs identified by the CFSAM in October 2011. While WFP provides a package of food-based nutrition interventions to address the deficit of protein and fats in the diet of young children, pregnant/lactating women, and the elderly, FAO concentrates its efforts on providing agricultural inputs, such as plastic sheeting and fertilizers.

On the intermediate term, WFP will for the remainder of the year focus its interventions on restoring and rebuilding livelihoods and food and nutritional security by providing nutritional support for women and children while assisting the Government's strategy food security by supporting local production of fortified foods, called super cereals. These interventions will also address the chronic malnutrition (stunting) and micronutrient deficiencies in the targeted groups.

To address the chronic nature of the food crisis, FAO currently implements two other longer term programmes that are financially supported by the Italian Development Cooperation and the European Commission respectively; i) Special food security programme, seed potato multiplication and construction of storage Facilities, and ii) a conservation agriculture project. FAO is further implementing three Technical Cooperation Programme (TCP) projects (on sweet sorghum, walnut improvement and capacity building on production of seed of two fish species.

UNDP's projects in this sector, implemented by FAO, [i.e. Improved Seed Production for Sustainable Agriculture ("Seeds project"); Reduction of Post Harvest Losses for Food Security ("PHL project"); and Strengthening of Food and Agriculture Information System ("AIS project")] constitute a robust package of responses to address underlying drivers of the food crisis. It also contributes to develop food production, improve people's living standard, and ensure greater progress towards achievement of the Millennium Development Goals.

#### **3.1.2 Health**

UNFPA, UNICEF and WHO will continue to prioritise life-saving interventions, such as 'Integrated Management of Childhood Illness' (IMCI), immunisation, bi-annual child health days, provision of essential medicines to prevent maternal mortality, to treat infectious diseases, in particular the main child killer diseases (diarrhoea and pneumonia), and provide medicines and equipment to strengthen the emergency health care for mothers and children. The three agencies will also on the longer term support Government efforts to restore the dilapidated health care system in DPRK while ensuring life-saving interventions.

UNFPA will update essential reproductive health equipment and supplies for comprehensive reproductive health services and will continue to make available contraceptive supplies and train service providers in the delivery of quality family planning services and management of reproductive tract infection. Furthermore, UNFPA, in close collaboration with other UN agencies,

also provides basic emergency obstetric and neonatal care supplies to hospitals and clinics; conduct basic emergency obstetric and neonatal care training; and disseminate information, education and communication materials on emergency obstetric and neonatal care. Two essential reproductive health drugs, Oxytocin, and magnesium sulphate will be made available nationwide.

WHO will focus on making essential services available through improving upgrading and equipping Delivery Rooms, Operating Theatres, Emergency Rooms, Laboratory and Blood centres at provincial levels and increasing the competency of health care providers through various trainings in evidence based cost effective interventions. UNICEF will focus on provision of essential drugs and micronutrients for women and children at primary health care levels, such as ri- and county hospitals.

WHO and UNICEF will introduce specific interventions such as promotion of newborn resuscitation; early initiation of breastfeeding within one hour of birth; ensuring warmth to protect the newborn baby from hypothermia (becoming cold); improved management of 3rd stage of labour and early referral and the appropriate care of sick newborns through implementation of essential and referral newborn care package. The maternal mortality will also be addressed through the improvement of the quality of ante natal care including the increase access to basic emergency and comprehensive obstetric care in health facilities and micronutrient supplementation following continuum of care approach.

Enhanced capacity of service providers is critical for improving quality of health services. The three agencies have been supporting in-country, overseas trainings and training of trainers (ToT) in a range of management, clinical, and technical areas, which have been followed up by provincial and county level trainings to transfer the knowledge and skills acquired using the cascade approach. This approach will be continued for capacity building of health service providers at all levels, particularly at primary and secondary level of health care.

The three UN agencies are also supporting pilot projects on new approaches, methods and tools for management and delivery of cost effective, quality and appropriate health services in line with international standards in order to demonstrate better results so that the Government eventually would replicate or introduce those approaches and methods nationwide. For example, UNFPA supports Ministry of Public Health (MoPH) for the piloting of several initiatives such as maternal death review, cervical cancer screening and treatment at provincial and county levels, and introduction of quality assurance tools at facility level.

Family planning can prevent unintended pregnancies and abortions. Therefore availability of modern contraceptives at rural health facilities is essential, and midwives and obstetricians need to be trained on family planning counselling skills.

### **3.1.3 Nutrition**

The conceptual framework of nutrition interventions focus on child growth and country development while taking into account equity. This framework highlights the short term and long term consequences of malnutrition in children and / or mothers which is directly linked to diseases and inadequate dietary intake. The underlying causes of malnutrition are associated with household food insecurity, with caring behaviours inside the household and at institutional level, lack of disposable income, and also with clean water access and hygiene sanitation practices as well as quality health care access.

To successfully address malnutrition and increase chances to achieve the Millennium Development Goals (MDG), it is important to intervene using a life cycle approach beginning in teenager's years

to prepare the body for pregnancy, continue to support women during pregnancy and lactation as well as to prevent chronic malnutrition in children up to 24 months. It is essential to ensure management of acute malnutrition (moderate or severe) as a primary health care service. These intervention needs to be in place at the institutional level but also at the community level.

Interventions in nutrition shall address both stunting, a major cause of vulnerability of the population to any shock, with long term impact, as well as acute malnutrition. Interventions do already exist but they need to be scaled up to have an impact and break the cycle of food/nutrition crisis.

Poor foetal growth and stunting in the first two years of life lead to irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, lower productivity and decreased offspring birth weight<sup>40</sup>. This also has inter-generational impact. Chronic malnutrition (stunting) shall be addressed in a more comprehensive way through different interventions such as micronutrients supplementation and de-worming, breastfeeding and complementary promotion and food fortification. DPRK has already in place valuable key nutrition interventions with about 85-90 per cent coverage (breastfeeding practices, vitamin A supplementation, and iron/folic acid for pre-pregnant women)<sup>41</sup>. Other interventions need to be strengthened and/or scaled-up nationwide such as multi-micronutrients for pregnant and lactating women and multi-micronutrients for children 6-24 months, iodine oil supplementation, promotion of optimal infant and young child feeding practices. A strong communication for development programme needs to be developed to increase the communication to mothers, caregivers, health staff, etc. All these interventions, combined with the efforts of WFP/FAO to improve food security situation, and with WASH and Health activities in most vulnerable counties, address nutrition security. In collaboration with WFP, moderate acute malnutrition will be managed through Ready-to-Use Supplementary Food (RUSF).

The treatment of moderate and severe acute malnutrition at the community level with RUSF and Ready-to-Use Therapeutic Food (RUTF) allows better coverage of the malnourished, on-time treatment with regular screening and also empowerment of families and communities in the children's care compared to the traditional hospitalized in-patient treatment with therapeutic milk. It is then important to scale-up Community Management of Acute Malnutrition (CMAM) nationwide in close collaboration with WFP and the Government to ensure equity among the most vulnerable population.

The integrated nutrition response in 2011 demonstrated that it is possible to scale up interventions rapidly, providing that the necessary resources are available; 25 new counties (by comparison to 4 targeted by the country programme in 2010) implemented at a large scale the CMAM with more than 5,000 SAM children treated (by comparison to 450 the previous year). At present, the CMAM covers less than 15 per cent of the country while malnutrition is present in all provinces. National coverage is possible as this is the case with the 'Expanded Programme on Immunisation' (EPI) with sustained high coverage over the last years, the provision of Vitamin A and mebendazole or the Tuberculosis and malaria programmes.

- In 2012, UNICEF will continue the CMAM in the 25 counties to cover the severely acute malnourished children and will increase activities to 51 counties while still supporting the 14 Baby Homes and all 10 Provincial Paediatric Hospitals. In close collaboration with WFP, the

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<sup>40</sup> Victoria et al., Maternal and Child Under-nutrition 2, Maternal and child under-nutrition: consequences for adult health and human capital, Lancet 2008; Series Maternal and Child Under-nutrition: 23-40.

<sup>41</sup> According to UNICEF

management of moderately malnourished children as well as the malnourished pregnant and lactating women as target groups in the intervention will be implemented.

