

2016

# DPR KOREA NEEDS AND PRIORITIES

UNITED NATIONS AND PARTNERS / HUMANITARIAN COUNTRY TEAM /



# Democratic People's Republic of Korea



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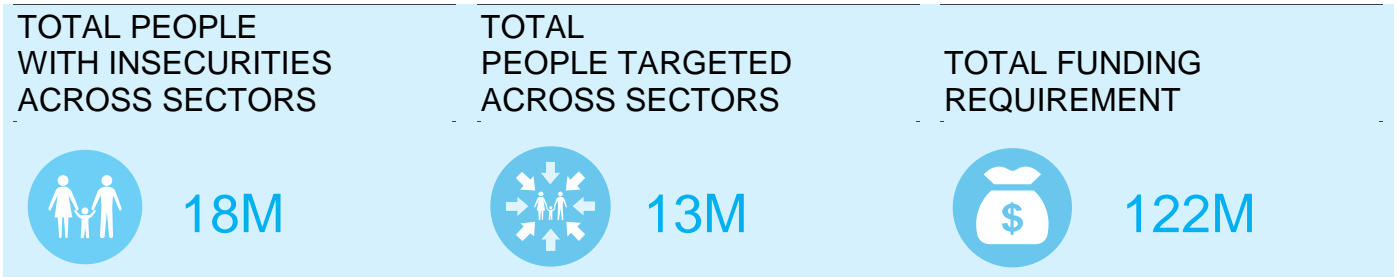
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**NEEDS AND PRIORITIES**

# AT A GLANCE



**STRATEGIC OBJECTIVE 1**  
 Ensure life-saving assistance meets the different needs of the most vulnerable people affected by disasters and the DPR Korea Government has the capacity to respond.

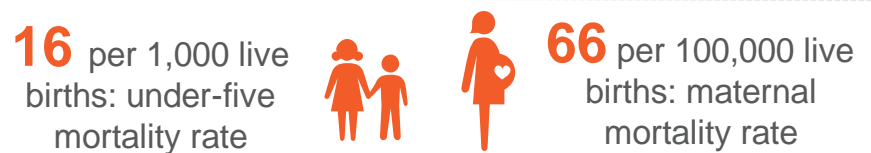
**STRATEGIC OBJECTIVE 2**  
 Ensure the most vulnerable people, particularly pregnant and lactating women and children have sufficient consumption of nutritious and therapeutic food.

**STRATEGIC OBJECTIVE 3**  
 Ensure the most vulnerable people, including children, women, and the elderly have access to basic health and water, sanitation and hygiene services.



of the population do not have access to clean water and adequate sanitation facilities

Source: Ministry of City Management, Central Bureau of Statistics, UNICEF, Water Assessment Survey 2013-14



Source: Socio-Economic, Demographic & Health Survey (2014)



## OVERVIEW OF

## THE SITUATION

The protracted humanitarian situation in the DPR Korea is largely forgotten on the global agenda. The country continues to suffer from food insecurity as well as limited access to health and water, sanitation and hygiene (WASH), resulting in chronic malnutrition and poor health outcomes. An estimated 18 million people are in need of some form of humanitarian assistance.

### Food insecurity

The Democratic People's Republic of Korea (DPRK) has experienced widespread food shortages since the mid-1990s. In spite of efforts to achieve agricultural self-sufficiency, the country does not produce enough food to feed its population. More than three quarters of the population remain food insecure and highly vulnerable to shocks.

The agriculture sector contributes up to 21 per cent (2011) of the gross domestic product (GDP) and is a major employer for a majority of DPRK's population. However, production is constrained by insufficient arable land; land degradation due to intensive cultivation without adequate landscape protective measures; a scarcity of quality seeds, fertilizers and pesticides; and recurrent dry spells. These factors leave the agricultural system vulnerable to adverse impacts of climate change as well as recurrent natural disasters, namely droughts and floods. In the absence of efforts to build resilient and adaptive capacities within the agriculture sector, crop production in DPRK will remain highly vulnerable to climate change-driven shocks.

By the end of 2015, the impact of drought over two consecutive seasons had severely affected crop performance. According to the 2015 Government Crop Production and Food Security Assessment, total production (in cereal equivalent) was 5.06 million tons. This is an overall 11 per cent reduction from 2014, with production losses across the provinces varying from a low of 9 per cent to as high as 51 per cent. Although the Public Distribution System (PDS) provides a daily food ration for the entire population, this has seldom reached the target level of 573g per person per day (an average figure only). Normally, the average ration falls significantly below the target due to the overall shortage of food in the country. The situation is further exacerbated by climatic variations and post-harvest losses.

The trend towards progressively more favourable crop production figures in the last decade belies DPRK's most

serious food security problem – the quality and diversity of the diet of its citizens. According to UN Food and Agricultural Organization (FAO)'s 2015 State of Food Insecurity report, the proportion of people undernourished in the total population is 41.6 per cent in 2014-16, compared to 35.5 per cent in 2005-07. According to the World Food Programme (WFP) 2014 mid-term project review, 81 per cent of households surveyed have inadequate food consumption.

According to the 2015 Global Hunger Index (designed to comprehensively measure and track hunger worldwide), DPRK has a score of 28.8, which is classified as "serious". From a population of 24.9 million, 70 per cent of DPRK's population, or 18 million people, are vulnerable to shortages in food production. Of particular concern is the fact that the majority of the population consumes 25 per cent less protein and 30 per cent less fat than required for a healthy life, according to international standards.