- A National Nutrition Survey is planned in 2012 to gather more information on the situation and explore possibilities to ensure better coverage and scale-up nationwide.
- Chronic malnutrition will be addressed by UNICEF and WHO in a more comprehensive way through different interventions such as micronutrients supplementation (nationwide) and promotion of optimal breastfeeding, complementary feeding practices and early childhood development activities in selected Counties or Institutions
- A National Nutrition Strategy will also be drafted in 2012-2013 to provide orientation on optimal nutrition interventions adapted to the DPRK context.

### **3.1.4 Water, Sanitation and Hygiene (WASH)**

Supporting the Government in replacing the derelict and defunct pumping water supply systems with low-cost and sustainable gravity-fed water supply (GFS) systems remains a priority. Main targets are the more vulnerable rural communities and all institutions of the community including health facilities, schools and children facilities, such as nurseries. Support in GFS system is tagged with improvement in watershed management by increasing the green coverage in the mountain. This is considered the best approach to address climate change and disaster risk reduction linked to erosion and flooding which are the two most critical risk factors for DPRK.

Negotiations with local Government and Ministry of City Management (MoCM) to increase contribution, by providing locally produced construction materials (cement and steel) for water supply construction, is ongoing so that UNICEF's support can be utilized in buying pipes and fittings that are to be imported from China. This would prove effective to scale up WASH programmes and also increase the local ownership.

Also, UNICEF has started a capacity mapping to identify gaps and further strengthen the service delivery system. The WASH sector supports the vulnerable counties where the CMAM programme is implemented with rehabilitation of existing water and sanitation in children institutions (children and baby homes and nurseries). In addition, UNICEF will support all baby homes, children's homes and boarding schools that were not included in 2011 plan with access to clean water, soap, safe sanitation and improved hygiene practices and by enabling the environment through promotion of adequate hygiene practices. This will entail improving existing practice of excreta management by creating awareness among the population about the risk of using fresh faeces as fertilizer. Rural sanitation guidelines will be disseminated across the nation (all the way down to the Ri level).

## **3.2 Humanitarian projects by agency**

### **Food and Agriculture Organisation (FAO) – \$13,000,000**

- Emergency support to improve food security of vulnerable farming families during 2012 main cropping season
- Enhanced Food and Nutrition Security through Conservation Agriculture and Double Cropping
- Enhancing food security through improving irrigation facility
- Increase food production through multiplication of seed potato and improve storage facility
- Sloping land management for food security

### **World Health Organisation (WHO) – \$22,022,000**

- Strengthening Service Delivery for Improving Access of Mothers and Children to Essential Life Saving Interventions in DPRK
- Prevent and reduce disease, disability and premature deaths from chronic non-communicable condition; promote health and improve health services through better governance, financing and management
- Communicable and vaccine preventable disease surveillance and control
- Health Sector Preparedness and Response to Natural Disasters in DPRK

### **United Nations Populations' Fund (UNFPA) – \$2,200,000**

- Improve access to and quality of reproductive health care by women and men

### **World Food Programme (WFP) – \$136,649,562**

- Emergency Food Assistance to Vulnerable Groups in DPRK (*EMOP 200266*)
- Nutrition Support for Women and Children in DPRK (*PRRO 200114*)

### **UN Children's Fund (UNICEF) – \$24,195,000**

- Water, Sanitation and Hygiene service delivery to the vulnerable population
- Management of malnutrition among women and children under-five
- Support reduction of maternal and neonatal deaths through improving quality of maternal and neonatal health care at primary level in phase-based manner in DPRK
- Basic social services in health through evidence-based programming in DPRK



# ANNEX 1. – Project sheets by agency

Name of Agency		Food and Agriculture Organisation (FAO)	
Project / Programme		Emergency support to improve food security of vulnerable farming families during 2012 main cropping season	
Collaborating agencies			
<u>Objective(s)</u> <ul style="list-style-type: none"><li>Safeguard 400,000 lives of 100,000 food insecure farming families in 260 cooperative farms</li></ul>		<u>Assumptions / Risks</u> <ul style="list-style-type: none"><li>Delay in receiving funding</li></ul>	
<u>Number of beneficiaries</u>		<u>Geographical areas of implementation</u>	
Women	193,440	<ul style="list-style-type: none"><li>North and South Hwanghae, North and South Pyongan provinces and Pyongyang and Nampo cities</li></ul>	
Men	178,560		
Children under 5	28,000		
<u>Expected outcomes</u> <ul style="list-style-type: none"><li>Increase rice and maize yield</li></ul>		<u>Indicators</u> <ul style="list-style-type: none"><li>Yield per ha</li><li>Total production of rice and maize</li></ul>	
<u>Description of Activities</u> <ul style="list-style-type: none"><li>Procurement of 25,000 rolls of plastic sheets and 2,000 metric tons of urea and NPK fertilizer for 260 beneficiary cooperative farms;</li><li>Distribution of the 25,000 rolls of plastic sheets and 2,000 metric tons of urea and NPK fertilizer to up to 260 higher potential cooperative farms ; and</li><li>88 rolls of plastic sheeting and 8 metric tons of urea fertilizer applications by the beneficiary farms</li></ul>			
Financial requirement		US\$ 4,000,000	
Funding gap		\$2,100,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