### Chronic and acute undernutrition

Malnutrition rates continue to be a public health concern with significant gaps remaining in nutritional intake, particularly affecting women and under-five children. Undernutrition is a major underlying cause of maternal and child mortality and morbidity in DPRK. The 2012 National Nutrition Survey states the chronic malnutrition (stunting) rate among under-five children in 2012 was 27.9 per cent, down from 32.4 per cent in 2009, while acutely malnourished (wasting) affects four per cent of under-five children in 2012, down from 5.2 per cent in 2009. More recent nation-wide nutrition data is not available.

Without treatment the likelihood of severely malnourished children surviving is low, with wasted children nine times more likely to die because of common childhood illnesses. Essential medicines and related therapeutic nutrition supplies are needed to treat severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) to avert preventable mortality.



Furthermore, 50 per cent of mothers do not have minimum dietary diversity. In addition to needing micronutrient supplementation to support development for the mother and child, they also need nutritional education to ensure optimum infant and young child feeding practices, specifically optimum breastfeeding and complementary feeding practices. This is in order to break the inter-generational cycle of undernutrition that exists.

Disasters also increase the number of people at risk of malnutrition, particularly children. During field assessments conducted in mid-2015 in South Hwanghae and North Pyongan, severe cases of SAM were observed, with children's heights and weights reported as minus 4 and minus 5 standard deviations from the norm (with typical reporting in DPRK being minus 2 to minus 3).

### Basic health care needs are not met

According to the 2014 Social and Demographic Health Survey (SDHS) supported by the United Nations Population Fund (UNFPA), significant progress has been achieved on a number of key indicators. For example, average life expectancy at birth rose to 72 years in 2014 (68 years for males and 76 years for females) from 69.3 in 2008. The maternal mortality ratio (MMR) declined over the same period, with the most up-to-date survey data indicating 66 per 100,000 live births, down from 87 in 2008, as well as the infant mortality ratio (IMR) down to 14 per 1,000 live births, from 23 in 2008.

However, health service delivery is still inadequate, with many areas of the country not equipped with sufficient facilities, equipment or medicines to meet people's basic health needs. While all people in DPRK have equal rights to access health care services free of charge, even with the increased Government commitment, funds allocated are not sufficient to cover even basic health needs.

While some improvements have been made, the quality of care and services in many health facilities still do not meet acceptable international standards. Availability of essential drugs, medical products and life-saving equipment are limited at most levels, posing a key constraint for health services. According to World Health Organization's (WHO) monitoring reports, gaps of an estimated 40 to 60 per cent exist in the provision of essential drugs and basic equipment in the 125 counties they support.

Under-five children (approximately 1.7 million) are particularly vulnerable to common illnesses, such as pneumonia and diarrhoea, which if not treated with proper vaccinations, vitamins, micronutrients, and essential medicines, can lead to death. High levels of malnutrition compound the situation, as they lead to overall poor health and reduced resistance to infection and disease. In addition, pregnancy-related complications and post-operative complications can lead to disability and death if not treated.

### Lack of access to safe drinking water and sanitation and hygiene services

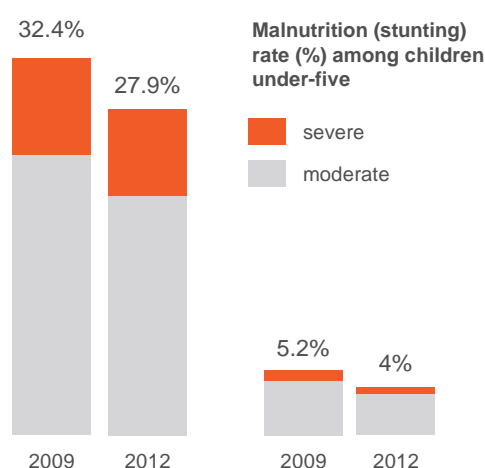
Access to clean water, sanitation and hygiene remains an ongoing challenge, especially for children in rural areas and those in institutions, such as nurseries, kindergartens and orphanages. Deterioration of water infrastructure, lack of resources to replace dilapidated facilities and constant power supply shortages continue to be fundamental challenges. Many health facilities do not have functioning water systems, which can cause an increase in hospital infection rates and further spread disease.

Lack of access to safe drinking water and adequate sanitation services contribute to higher incidence of diarrhoea, respiratory tract infections and waterborne diseases, further burdening health services. An estimated 20 per cent of the population does not have access to clean water and adequate sanitation facilities, with related challenges in terms of waste management. The main causes for non-functioning water schemes are lack of electricity, the condition of pumping equipment, or ageing and leaking pipe networks. While 77 per cent of households have access to piped water, only about 55 per cent of schools and health facilities are similarly covered, while for nurseries the figure is as low as 38 per cent. Shortages exist particularly at primary level health facilities in the rural areas, where children and women are most vulnerable.

### NATIONAL NUTRITION SURVEY OCTOBER 2012

**85%** of children under-24 months do not have minimum dietary diversity

**50%** of mothers do not have minimum dietary diversity



CHRONIC MALNUTRITION (stunting) (%) ACUTE MALNUTRITION (wasting) (%)

## Natural disasters

In addition to persistent humanitarian needs, DPRK faces recurring natural hazards, such as floods and droughts. According to the UN Office for the Coordination of Humanitarian Affairs' (OCHA) InfoRM, which measures the risk of a country to humanitarian crises and disasters and its capacity to respond, DPRK ranks eighth in the region in terms of hazards, vulnerability and coping capacity. Historical data shows that DPRK has been affected by natural disasters of varying severity most years. Between 2004 and 2015, over 5.6 million people have been affected by natural disasters.

In 2014-2015 eighteen months of abnormally dry weather affecting the country resulted in a drought. This affected 18 million people in PDS-dependent households vulnerable to food insecurity and malnutrition, including 1.7 million already-malnourished children and pregnant and lactating women. In the most affected areas, the combination of underlying vulnerability and the impact of the drought resulted in a 72 per cent increase on average in cases of diarrhoea from the previous year and a significant increase in malnutrition. Early crops harvested in June/July 2015 recorded a 21 per cent decrease on average in crop production. The drought has been cited as a contributing factor in the 11 per cent reduction in the main 2015 harvest.

In June 2015, the Government requested assistance from international agencies to respond to the drought through a reprioritization and/or expansion of existing programmes in the four most-affected provinces (South

Hwanghae, North Hwanghae, South Pyongan and South Hamgyong). Responding to a joint assessment conducted by humanitarian partners and the Government as well as data shared by the Government, humanitarian agencies immediately released in-country emergency stockpiles. UN agencies also provided assistance to 1.3 million people affected by the drought in the four most affected provinces, focusing on nutrition and WASH, funded through Central Emergency Response Fund (CERF) funding.

In the wake of the drought, heavy seasonal rainfall early in the month, followed by heavy rain from Tropical Cyclone Goni on 22-23 August 2015, caused severe flooding in southeastern and northern provinces of the country. More than 14,500 people were displaced, 1,500 homes destroyed and more than 4,000 hectares of crops lost, according to the State Committee for Emergency and Disaster Management (SCEDM). The greatest damage was recorded in Rason City, North Hamgyong Province. Following a joint assessment with the Government, humanitarian agencies distributed emergency assistance to 220,000 beneficiaries in Rason City.

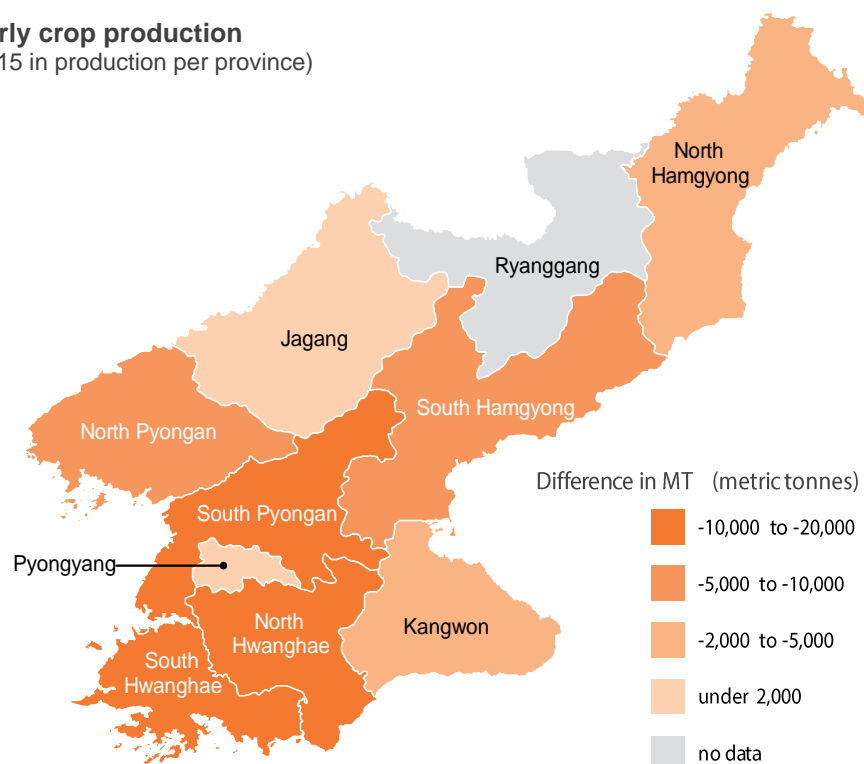
The magnitude, frequency, nature and impact of these hazards on communities require further systematic monitoring and support to build local capacities and increase readiness. A critical role for the humanitarian community is supporting the Government to build national capacity and enable authorities to increase readiness, particularly within the SCEDM.