Name of Agency		Food and Agriculture Organisation (FAO)	
Project / Programme		Enhanced Food and Nutrition Security through Conservation Agriculture and Double Cropping	
Collaborating agencies			
Objective(s)		Assumptions / Risks	
<ul style="list-style-type: none"><li>Enhancing food production and consumption at household level and improving household level food and nutrition security</li></ul>		<ul style="list-style-type: none"><li>Delay in receiving funding</li><li>Natural calamities such as flood, drought and outbreak of plant and animal diseases</li><li>Hesitation and lack of understanding from the communities in trying new approaches</li></ul>	
Number of beneficiaries		Geographical areas of implementation	
Women	5,200	<ul style="list-style-type: none"><li>North and South Pyongan, South and North Hwanghae provinces</li></ul>	
Men	4,800		
Children under 5	2,000		
Expected outcomes		Indicators	
<ul style="list-style-type: none"><li>Beneficiary farming families in the target cooperative farms have diversified and improved crop production, and increased household food consumption and security in a sustainable manner</li><li>Beneficiary farming families have access to better farming practices and post-harvest facilities</li><li>Beneficiaries families have improved management and utilization of farm machineries, animal and human labour</li></ul>		<ul style="list-style-type: none"><li>Number of newly introduced high yielding and early maturing crops</li><li>Adaptation of crop rotation, double cropping and CA farming</li><li>Increase soil fertility and reduce soil erosion</li><li>Per cent of reduction in crop losses</li></ul>	
Description of Activities			
<ul style="list-style-type: none"><li>Collection of baseline data</li><li>Mapping the project site</li><li>Develop a new land use system</li><li>Procurement of CA and other equipment and planting materials</li><li>Understanding of local food practices and promotion of improved diets</li><li>Capacity building of national counterparts through exchange visit and study tour</li><li>Identification of post-harvest losses and design of a training package with improved techniques to reduce post harvest losses</li><li>Production of brochures</li></ul>			
Financial requirement		\$3,000,000	
Funding gap		\$1,100,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>Food and Agriculture Organisation (FAO)</b>	
<b>Project / Programme</b>		Enhancing food security though improving irrigation facility	
<b>Collaborating agencies</b>		Ministry of Agriculture, AAS and beneficiary cooperative farms	
<b><u>Objective(s)</u></b>		<b><u>Assumptions / Risks</u></b>	
<ul style="list-style-type: none"><li>Enhance food security by raising agricultural production and productivity. At operational level, the purpose is to expand irrigation coverage with reliable and adequate water supply through improved irrigation facilities.</li></ul>		<ul style="list-style-type: none"><li>Political situation remains conducive for implementation of the project and easy access to FAO staff to project sites</li><li>Active participation and support from Ministry of Agriculture, county officials and cooperative farm management in the whole process of project formulation and implementation</li><li>Delay in receiving project fund</li></ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	9,435	<ul style="list-style-type: none"><li>South Hwanghae and South Pyongan provinces</li></ul>	
Men	9,065		
Children under 5	1,500		
<b><u>Expected outcomes</u></b>		<b><u>Indicators</u></b>	
<ul style="list-style-type: none"><li>Irrigation system rehabilitated</li><li>Capacity of beneficiary farms developed on improved water management and irrigation operation and management</li><li>Enhance food security by raising agriculture production and productivity</li></ul>		<ul style="list-style-type: none"><li>3,000 hectares of land will have access to irrigation water</li><li>Number of trainings and number of participants</li><li>Crop yield increased by 30 %</li></ul>	
<b><u>Description of Activities</u></b>			
<ul style="list-style-type: none"><li>Intervention plan for irrigation rehabilitation prepared (survey/design/construction methods etc.) following a participatory approach for selected valleys in conjunction with activity</li><li>Plans and designs prepared and implemented</li><li>Procurement of construction materials</li><li>Rehabilitation of irrigation canals</li><li>Beneficiary farms trained on improved water management and irrigation operation and management</li></ul>			
<b>Financial requirement</b>		\$4,000,000	
<b>Funding gap</b>		\$4,000,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>Food and Agriculture Organisation (FAO)</b>	
<b>Project / Programme</b>		Increase food production through multiplication of seed potato and improve storage facility	
<b>Collaborating agencies</b>		Ministry of Agriculture, AAS and beneficiary cooperative farms	
<b><u>Objective(s)</u></b>		<b><u>Assumptions / Risks</u></b>	
<ul style="list-style-type: none"><li>Safeguard the lives of the food insecure farming families in the targeted cooperative farms by increasing potato production. Specific objective of the project is to strengthening multiplication of seed potato in net-houses and improving its storage facility.</li></ul>		<ul style="list-style-type: none"><li>Delay in receiving funding</li><li>Delay in selection of beneficiary farms by the government</li></ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	32, 640	<ul style="list-style-type: none"><li>North and south Pyongan, North and south Hwanghae, Kong wan provinces</li></ul>	
Men	31, 330		
Children under 5	16, 000		
<b><u>Expected outcomes</u></b>		<b><u>Indicators</u></b>	
<ul style="list-style-type: none"><li>Improved food security of cooperative members and people dependent of public food distribution system;</li><li>Long-term benefits extended to a greater number of farms through the dissemination of improved seed potato and improved storage facilities;</li><li>Reduction of potato post-harvest losses and improvement of its availability by strengthening the storage and processing capacity at a higher level in terms of quality and quantity.</li><li>Seed potato multiplication and storage guideline produced; and</li><li>Capacity of Government staff and farmers built in management of seed potato.</li></ul>		<ul style="list-style-type: none"><li>Number of seed storage facilities and net-houses constructed</li><li>% reduction of post-harvest losses</li><li>Number of government staff and farmers trained on seed storage and multiplication of the same</li><li>At least one seed potato multiplication and storage guideline produced</li></ul>	
<b><u>Description of Activities</u></b>			
<ul style="list-style-type: none"><li>Selection of ten beneficiary cooperative farms consisting of approximately 20 000 farming families;</li><li>Procurement of construction materials for net-houses and seed potato storages;</li><li>Construction of 25 net-houses and multiplication of high yielding and disease free seed potato;</li><li>Construction of 50 seed storage facilities (two in each cooperative farms) at work team level;</li><li>Provision of training on seed multiplication and improved seed potato storage techniques;</li><li>Development of a guideline on seed multiplication and improved seed potato storage facilities;</li><li>Regular monitoring visits to beneficiary farms;</li></ul>			
<b>Financial requirement</b>		\$1,000,000	
<b>Funding gap</b>		\$1,000,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>Food and Agriculture Organisation (FAO)</b>	
<b>Project / Programme</b>		Sloping land management for food security	
<b>Collaborating agencies</b>		MoLEP, Ministry of Agriculture, AFS and beneficiary cooperative farms	
<b><u>Objective(s)</u></b>		<b><u>Assumptions / Risks</u></b>	
<ul style="list-style-type: none"><li>Contribute towards reversing the degradation of natural resources, more specifically soil, water and vegetative cover and expansion of agricultural land</li></ul>		<ul style="list-style-type: none"><li>Delay in receiving funding</li><li>Political situation remains conducive for implementation of the project and easy access to FAO staff to project sites</li></ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	5,200	<ul style="list-style-type: none"><li>South Pyongan and North Hwanghae provinces</li></ul>	
Men	4,800		
Children under 5	2,000		
<b><u>Expected outcomes</u></b>		<b><u>Indicators</u></b>	
<ul style="list-style-type: none"><li>Soil erosion reduced</li><li>Nurseries established</li><li>Different species of plant have been planted</li><li>Trainings provided to government staff and beneficiary farms</li></ul>		<ul style="list-style-type: none"><li>Number of nurseries established</li><li>Number of trees planted and established</li><li>Number of trainings, workshops and exchange visits conducted</li></ul>	
<b><u>Description of Activities</u></b>			
<ul style="list-style-type: none"><li>Selection of beneficiary frames;</li><li>Mapping of sloping land;</li><li>Procurement of agricultural inputs and farm tools;</li><li>Establishment of nurseries;</li><li>Planting trees;</li><li>Application of physical and biological measures of water and soil control techniques;</li><li>Capacity building activities(trainings, exchange visits and workshops) to conducted</li></ul>			
<b>Financial requirement</b>		\$1,000,000	
<b>Funding gap</b>		\$1,000,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

Name of Agency		World Health Organisation (WHO)	
Project / Programme		Strengthening Service Delivery for Improving Access of Mothers and Children to Essential Life Saving Interventions in DPRK	
Collaborating agencies		MoPH, National Population Centre, UNICEF, UNFPA, Premiere Urgence, Save the Children, Handicap International	
<u>Objective(s)</u> <ul style="list-style-type: none"><li>• Increase access to essential health care services through rehabilitation of key life-saving units of hospitals</li><li>• Improve quality of basic and emergency obstetric and neonatal care such as early diagnostic and treatment of life threatening conditions, referral care and safe delivery</li><li>• Introduce evidence based cost effective practices for saving lives of most vulnerable women, newborns and children</li><li>• Contribute to improvement of reproductive health and reduction of maternal and infant mortality</li></ul>		<u>Assumptions / Risks</u> <ul style="list-style-type: none"><li>• The major risk of donor funding</li><li>• Impact of overall geopolitical situation</li><li>• Continuing Government Commitment in and high priority of MNCRH issues</li></ul>	
<u>Number of beneficiaries</u>		<u>Geographical areas of implementation</u>	
Women	12,330,393	<ul style="list-style-type: none"><li>• National coverage</li></ul>	
Men	11,721,838		
Children under 5	1,710,039		
<u>Expected outcomes</u> <ul style="list-style-type: none"><li>• Access to and quality of service delivery for reproductive, maternal, newborn, child and adolescents health improved and monitored.</li><li>• Evidence based standards and guidelines for reproductive, maternal, newborn and child health developed, adapted and implemented.</li><li>• Capacity of health institutions strengthened through rehabilitation and support for evidence-based practices for effective RH, MCH &amp; neonatal care</li><li>• Skills and competencies of health professionals in maternal, reproductive, and child care improved</li><li>• Increased knowledge and awareness of families and communities on family, maternal and child health</li><li>• Reduced maternal and infant mortality</li></ul>		<u>Indicators</u> <ul style="list-style-type: none"><li>• # of antenatal visits with 2+ tests increased</li><li>• # of deliveries with trained birth attendants increased</li><li>• # of referral cases decreased</li><li>• # of pregnancy complications decreased</li><li>• # of children treated through IMCI</li><li>• # of health facilities upgraded at ri, county and provincial and national levels</li><li>• # of guidelines available at facility level</li><li>• # of staff trained on evidence based standards and practices</li><li>• MMR and IMR decreased</li></ul>	



## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b><u>Description of Activities</u></b>	
<ul style="list-style-type: none"><li>• Updating and dissemination of the National guidelines on MNCRH based on Regional MNC and RH</li><li>• Introduction of evidence based practices in MNCRH through pre-service and in-service training</li><li>• Updating training centers for capacity building on MNCRH</li><li>• Training of health staffs at PHC level including household doctors, nurses and midwives on integrated course of EmOC, ENC and essential laboratory procedures.</li><li>• Provision of overseas training through fellowship and study tours for MNCRH.</li><li>• Development, translation and printing of publications/training package on MNCRH.</li><li>• Technical support for improving MNCRH service delivery and scaling up of access to family planning</li><li>• Provision of essential equipments and lab chemicals with relevant rehabilitation for maternal and children's health.</li><li>• Developing and printing culturally sensitive IEC materials for MNCRH care.</li><li>• Rehabilitation of Provincials, Counties and Ri Hospitals for effective MNCRH services.</li><li>• Provision of essential equipment, drugs, vaccines and consumables Household doctor's tool for community education</li></ul>	
<b>Financial requirement</b>	\$17,211,000
<b>Funding gap</b>	\$12,600,000