### Impact of drought in early crop production

(Difference from 2014 to 2015 in production per province)

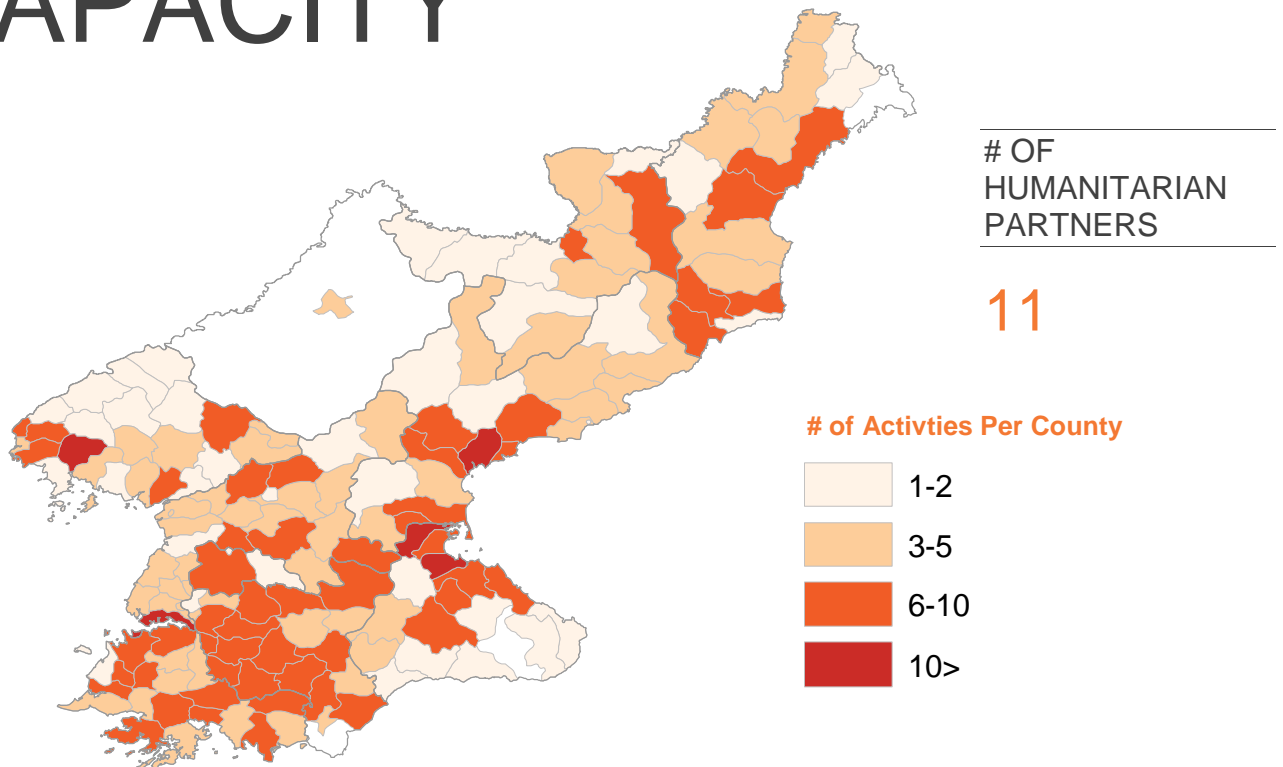
# -21.47%

% decrease in crop production from 2014 to 2015



## OPERATIONAL

## CAPACITY



Five UN agencies – FAO, UNFPA, UNICEF, WFP and WHO and four international NGOS - Premiere Urgence Internationale, Save the Children, Concern Worldwide, Deutsche Welthungerhilfe – have humanitarian programmes in DPRK. The International Federation of the Red Cross, supporting DPR KOREA Red Cross, as well as the Swiss Agency for Development and Cooperation and FIDA International are also present.

### Funding

Sustained provision of assistance and targeting of the most vulnerable sections of the population is critical to improving livelihoods. Any disruption in the provision of services can quickly reverse gains made. Essential to maintaining these programmes are continued and predictable funding. However, the reality is one of significant underfunding, with international assistance meeting only a small fraction of estimated priority needs. Donors have been reluctant to allocate resources to DPRK due to the politically sensitive context. Only a small number of donors are providing regular humanitarian funding.

Funding for agencies in DPRK has decreased substantially over the past decade, from US\$300 million in 2004 to \$40 million in 2015. As a result, agencies have been forced to significantly reduce assistance they provide. Critical needs of some of the most vulnerable

have not been met. A more sustainable funding pipeline is urgently required to ensure the immediate needs of the most vulnerable are addressed. Persistent underfunding severely affects agencies' ability to save lives and provide livelihood support.

### Sanctions

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

Agencies are also faced with delays in procurement, from additional requirements for licensing, to ensuring equipment or supplies are not on the sanctions list. Agencies have been working hard to overcome these challenges and continue operations.

International sanctions have also indirectly contributed to resistance among donors to provide funds to DPRK. Factors such as disruptions to fund transfers, as well as lengthy procurement processes and slow delivery of equipment and supplies has influenced donor's attitudes and decisions on the allocation of funding.



## STRATEGIC

## OBJECTIVES

The overall goal in DPRK is to support and reinforce national efforts to improve the wellbeing of the people, especially the most vulnerable, as well as to build their resilience.

To achieve this, the DPRK Humanitarian Country Team (HCT) has agreed the following strategic objectives for priority needs in 2016:



# 1

## Meeting life-saving needs

Ensure life-saving assistance meets the different needs of the most vulnerable people affected by disasters, and the DPRK Government has the capacity to respond.



# 2

## Improved nutritional outcomes

Ensure the most vulnerable people, particularly pregnant and lactating women and children have sufficient consumption of nutritious and therapeutic food, and that undernourished children are effectively treated and supported by optimal infant and young child feeding practices.



# 3

## Access to basic services

Ensure the most vulnerable people, including children, women, and the elderly have access to basic health and water, sanitation and hygiene services.

The overall goal of UN engagement in DPRK and the strategic objectives of its humanitarian assistance are seen as the best way to reduce humanitarian needs for the future. The protracted nature of the situation makes it difficult to delineate the boundaries between humanitarian and development interventions. The new UNSF 2017-2021 seeks to overcome this by developing a hybrid document, integrating both development and humanitarian considerations under a unified strategy.

However, there is still a need for focused planning, as outlined within this document, that details how humanitarian agencies are addressing persistent and underlying humanitarian needs. It comprehensively outlines humanitarian needs, funding requirements and the strategies to address them, and is updated on an annual basis.

## RESPONSE

# STRATEGY

In DPRK, external assistance continues to play an important role in safeguarding the lives of millions whose food security, nutritional status and essential health needs would otherwise be at risk. Without sustained humanitarian support, gains made in the past 10 years could be quickly reversed.

### Prioritization

Based on the severity of humanitarian needs, the UN's operational capacity, and prevailing external context, the UN has prioritized their operations to the vulnerable populations across the country. Prioritization has narrowed the focus to where the needs are most prevalent and where UN agencies can have the greatest impact. The most vulnerable groups are PDS-dependent households who have no access to alternative food sources (18 million people). This relates particularly to women and children, notably under-five children and pregnant and lactating women (2.4 million) who are at higher risk of malnutrition and susceptible to disease.

Assistance is delivered in a way that is highly targeted to reach intended beneficiaries. Programmes target the most vulnerable, such as pregnant and lactating women and under-five children, and deliver mostly through institutions such as schools, hospitals, orphanages, and cooperative farms. Assistance that is provided is tailored so that, by its nature, it will be used for its intended purpose. In the food sector, food commodities are targeted to the beneficiaries, such as fortified biscuits and cereals for children and are not consumed by the broader population. In the health sector, medical supplies that are procured are those that can only be used for their intended purpose.

### Works closely with the Government to address needs

Humanitarian partners work closely with the relevant Government authorities to ensure effective selection of beneficiaries, implementation, and monitoring of humanitarian operations. All activities are planned in consultation with the relevant ministries and national authorities. This includes working with the Government to set up appropriate processes and mechanisms for enhanced data collection and analysis and dissemination.

The HCT will continue to work with the relevant authorities to ensure they are given appropriate access to all the relevant ministries, agencies and bodies of the Government for effectively planning. Importantly, agencies will continue to advocate with the Government to

greater access to project sites as well as to the beneficiaries themselves.

### Optimizing impact through complementarity

A healthy, well educated, well-nourished population is a more resilient one. Complementarity plays an important role in ensuring the objectives of this plan are met in the most efficient way given the constraints. With a small presence in DPRK, UN agencies, as much as possible, seek to maximize the impact of their programmes through closely coordinating and harmonizing programmes. For example, provision of complementary nutritious food supplementation during critical life stages (early childhood and pregnancy), along with promotion of optimum infant and young child feeding practices and hygiene education, assists in reducing the levels of wasting in children, as well as reducing excess mortality and morbidity in this highly vulnerable subset of DPRK's population.

Agencies regularly discuss their planned interventions to avoid duplication and to maximize outcomes. For example, contents of health kits and other procured items, as well as treatment standards and training are all discussed and agreed among relevant partners. This approach ensures that the sustained humanitarian response addresses both the immediate needs of the population as well as the root causes of vulnerabilities in order to build resilience and sustainable livelihoods.

### Coordination

While the Government counterpart for UN agencies is the National Coordination Committee (NCC), the EUPS units and SDC work through the Korean European Cooperation Coordination Agency (KECCA). These arrangements mean that partnerships cannot function in the way they do in most other contexts, nor can NGOs be implementing partners for UN agencies.

Nonetheless, UN agencies, NGOs and other partners including IFRC, ICRC and the Swiss Agency for Development and Cooperation participate in weekly coordination meetings and in regular sectoral working groups. Together these agencies form the HCT when activated, in order to share information and coordinate

activities as much as possible. In responding to natural disasters, such as floods and drought, these agencies participate in joint assessment missions with the Government, when approved, and provide support to those affected.

### **Gender**

DPRK has made many achievements in the area of gender equality. However, key gender equality and women's empowerment issues persist. Many agencies have adopted gender mainstreaming strategies which include quotas for women beneficiaries and project staff, women-centered activities and targets for the participation of women in training and capacity building initiatives. Clearly articulating and implementing gender standards acts as a cornerstone for better understanding of gender roles and relations, and a necessary pathway towards understanding and addressing key gender equality issues. The HCT will continue its strong focus on gender by better identifying and responding to the

different experiences and needs of women, girls, boys and men through improved analysis, sex disaggregated data collection and monitoring. A sub-working group of agency gender focal points is being established to support and monitor gender mainstreaming efforts.

### **Advocating on humanitarian needs and requirements**

The HCT will continue with joint advocacy efforts for effective humanitarian action on behalf of those in need. The focus will be on achieving the objectives of the 2016 humanitarian strategy by raising awareness of humanitarian needs, applying a rights-based approach and helping to mobilize resources to implement humanitarian operations. A companion to this strategy is a Communications and Advocacy Strategy that is intended to ensure there is the necessary support in key sectoral areas to achieve humanitarian objectives.