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

Name of Agency		World Health Organisation (WHO)	
Project / Programme		Prevent and reduce disease, disability and premature deaths from chronic non-communicable condition; promote health and improve health services through better governance, financing and management.	
Collaborating agencies		WHO, UNICEF, WFP, IFRC, Concern Worldwide, Handicap International	
<u>Objective(s)</u> <ul style="list-style-type: none"><li>• Prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries, and visual impairment.</li><li>• Promote health and development, prevent and reduce risk factors for health conditions associated with tobacco, alcohol, drugs and psychoactive substance use, unhealthy diets, physical inactivity and unsafe sex.</li><li>• Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.</li><li>• Improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.</li><li>• Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.</li><li>• Ensure improved access, quality and use of medical products and technologies.</li></ul>		<u>Assumptions / Risks</u> <ul style="list-style-type: none"><li>• Resource mobilization is a challenge to achieve the desired target set forth.</li><li>• Limited availability of data on burden of disease, morbidity and mortality acts as a bottleneck for evidence based decision making and also quantify the achievements.</li><li>• Limited human resources in the Country Offices make it difficult to conduct field monitoring to ensure adequacy and utilization of the support provided.</li></ul>	
<u>Number of beneficiaries</u>		<u>Geographical areas of implementation</u> <ul style="list-style-type: none"><li>• National coverage</li></ul>	
Women	12,330,393		
Men	11,721,838		
Children under 5	1,710,039		
<u>Expected outcomes</u> <ul style="list-style-type: none"><li>• National capacities on detection, prevention and treatment of NCDs including mental health, elderly care and rehabilitation strengthened with an integrated disease surveillance system.</li><li>• Health promotion networks established to strengthen inter-sectoral collaboration.</li><li>• National capacity strengthened for identification, monitoring, prevention and addressing public health problems related to environmental hazards and risks.</li><li>• Institutional capacity for national nutrition programmes strengthened and multi-year food safety strategy and plan developed, established, implemented.</li><li>• Access to quality health services improved</li></ul>		<u>Indicators</u> <ul style="list-style-type: none"><li>• Proportion of sub-national facilities offering quality detection, treatment and rehabilitative services for selected NCDs.</li><li>• Availability of inter-sectoral health promotion network</li><li>• Per cent age of health facilities implementing the standard healthy environment SOPs</li><li>• Availability of Multi-Year Food safety strategy and plan</li><li>• Number of health facilities equipped with telemedicine and e-library</li><li>• Proportion of provinces and counties with health care providers and managers trained in Health management.</li></ul>	

<ul style="list-style-type: none"> <li>• Health management and institutional capacity for trainings at different levels improved</li> <li>• Evidence based National health research strategy reviewed, updated and implemented.</li> <li>• Health workforce production and distribution further strengthened</li> <li>• Capacity on Healthcare financing of the Ministry of Public Health improved</li> <li>• The capacity on blood safety technology and services with increased voluntary non-remunerative blood donation strengthened</li> <li>• National laboratory network with efficient diagnostic support to various clinical conditions strengthened.</li> <li>• Equitable access to quality assured essential medicines and rational use of Koryo Traditional medicines strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of updated national research strategy and plan</li> <li>• Establishment of nursing and midwifery education network Number of fellows supported Number of study tours supported</li> <li>• Proportion of senior MOPH officials oriented and trained in new and advance concepts of HF</li> <li>• Number of fully operational provincial Blood Centers</li> <li>• Proportion of laboratories following national standards</li> <li>• Number of Medical Ware Houses with LMIS system</li> <li>• Proportion of health settings with rational use of Koryo traditional medicine</li> </ul>
<p><b><u>Description of Activities</u></b></p> <p><b><u>Objective 1</u></b></p> <ul style="list-style-type: none"> <li>• Capacity building of national programme, health care managers and stakeholders to implement national strategies and plans on NCD prevention and control</li> <li>• Technical assistance on strengthening health care system and facilitating health services to tackle NCDs</li> <li>• Capacity building in early detection, treatment and referral of major NCDs strengthened at provincial levels</li> <li>• Development/translation/printing/dissemination of guidelines and reference books on NCDs</li> <li>• Expansion of cancer registry, comprehensive cancer control and management with special focus on breast and cervical cancer</li> <li>• Improvement of early detection and management of diabetes with trained health workforces and essential supplies</li> <li>• Training on injury prevention at national &amp; sub-national settings with primary focus on injury prevention in line with Decade of Action for Road Safety</li> </ul> <p><b><u>Objective 2:</u></b></p> <ul style="list-style-type: none"> <li>• Strengthening of Health promotion networks with primary focus on implementation of national law on tobacco control</li> <li>• Development/Printing/Dissemination of guidelines/manuals/IEC materials for health promotion</li> </ul> <p><b><u>Objective 3:</u></b></p> <ul style="list-style-type: none"> <li>• Technical capacity strengthened for identifying, preventing and addressing the public health problems resulting from environmental hazards.</li> <li>• Assist in development of surveillance system for water and air pollution and adverse effect of climate change</li> <li>• Increase technical and managerial capacity to address infection control in health facilities.</li> </ul> <p><b><u>Objective 4:</u></b></p> <ul style="list-style-type: none"> <li>• Multi-year Strategy and plan for food safety developed and implemented</li> <li>• Support for further strengthening the capacity for food safety surveillance at central level and its expansion to at least 3 more provincial level</li> <li>• Development and printing of Multi-year strategy and plan for food safety including SOPs and IEC materials for food safety areas</li> <li>• Strengthen Institutional capacity for national nutrition programmes.</li> <li>• Trainings on the nutritional guidelines to provincial and county level.</li> <li>• Development and printing of IEC materials and translation of relevant reference books for updating</li> </ul>	

knowledge on Nutrition.

**Objective 5:**

- Support for further expansion of telemedicine services.
- Printing of SOPs, guidelines, manuals and training materials for better health service delivery at provincial and county levels.
- To further improve the capacity of household doctors in community/most peripheral level.
- Provision to further strengthen database in WHO collaborating center.
- Updating training materials on micro-planning based on the need identified by assessment of GAVI HSS
- Technical workshop on Health Research Management.
- Technical assistance in HRM system developed in alignment with public health priorities and evidence based on health information
- Support pre-service & in-service training for better nursing/midwifery at health service centers.
- National workshop & trainings on setting up of education network between nursing/midwifery institute of central & provincial levels
- Technical workshop and trainings on understanding healthcare financing at different level of administration.
- Build capacity on blood safety technology and services at national and provincial levels.
- Support for data management and reporting on blood safety

**Objective 6:**

- Integration and Networking of laboratory services.
- Technical assistance for QA and QC in Clinical lab practices
- National Clinical Reference Laboratory operational as per GLP requirements.
- Access to adequate and quality assured essential medicines ensured
- Development and printing of guidelines on (i) rational use of traditional medicines (ii) Koryo Clinical Acupuncture Encyclopedia (iii) Koryo non-medical therapy iv) National Essential Medicines User Manual