## RESPONSE

## MONITORING

The international community continues to work with the Government to ensure more access to quality data and greater uniform access to the field to conduct assessments.

All agencies conduct regular monitoring and field visits to their programme sites and warehouses to ensure efficient management of resources and verification of data. Agencies only provide assistance where programmes can be monitored. There has been positive engagement on the issue of data and assessments with the Government, but data is still not consistently available, which can make identifying needs based on verifiable evidence difficult.

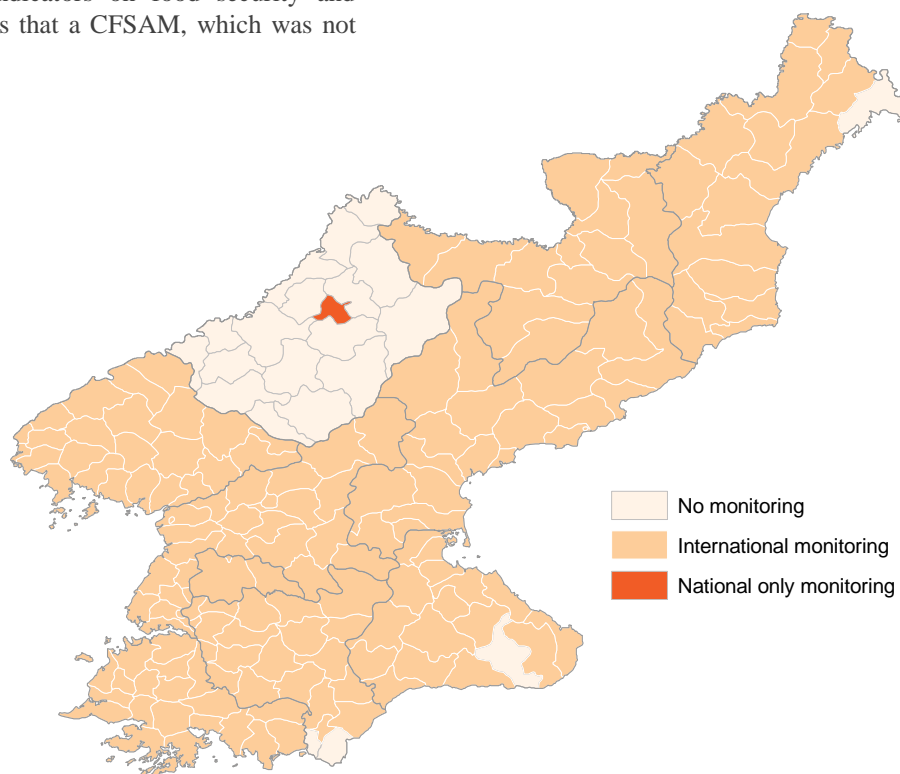
In 2016, results from the Food Security and Nutrition Assessment (FSNA) conducted by WFP and the Government in 2015 were released. In 2015, preliminary results from the Socio Economic Demographic Health Survey (SDHS), conducted in October 2014, were released and the detailed report will help track social, economic and demographic indicators. A national population and housing census is also planned for October 2018, which the UN will support. As an important source of data to inform programming, adequate preparation and resources will be required to ensure the census meets international standards. Furthermore, periodic Crop and Food Security Assessment Missions (CFSAMs) undertaken by the Government in collaboration with FAO and WFP are a key data source for indicators on food security and nutrition. The UN hopes that a CFSAM, which was not

possible in 2014 or 2015, will be undertaken in 2016. An update on the overall nutrition situation of children requires a national nutrition survey in the foreseeable future.

Obtaining and using accurate data is an essential element in all stages of programme design and implementation. The Government has agreed that timely access to relevant and accurate data will be provided, as necessary for the purpose of targeting beneficiaries, establishing baselines, and measuring progress in addressing the needs identified.

#### The following actions will be prioritized for 2016:

- Produce quarterly 3Ws (Who, What, Where), including information on monitoring access;
- Continue to undertake joint assessment, particularly after disasters, to identify needs and priorities;
- Continue to work with the Government on revising the rapid needs assessment methodology and assessment forms; and
- Ensuring any information collected is sex and age disaggregated.



SUMMARY OF

# NEEDS, TARGETS & REQUIREMENTS

PEOPLE WITH INSECURITIES ACROSS SECTORS



PEOPLE TARGETED ACROSS SECTORS



TOTAL REQUIREMENT



Sector*	Insecure people	People targeted	People Targeted by Sex & Age	
<p>Food Security</p>	18 million	1.4 million 52% female	8% of people targeted	7% <5 years (M) 8% <5 years (F) 41% >5 years (M) 44% >5 years (F)
<p>Nutrition</p>	6 million	2.9 million 64% female	48% of people targeted	33% <5 years (M) 35% <5 years (F) 3% >5 years (M) 30% >5 years (F)
<p>Health</p>	15 million	12.1 million 51% female	82% of people targeted	17% <5 years (M) 18% <5 years (F) 32% >5 years (M) 34% >5 years (F)
<p>WASH</p>	5 million	2.8 million 53% female	56% of people targeted	30% <5 years (M) 31% <5 years (F) 17% >5 years (M) 22% >5 years (F)
<b>Total</b>	18 million**	13 million** 51% female	72% of people targeted	30% <5 years (M) 32% <5 years (F) 19% >5 years (M) 19% >5 years (F)

\*\* Total figure is not the total of the column as the same people may appear several times.