<b>Financial requirement</b>	\$1,781,000
<b>Funding gap</b>	\$732,000

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>World Health Organisation (WHO)</b>	
<b>Project / Programme</b>		Communicable and vaccine preventable disease surveillance and control	
<b>Collaborating agencies</b>		UNICEF, FAO	
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>To reduce the health, social and economic burden of communicable diseases including that of vaccine preventable diseases</li> <li>To assist the government in sustaining high coverage in routine immunization and in its plan to introduce new vaccines, including pentavalent vaccine</li> <li>To attain the disease specific eradication or elimination goals</li> <li>To build up national integrated disease surveillance system</li> <li>To strengthen country core capacity in implementing IHR 2005</li> </ul>		<b><u>Assumptions / Risks</u></b> <ul style="list-style-type: none"> <li>Without appropriate disease burden data, government may start to shift its priority away from communicable diseases</li> <li>Financial sustainability in the long run is a major issue</li> <li>Major partner in Immunization is currently GAVI Alliance; the change in GAVI policy in opting out of support for Health System Strengthening without linkage to Immunization could be a major blow</li> </ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	12,330,393	<ul style="list-style-type: none"> <li>National Coverage</li> </ul>	
Men	11,721,838		
Children under 5	1,710,039		
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>Policy and technical support provided to government in order to maximize equitable access of all people to vaccines of assured quality, including new immunization products and technologies, and to integrate other essential child-health interventions with immunization</li> <li>Effective support provided in order to achieve certification of poliomyelitis eradication</li> <li>Technical support provided to government in order to enhance its capacity to carry out surveillance and monitoring of all communicable diseases of public health importance</li> <li>Support provided to government in order to achieve the minimum core capacities required by the International Health Regulations (2005) for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>DPT3 coverage at 95% or more by end 2013</li> <li>Polio certification documents accepted by Regional Commission for Polio Certification</li> <li>Integrated disease surveillance system adopted by 6 provinces (base line 2) by end of 2012</li> <li>MoPH sent report on core capacities required by IHR (2005) by June 2012 and sent application for extension needed for its implementation along with plan of strengthening core capacities.</li> <li>National Pandemic Preparedness Plan reviewed and revised by end of 2012</li> </ul>	

<b><u>Description of Activities</u></b>	
<ul style="list-style-type: none"> <li>• Training of health workers on VPD surveillance and immunization</li> <li>• Training on vaccine production, quality assurance and quality control of vaccines.</li> <li>• Update and printing of manuals, SOPs, references, forms and IEC materials for VPD &amp; AEFI surveillance and immunization</li> <li>• Support for meetings and field visits by NCCPE for monitoring AFP surveillance and lab containment</li> <li>• Continued support to National Polio &amp; Measles Laboratory</li> <li>• Integrated disease surveillance system is to be further strengthened through building of public health laboratories network and communicable diseases information system and through expansion in to 4 new provinces</li> <li>• Institutional capacity for surveillance and management of soil transmitted helminthiasis strengthened through trainings</li> <li>• Support for enhancing capacities of Hepatitis Centres for surveillance and management and control of viral hepatitis</li> <li>• National guidelines and SOPs for coordinated implementation of International Health Regulation developed, updated and implemented</li> <li>• Conduct review of IHR core capacity of the country and suggest plan for building of minimum core capacities required under IHR 2005</li> <li>• Support for National capacity strengthening for preparedness and response of major epidemic and pandemic prone diseases through organizing review and workshop</li> </ul>	
<b>Financial requirement</b>	\$1,000,000
<b>Funding gap</b>	\$460,000



## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

Name of Agency		World Health Organisation (WHO)	
Project / Programme		Health Sector Preparedness and Response to Natural Disasters in DPRK	
Collaborating agencies		Ministry of Health, National Population Centre, UNICEF, UNFPA, IFRC Premiere Urgence, Save the Children, Handicap International	
<u>Objective(s)</u> <ul style="list-style-type: none"><li>• To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact</li><li>• Capacity of national health system strengthened for improving</li><li>• National capacity for emergency preparedness, response and early recovery strengthened with improved planning, coordination and management</li></ul>		<u>Assumptions / Risks</u> <ul style="list-style-type: none"><li>• The major risk of donor funding</li><li>• Impact of overall geopolitical situation</li><li>• Continuing Government Commitment in and</li><li>• high priority of MNCRH issues</li></ul>	
<u>Number of beneficiaries</u>		<u>Geographical areas of implementation</u>	
Women	12,330,393	<ul style="list-style-type: none"><li>• Most affected areas</li></ul>	
Men	11,721,838		
Children under 5	1,710,039		
<u>Expected outcomes</u> <ul style="list-style-type: none"><li>• Capacity of national institutions strengthened towards preparedness and response for disaster management including complex emergencies.</li><li>• Communications, advocacy and health promotion in emergencies enhanced.</li><li>• EHA network established</li></ul>		<u>Indicators</u> <ul style="list-style-type: none"><li>• List of benchmark indicators developed</li><li>• National EPR network established</li><li>• No. of staff trained</li><li>• Situation reports</li><li>• No. of facilities with available guidelines</li></ul>	
<u>Description of Activities</u> <ul style="list-style-type: none"><li>• National Workshop for health managers and health care providers on program development, management in emergencies conducted.</li><li>• Data processing and reporting for improving planning, coordination and management.</li><li>• Expansion of the national network for emergency preparedness and timely response &amp; management</li><li>• Development and adaptation of standards and guidelines</li><li>• Simulation exercises and sharing of best practices in emergency.</li><li>• Participation of national staff in EHA meetings, seminar, training courses</li><li>• Development &amp; printing IEC materials for community education on public health measures in complex emergencies</li><li>• Operations researches, surveys and assessments</li><li>• Technical assistance for development of proposals, concept notes and case studies for donor sensitization</li></ul>			
Financial requirement		\$2,030,000	
Funding gap		\$2,000,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>	<b>United Nations Population Fund (UNFPA)</b>		
<b>Project / Programme</b>	Improve access to and quality of reproductive health care by women and men		
<b>Collaborating agencies</b>	Ministry of Public Health, Provincial Health Bureaus, UNICEF, WHO		
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>• Contribute to reduction of maternal mortality and morbidity</li> <li>• Improve rural health facilities to provide quality basic reproductive health services such as maternal and newborn care, family planning, diagnosis and treatment of cervical cancer, RTI/STIs</li> <li>• Improve evidence base for appropriate reproductive health responses based on studies, reviews, and pilot initiatives;</li> <li>• Improve national reproductive health (RH) guidelines to ensure quality of RH care in line with international standards</li> </ul>		<b><u>Assumptions / Risks</u></b>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	Approx. 850,000 (15-49 years)	<ul style="list-style-type: none"> <li>• South Hamgyong, Kangwon, South Pyongan, and North Hwanghae</li> </ul>	
Men	Approx. 810,000 (20-54 years)		
Children under 5	Approx. 44,700 newborns		
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>• Contributed to improved maternal health outcomes such as reduced maternal deaths, abortions, etc., in supported areas</li> <li>• Improved availability of and accessibility to basic reproductive health care in 21 counties and 520 Ri;</li> <li>• Improved evidence base for expansion of a range of appropriate RH services</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>• Number of maternal deaths, abortions, CPR in the supported areas;</li> <li>• Improved maternal and newborn services at 21 county hospitals and about 520 Ri clinics;</li> <li>• Reports on the pilot MDR and cervical cancer screening and treatment project, the KAP study report</li> </ul>	

<b><u>Description of Activities</u></b>	
<ul style="list-style-type: none"> <li>• Procurement and distribution of essential RH health commodities such as basic equipment, midwifery supplies, drugs and contraceptives to 21 county hospitals and 520 Ri clinics;</li> <li>• Piloting of the Maternal death review (MDR) exercise to understand causes of maternal death in South Hamgyong province and advocate for nationwide introduction of the MDR system in the country;</li> <li>• Finalization and endorsement by the Ministry of Public Health of the national reproductive health guidelines on family planning, antenatal care, RTI/STIs;</li> <li>• Finalization and endorsement of the national guidelines on logistics management and information system (LMIS) and trainings on the guidelines for managers of central and provincial warehouses;</li> <li>• Review of effectiveness and quality of midwifery training system and identification of areas for improvements;</li> <li>• Support capacity building of 11 county hospitals for RTI/STI diagnosis and treatment;</li> <li>• Data analysis and report writing of the Knowledge, Attitude and Practice (KAP) study on reproductive health issues among population and services providers;</li> <li>• Continued support to piloting of cervical cancer diagnosis and treatment in 2 provincial (South-Hamgyong and South Pyongan) maternity hospitals and 7 county hospitals;</li> <li>• County level training for midwives and service providers on family planning counselling;</li> </ul>	
<b>Financial requirement</b>	\$2.2 million
<b>Funding gap</b>	\$1.5 million