# PART II: NEEDS AND PRIORITIES



**Food Security**



**Nutrition**



**Health**



**Water, Sanitation & Hygiene (WASH)**

FOOD INSECURE PEOPLE



18.0M

PEOPLE TARGETED



1.4M

REQUIREMENTS (US\$)



23.2M

# OF PARTNERS



7

FOOD SECURITY (INC. AGRICULTURE)

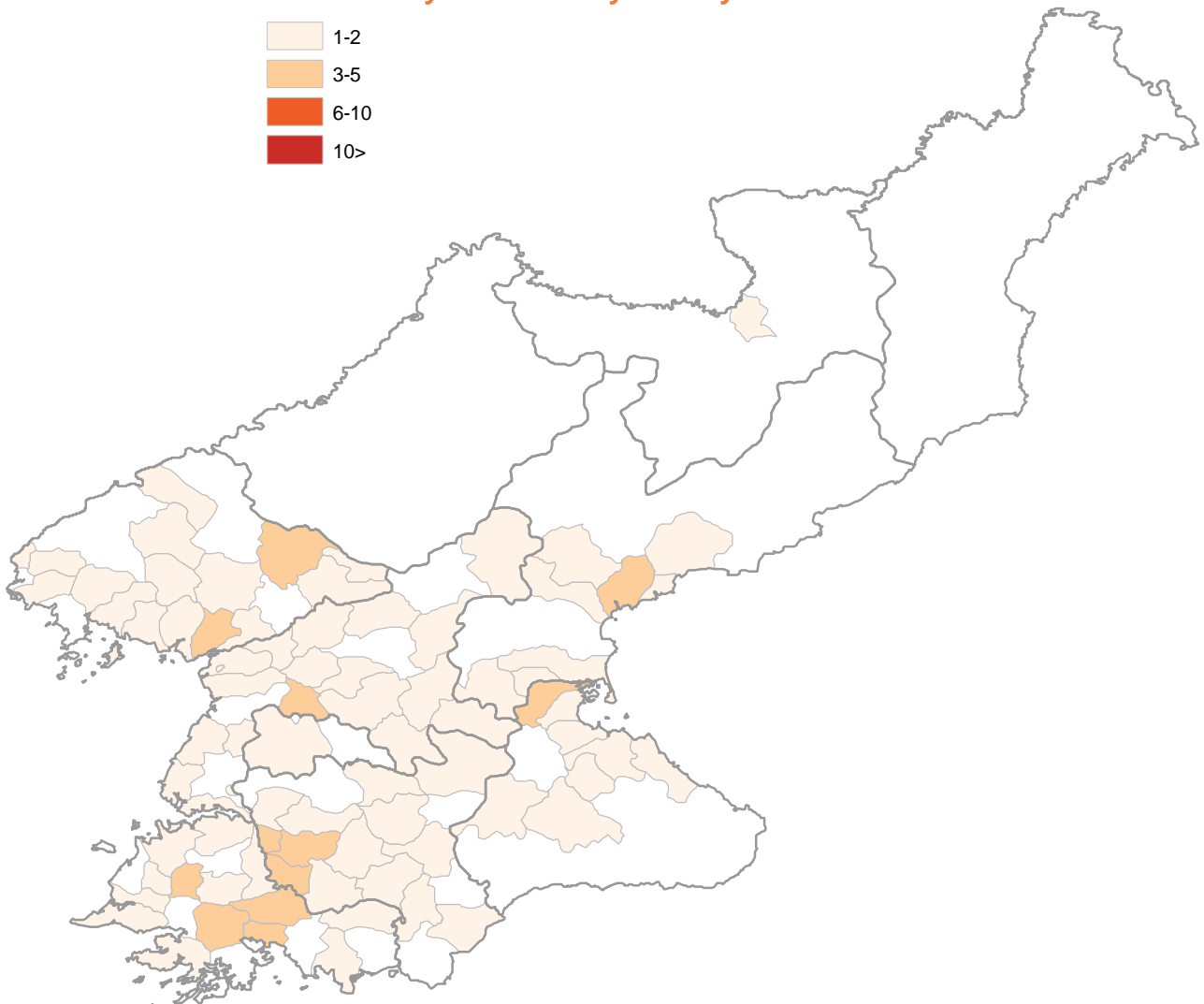
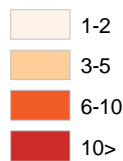


The Food Security and Nutrition sectors are working closely together to achieve the joint objective of improving the nutritional situation of people in DPRK.

Food security in DPRK is a critical need for more than 18 million who are highly vulnerable to shortages in food production. Of particular concern is the fact that the majority of the population consumes 25 per cent less protein and 30 per cent less fat than required for a healthy life, according to international standards. Some \$23.2 million is required to support 1.4 million people in the Food Security sector. These funds will be used to continue to support farmers in increasing agricultural production, focusing on nutritious foodstuffs.

For the Food Security sector, the focus for 2016 is on a holistic and proactive approach to addressing undernutrition in nine provinces through support to production and distribution of food as well as improving sustainable agricultural practices, including in land sloping management. These activities also include support for provision of agricultural inputs, such as fertilizer and seeds, small farming equipment, training and capacity building.