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

Name of Agency		World Food Programme (WFP)	
Project / Programme		Emergency Food Assistance to Vulnerable Groups in the Democratic People's Republic of Korea (EMOP 200266)	
Collaborating agencies			
<u>Objective(s)</u> <ul style="list-style-type: none"><li>• Provide nutritional support to undernourished children and women and other vulnerable groups and thereby stabilize and reduce acute malnutrition; and</li><li>• Support the Government's strategy to reduce hunger and under-nutrition by supporting production of locally fortified food.</li></ul>		<u>Assumptions / Risks</u> <ul style="list-style-type: none"><li>• No recurrence of major floods or droughts</li><li>• Sufficient funding to ensure WFP operations</li><li>• Partners provide access to information/data</li><li>• Partners follow instructions to collect data disaggregated by sex.</li><li>• Restrictions to collect accurate field data.</li><li>• Availability and timely distribution of food.</li><li>• Availability and timely distribution of food</li></ul>	
<u>Number of beneficiaries</u>		<u>Geographical areas of implementation</u>	
Women (incl. under 18)	1,809,219	<ul style="list-style-type: none"><li>• 114 counties in eight provinces, which are i) Ryanggang ii) North Hamgyong iii) South Hamgyong iv) Kangwon v) South Pyongan vi) North Hwanghae vii) South Hwanghae and viii) Nampo</li></ul>	
Men (incl. under 18)	1,066,020		
Children under 5	670,813		
<u>Expected outcomes</u> <ul style="list-style-type: none"><li>• Improved food consumption over assistance period for target population.</li><li>• Stabilized acute malnutrition in target groups of children</li></ul>		<u>Indicators</u> <ul style="list-style-type: none"><li>• Household with poor Food Consumption Scores (FCS) reduced from 77% to 30%.</li><li>• Prevalence of low mid-upper arm circumference (MUAC) among children under 5 stabilized at 5% of target group children.</li></ul>	
<u>Description of Activities (ongoing)</u> <ul style="list-style-type: none"><li>• <b>Nutrition support to women and children</b> – WFP provides food rations to all pregnant and lactating women and orphans (in baby homes, children centers and boarding schools Cereals and blended food provided to child inpatients aged 6 months to 16 years at all pediatric hospitals and pediatric wards of county hospitals, with meals being prepared at the hospital. Accompanying caregivers of inpatients at pediatric hospitals also receive a food ration. Under this activity targeting pregnant and lactating women and their infants ensure that they receive the required nutrients during the critical 1,000 day window of opportunity from pregnancy to the age of 23 months, when children are at the highest risk of stunting.</li><li>• <b>School children</b> – WFP provides locally produced fortified foods, cereals and vegetable oil to young children in nurseries (6 months–4 years) and kindergartens (5–6years). WFP also distributes fortified biscuits to all primary school children (7–10 years) in targeted counties during each school day.</li><li>• <b>Other vulnerable groups in north-eastern provinces</b> – provision of take-home supplementary rations in about 63 counties to: i) elderly people (over 60 years of age) who are facing significant food gaps; and ii) children aged 7-10 years.</li><li>• <b>Contingency/relief activity</b> –Provision of contingency stock to respond to the urgent needs of up to 375,000 disaster-affected people required for 120 days. Appropriate activities will be selected within the framework of the inter-agency contingency planning process.</li></ul>			
Financial requirement (Jan-June 2012)		\$79,588,781	
Funding gap (Jan-June 2012)		\$49,580,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>	<b>World Food Programme (WFP)</b>	
<b>Project / Programme</b>	Nutrition Support for Women and Children DPR of Korea PRRO 200114	
<b>Collaborating agencies</b>		
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>• Restore and rebuild livelihoods and food and nutritional security by providing nutritional support for women and children and through food for community development (FFCD) programmes (Strategic Objective 3); and</li> <li>• Assist the Government's strategy for food security by supporting local production of fortified foods (Strategic Objective 5).</li> </ul>		<b><u>Assumptions / Risks</u></b> <ul style="list-style-type: none"> <li>• Restrictions on collecting accurate field data.</li> <li>• Availability and timely distribution of fortified foods.</li> <li>• Lack of transport.</li> <li>• Low production of LFP products due to lack of inputs.</li> <li>• Lack of resources from Government creates untimely food distribution.</li> <li>• Strong maintenance programme to ensure durability and sustainability of created assets.</li> <li>• Lack of non-food items.</li> <li>• Limited availability of participants during planting and harvest seasons.</li> <li>• Bad weather prevents adequate implementation of food for work.</li> <li>• Lack of technical assistance.</li> </ul>
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>
Women (incl. under 18)	1,071,157	<ul style="list-style-type: none"> <li>• 82 counties in seven provinces, which are i) North Pyongan ii) South Pyongan iii) North Hwanghae iv) Kangwon v) South Hamgyong vi) Ryanggang and vii) North Hamgyong</li> </ul>
Men (incl. under 18)	714,683	
Children under 5	605,923	
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>• Improved food consumption among households, women and children.</li> <li>• Targeted communities have increased access to assets through food for work to restore livelihoods.</li> <li>• Increased production capacity for fortified foods, including complementary foods and special nutritional products, in countries supported by WFP</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>• Food consumption score: % of households participating with acceptable food consumption score.</li> <li>• Baseline: 48% of households have acceptable score of 42</li> <li>• Target: 70%</li> <li>• Community asset score</li> <li>• Coping strategy index: Baseline: 4.7% - 70% of households at risk of using negative coping strategies.</li> <li>• Target: stabilize or reduce coping strategy index and reliance on negative coping mechanisms.</li> <li>• % increase in production of fortified foods, including complementary foods and special nutritional products</li> </ul>

<b>Description of Activities (ongoing)</b>	
<ul style="list-style-type: none"> <li>• <b>Nutritional Support for Women and Children:</b> A monotonous diet, lacking sufficient protein and micronutrients is a major barrier to proper physical and intellectual development. WFP plans to improve the health and nutrition status by distributing locally-produced fortified foods to children in nurseries, kindergartens, hospitals and orphanages, and fortified biscuits to primary schoolchildren. Pregnant and lactating women will receive fortified blended foods. Cereals, pulses and oil are included in the food basket to meet energy and nutritional requirements.</li> <li>• <b>Food for Community Development (FFCD):</b> FFCD will provide food commodities to support community development projects, including: land rehabilitation; tree planting; and watercourse excavation; and construction / repair of irrigation canals and embankments. For emergency rehabilitation of infrastructure, WFP leverages the expertise of its partners, including: the Food and Agriculture Organization (FAO); the Ministry of Land and Environmental protection; and the Ministry of Agriculture.</li> <li>• <b>Local Food Production:</b> Provision of locally produced fortified foods for children and women has been an essential feature of WFP operations in DPRK for more than a decade. The main objective is to transform WFP food assistance into nutritionally balanced, micronutrient fortified and easily digestible products, such as: corn-milk blend (CMB); corn-soya milk blend (CSM); rice-milk blend (RMB); and biscuits. Thirteen factories are operating with WFP support, including: three CSM factories; two CMB factories; six biscuit factories; and one RMB factory. The activities are carried out in partnership with the Government. The running costs of the factories are borne by the Government, including: labour; infrastructure; electric power; and sanitation. The Government is also responsible for quality control of the finished products. In addition to supplying the raw food ingredients, WFP provides micronutrient mix, and packaging materials. WFP builds local capacity by training local counterparts in food fortification, organizing technical missions, providing assistance sourcing, purchasing and importing equipment and spare parts, and the transfers of technical knowledge.</li> </ul>	
<b>Financial requirement (July-Dec 2012)</b>	\$57,060,781
<b>Funding gap (July-Dec 2012)</b>	\$28,861,000



## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>UN Children’s Fund (UNICEF)</b>	
<b>Project / Programme</b>		Water, Sanitation and Hygiene (WASH)	
<b>Collaborating agencies</b>		Programme is implemented in coordination with the WASH partners. MoCM is the lead agency for implementing the project.	
<b><u>Objective(s)</u></b>		<b><u>Assumptions / Risks</u></b>	
<ul style="list-style-type: none"><li>Protect the survival and developmental rights of children in DPRK by improving access and utilization of safe drinking water, sanitation and hygiene contributing especially towards the reduction of morbidity and mortality related to diarrhoea and acute respiratory infections.</li></ul>		<ul style="list-style-type: none"><li>Timely and adequate availability of funds and procurement.</li><li>MoCM able to provide timely technical support and carryout community mobilization activities.</li><li>Timely receipt of data from government reports.</li><li>Continued field visits including joint field visits with technical counterparts</li></ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	126,000	<ul style="list-style-type: none"><li>North Hamgyong (Chongjin, Kilju), South Hamgyong (Kumiya, Sudong, Hamju), Kangwon (Itchon, Sepo), South Hwanghae (Jangyong), North Hwanghae (Sinpyong and Tosan), North Pyongan (Unjon, Hyangsan) – Total 9 county towns and 16 Ris</li></ul>	
Men	122,000		
Children under 5	17,500		
<b><u>Expected outcomes</u></b>		<b><u>Indicators</u></b>	
<ul style="list-style-type: none"><li>About 209,000 people in underserved 9 towns and 16 RIs will have access to safe water through GFS connection;</li><li>More than 39,000 children in child-care, education and health institutions (76 institutions) will benefit from access to safe water and improved sanitation facilities, as well as hygiene education.</li></ul>		<ul style="list-style-type: none"><li>Number of people having access to safe water connection from GFS;</li><li>Number of institutions and children with access to safe water and improved sanitation</li></ul>	
<b><u>Description of Activities</u></b>			
<ul style="list-style-type: none"><li>Installation of Water supply systems in communities and institutions</li><li>Training of technicians on construction and repair and maintenance of water systems</li><li>Repair of sanitation facilities in institutions (health and education)</li><li>Provision of soap in the childcare institutions for promoting hand washing with soap.</li><li>Provision of water filters in the childcare institutions where GFS is not feasible.</li><li>Provision of IEC materials and hygiene promotion trainings</li><li>Sanitation promotion in communities</li><li>Develop plans for nationwide rollout of Water supply situation assessment survey</li></ul>			
<b>Financial requirement</b>		\$6,420,000	
<b>Funding gap</b>		\$4,143,000	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>UN Children's Fund (UNICEF)</b>	
<b>Project / Programme</b>		Management of malnutrition among women and children under-five	
<b>Collaborating agencies</b>		WFP, WHO	
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>• Less than 4% of children are acutely malnourished</li> <li>• Contribute to a decrease in chronic malnutrition (stunting) by at least 3%</li> </ul>		<b><u>Assumptions / Risks</u></b> <ul style="list-style-type: none"> <li>• The Government is allowing access to all provinces</li> <li>• The Government is allowing UNICEF to increase Human Resources</li> </ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Women	5,349,701 (2,643,233 pre-pregnant women, 706,468 pregnant and lactating women and 2,000,000 girls aged 5-15y)	<ul style="list-style-type: none"> <li>• CMAM implemented in 51 Counties, 14 Baby Homes and 10 Provincial Paediatric Hospitals</li> <li>• National coverage for micronutrient supplementation</li> <li>• Infant and Young Child Feeding practices strengthened in 3 selected Counties and/or 5 institutions</li> </ul>	
Men	About 873,830 boys under 5		
Children under 5	1,747,660		
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>• About 10,300 Severe Acute Malnourished (SAM) children are adequately treated</li> <li>• About 57,000 Moderate Acute Malnourished (MAM) children are adequately treated</li> <li>• The Government and / or UNICEF supervise and monitor nutrition program for at least 10 working days per month</li> <li>• At least 3 Provincial Hospitals and 1-2 County Hospitals are certified Baby-Friendly Hospitals each year</li> <li>• At least 3% of communities are Baby-Friendly</li> <li>• ECD kit are provided to nurseries according to needs and new ECD standards in DPRK</li> <li>• Children and women receive micronutrient supplement in the fight against stunting</li> <li>• Supply for salt iodization are procured for 1 salt factory</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>• # and % of SAM children cured, deceased, abandon, non-respondent</li> <li>• # and % of MAM children cured, deceased, abandon, non-respondent</li> <li>• # of days used for supervision by Government and by UNICEF separately</li> <li>• # of Baby-Friendly Hospital certified</li> <li>• # of Baby-Friendly Communities</li> <li>• # of nurseries which received ECD kits</li> <li>• # of children and women receiving micronutrient supplementation</li> <li>• # supply procured for salt iodization</li> </ul>	

<p><b><u>Description of Activities</u></b></p> <ul style="list-style-type: none"> <li>• Extension of CMAM from 29 counties to 51 Counties while continue management of acute malnutrition in all 14 Baby Homes and 10 Provincial Paediatric Hospitals. The CMAM will allow the management of about 12,300 SAM and 57,000 MAM children.</li> <li>• To improve the early initiation of breastfeeding Baby-Friendly Hospitals Initiative (BFHI) needs to be extended to County Hospital and strengthened in Provincial Maternity Hospitals. UNICEF will support MOPH to re-assess 3 Provincial Hospital and certify 1 to 2 County Hospitals.</li> <li>• Infant and Young Child Feeding (IYCF) practices including breastfeeding and complementary feeding, is critical for the development of the child. These practices do not happen at the institution level but mainly at the community level and this were women can be reached with essential key messages. The Baby-Friendly Community Initiative intend to use the midwives, the households doctors and the Korean Woman Association in the dissemination and peer-counselling support to women presenting breastfeeding problems and complementary feeding issues. This initiative will be implemented with the support from the National and provincial BFHI core group as well as the IMCI / CMAM core group. County level groups will be needed to ensure coordination down to the mother's level. UNICEF IYCF package needs to be revised and disseminated to Households doctors and Korean Women Association. Midwives need also to be involved and trained. As the Baby-Friendly Community Initiative is a new intervention in DPRK, the monitoring system needs to be developed with the active participation of all levels.</li> <li>• Early Childhood Development (ECD) Standards will be developed in 2012. However, support is needed in the design and dissemination of the ECD standards in addition to informative and educative material (like ECD kits) to Baby Homes and Nurseries nationwide. Indoor and outdoor structures of Baby Homes need to be assessed in line with the revised ECD standards. Improvement will be necessary through the implementation of a comprehensive focused on the well-being and optimal growth of the child through nutrition, health, WASH and education aspects.</li> <li>• In the fight against stunting, IYCF practices must be completed through micronutrient supplementation (multi-micronutrient for women and children, iron and folic acid for pre-pregnant women, iodine supplementation) and de-worming along the child life cycle.</li> <li>• Food fortification is an essential long term strategy that needs to be developed with a prioritization of the salt iodization. Salt is already iodized in one factory which covers about 25% of the country needs but packaging material as well as potassium iodate needs to be procured.</li> </ul>	
<b>Financial requirement</b>	\$14,525,000
<b>Funding gap</b>	\$12,025,000

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>	<b>UN Children's Fund (UNICEF)</b>		
<b>Project / Programme</b>	Basic social services in health through evidence-based programming in DPRK		
<b>Collaborating agencies</b>	WHO, UNFPA, IFRC, Concern Worldwide		
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>• Implementation of a high impact package of cost-effective health interventions including maintaining high coverage of immunization;</li> <li>• Prevent death due to common childhood diseases and its complication at county and ri level through ensuring availability of vital essential drugs to 94 counties for 4 month use</li> <li>• Improve quality of health care service through capacity building of health workers with introduction of WHO/UNICEF IMCI strategy into 3 new counties included all ris</li> </ul>		<b><u>Assumptions / Risks</u></b> <ul style="list-style-type: none"> <li>• Resource mobilization is a challenge to achieve the desired target set forth.</li> <li>• Limited availability of data on burden of disease, morbidity and mortality acts as a bottleneck for evidence based decision making and also quantify the achievements.</li> <li>• Limited human resources in the Country Offices make it difficult to conduct field monitoring to ensure adequacy and utilization of the support provided.</li> </ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Children under 1	349,000	<ul style="list-style-type: none"> <li>• Immunization in national level</li> <li>• EM kits in 2 cities ( Nampo&amp; Pyongyang) &amp; counties in 5 provinces (North Hamgyong, Ryanggang, North and South Hwanghae and Kangwon)</li> <li>• Diarrheal reduction in the vulnerable province in 51 counties</li> </ul>	
Pregnant women	361,000		
Children under-five	746,800		
Total # of population	10.5 million		
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>• 349,474 children less than one year old will benefit from the nationwide immunization programme for six months in 2012.</li> <li>• 360,984 pregnant women will benefit from the nationwide immunization programme through administration of 2 doses of Tetanus Toxoid (TT) vaccine for six months in 2012.</li> <li>• 10.5 million, including 746,749 children under-five and about 154,391 pregnant women in 5 provinces and 2 cities will benefit from essential medicines for 30% of the yearly requirement (10,500 kits) or for about four months.</li> <li>• All household doctors (439) in 3 new counties will be able to use IMCI strategy in their daily work</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>• Vaccine stock and distribution report in monthly and quarterly based, MOPH</li> <li>• Immunization coverage report in quarterly and annual based by provinces, MOPH</li> <li>• Distribution of EM kits to health facilities in monthly based, UNICEF and MOPH</li> <li>• Number of diarrhoea cases treat with ORS and Zinc among the children U5 by provinces annual based, MOPH</li> <li>• Number of pneumonia cases among the children U5 by provinces annual based, MOPH</li> <li>• Number of household doctors trained in IMCI strategy</li> </ul>	

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b><u>Description of Activities</u></b>	
<b><u>Objective 1</u></b>	
<ul style="list-style-type: none"><li>• Ensuring quality of routine vaccines procured and used for routine immunization in nationwide over the six months</li><li>• Run immunization activities among the children under and pregnant women in nationwide.</li><li>• Collect immunization coverage report in quarterly and annual based</li></ul>	
<b><u>Objective 2</u></b>	
<ul style="list-style-type: none"><li>• Provision of EM kits for 4 months to 94 counties</li><li>• Distribution of EM kits to the planned health facilities in monthly based</li><li>• Collect disease burden info from MOPH in annual based</li></ul>	
<b><u>Objective 3</u></b>	
<ul style="list-style-type: none"><li>• Provision of ORS packets and Zinc supplies in CMAM counties</li></ul>	
<b>Financial requirement</b>	\$2,250,000
<b>Funding gap</b>	\$1,720,000

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

<b>Name of Agency</b>		<b>UN Children's Fund (UNICEF)</b>	
<b>Project / Programme</b>		Support reduction of maternal and neonatal deaths through improving quality of maternal and neonatal health care at primary level in phase-based manner in DPRK.	
<b>Collaborating agencies</b>		WHO and UNFPA	
<b><u>Objective(s)</u></b> <ul style="list-style-type: none"> <li>Improved capacities and readiness (trained health workers and equipment are in place) of the selected county and ri level health facilities to provide quality maternal and newborn care services.</li> <li>Improved skills and competencies of health professionals to provide maternal and newborn care services.</li> <li>Increased knowledge and awareness of families about the consequences of high risk pregnant mothers (most vulnerable) with regards to birth outcomes (low birth weight babies).</li> </ul>		<b><u>Assumptions / Risks</u></b> <ul style="list-style-type: none"> <li>Resource mobilization is a challenge to achieve the desired target set forth.</li> <li>Limited availability of data on ANC and post natal care by county and province and maternal and neonatal mortality acts as a bottleneck for evidence based decision making and also quantify the achievements.</li> <li>Limited human resources in the Country Offices make it difficult to conduct field monitoring to ensure adequacy and utilization of the support provided.</li> </ul>	
<b><u>Number of beneficiaries</u></b>		<b><u>Geographical areas of implementation</u></b>	
Pregnant and lactating women	22,000	<ul style="list-style-type: none"> <li>All ri clinics and county hospitals of 6 counties (Yontan, Singye and Unruyl, Pyoksong and Unchon and Tongrim)</li> </ul>	
New born	11,000		
Health service providers	931 HHDs and 163 midwives		
<b><u>Expected outcomes</u></b> <ul style="list-style-type: none"> <li>Improved capacities and readiness (trained health workers and equipment are in place) of the selected County and Ri level health facilities to provide quality maternal and newborn care services.</li> <li>Improved skills and competencies of health professionals to provide maternal and newborn care services.</li> <li>Increased knowledge and awareness of families about the consequences of high risk pregnant mothers (most vulnerable) with regards to birth outcomes (low birth weight babies).</li> </ul>		<b><u>Indicators</u></b> <ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years attended/received at least four times ante-natal care services during pregnancy by a trained health provider (disaggregated by area of residence).</li> <li>Proportion of births, attended by skilled health personnel (disaggregated by area of residence).</li> <li># of Ri clinics in selected counties providing Basic Emergency Obstetric and neonatal Care.</li> <li># of country hospitals providing Comprehensive Emergency Obstetric and neonatal care.</li> <li># of medical professionals in selected counties trained in basic and comprehensive obstetric and emergency care including neonatal care.</li> <li># of pregnant women received 2 doses of TT vaccine in selected counties</li> </ul>	

<b><u>Description of Activities</u></b>	
<ul style="list-style-type: none"> <li>• Procurement of safe delivery and neonatal care package (see annexes for the contents of the package).</li> <li>• Procurement of blood and urine test equipment for pregnant women in selected counties (12,000 pregnant women/year x 2 years use)</li> <li>• Training on how to use blood and urine test for pregnant women at county level.</li> <li>• Orientation meeting on supportive supervision at the county level in maternal and child health care (role, responsibility, methodology, and indicator).</li> <li>• Distribution of a set of equipment to county and Ri level with fuel support according to the distribution plan.</li> <li>• Enhancement of knowledge &amp; practices on safe delivery and newborn care management at county and ri levels among doctors and midwives.</li> <li>• Development of a communication strategy based on Communication for Development (C4D) principles for family members, mothers and health care service providers to improve key caring practices.</li> <li>• Develop and print guidelines and reference book on antenatal care, safe delivery and essential newborn care for doctors.</li> <li>• Training of household doctors on essential newborn care and delivery management from Household doctor's packages and Guideline on essential new born care respectively at county and Ri levels.</li> <li>• Rehabilitation of delivery ward and neonate units at county hospitals.</li> <li>• Organize study tour within the country and abroad involving Provincial and county staff to see good practices.</li> </ul>	
<b>Financial requirement</b>	\$1,000,000
<b>Funding gap</b>	\$350,000



## Acronyms and Abbreviations

BCM	Beneficiary Contact Monitoring
CBS	Central Bureau of Statistics
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
CMB	Corn-milk blend
CSM	Corn-soya milk blend
DOTS	Directly Observed Treatment Short course
EMOC	Emergency Obstetric care
EMOP	Emergency Operation
ENC	Essential Newborns Care
EPI	Expanded Programme on Immunisation
EUPS	European Union Programme Support units
FAO	UN Food and Agriculture Organisation
FFCD	Food for Community Development
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunisation
GDP	Gross Domestic Product
GFATM	Global Funds to fight AIDS, Tuberculosis and Malaria
GFS	Gravity-fed water supply
GLP	Good Laboratory Practices
GMP	Good Manufactured Products
HHC	Household Doctor
IAEA	International Atomic Energy Agency
ICRC	International Committee of Red Cross
IEC	Information , Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
KECCA	Korean European Cooperation and Coordination Agency
MoCM	Ministry of City Management
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MDR	Multi-Drug Resistant Tuberculosis
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MNCRH	Maternal, Newborn, Child and Reproductive Health
MUAC	Mid-Upper Arm Circumference
NCC	National Coordination Committee
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NTP	National Tuberculosis Programme

## OVERVIEW OF NEEDS AND ASSISTANCE IN DPRK 2012

OCHA	UN Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Salt
PDS	Public Distribution System
PMDT	Programmatic Management of Drug Resistant TB
PR	Principle Recipient
QA	Quality Assurance
QC	Quality Care
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RFSA	Rapid Food Security Assessment
Ri	Korean terminology for village
RUTF	Ready to Use Therapeutic Food
RMB	Rice-milk blend
RTI	Reproductive Tract Infections
SAM	Severe Acute Malnutrition
SDC	Swiss Agency for Development and Cooperation
SHMA	State Hydro-Meteorological Administration
SOP	Standard Operating Procedures
TCP	Technical Cooperation Programme
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
UNOPS	United Nations Office for Project Services
UNSF	United Nations Strategic Framework
WASH	Water, Sanitation and Hygiene
WFP	UN World Food Programme
WHO	UN World Health Organisation