Food Security Activities by County



## NUTRITION



NUTRITION INSECURE PEOPLE



6.0M

PEOPLE TARGETED



2.9M

REQUIREMENTS (US\$)



54.7M

# OF PARTNERS



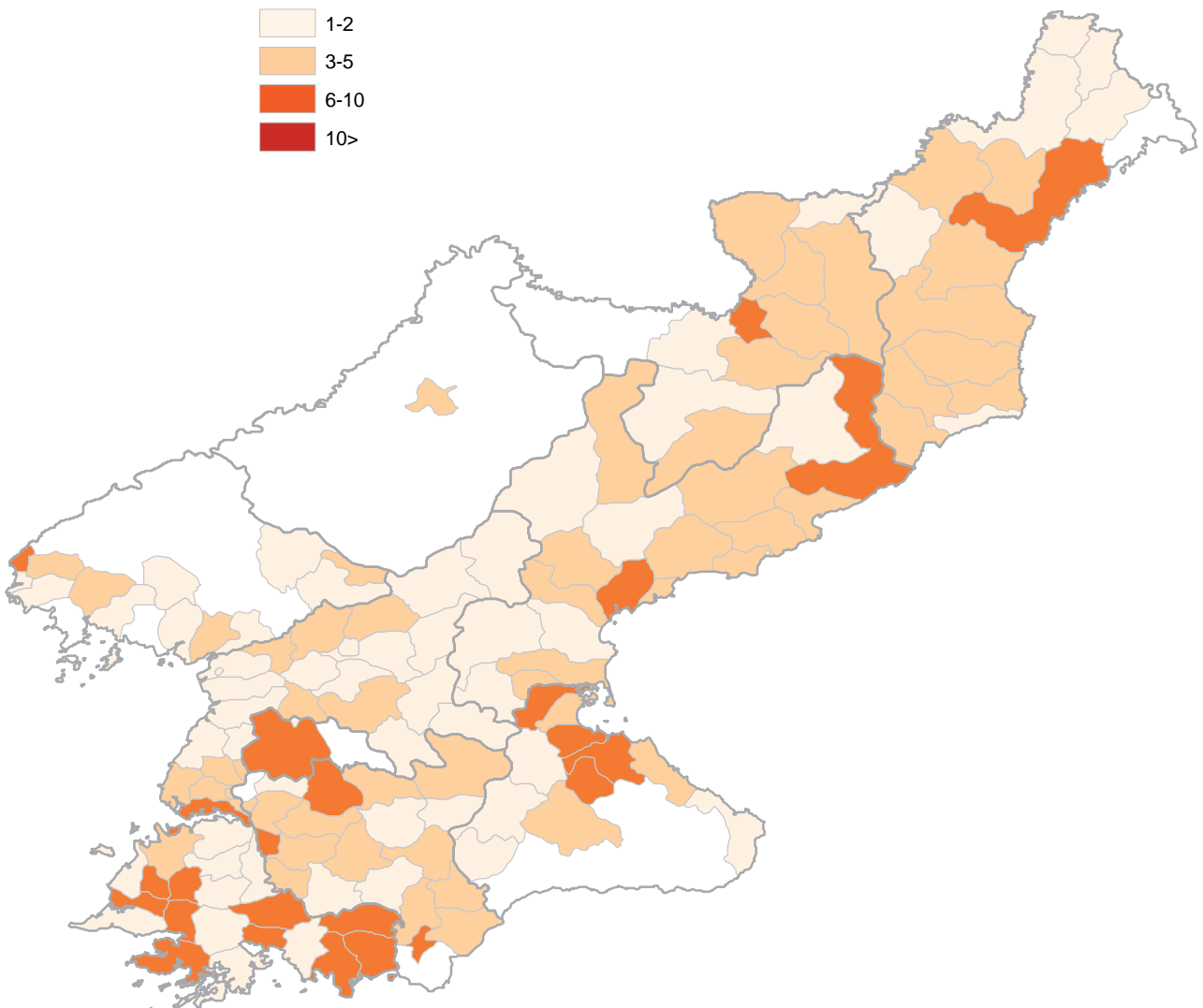
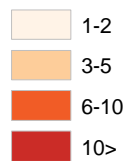
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The Food Security and Nutrition sectors are working closely together to achieve the joint objective of improving the nutritional situation of people in DPRK.

In 2016, the Nutrition sector will focus on a holistic and proactive approach to addressing malnutrition as well as undernutrition across all provinces. This will be undertaken through activities that focus on both preventative and immediate treatment of undernutrition and malnutrition. The approach is underpinned by the well-established and globally-proven '1,000 days' strategy, which states that the first 1,000 days of human life, from birth to two years old, are critical in laying the foundation for long term human development.

In Nutrition, almost \$54.7 million is required to support activities that seek to provide food supplementation as well as programmes in the management of acute malnutrition. These programmes target more than 2.5 million severely and moderately acute malnourished children, as well as around 500,000 pregnant and lactating women. Activities also include the promotion of life-saving optimum infant and young child feeding (IYCF) practices.

### Nutrition Activities by County



HEALTH INSECURE  
PEOPLE

15.0M

## PEOPLE TARGETED



12.1M

## REQUIREMENTS (US\$)



29.8M

## # OF PARTNERS



5

## HEALTH

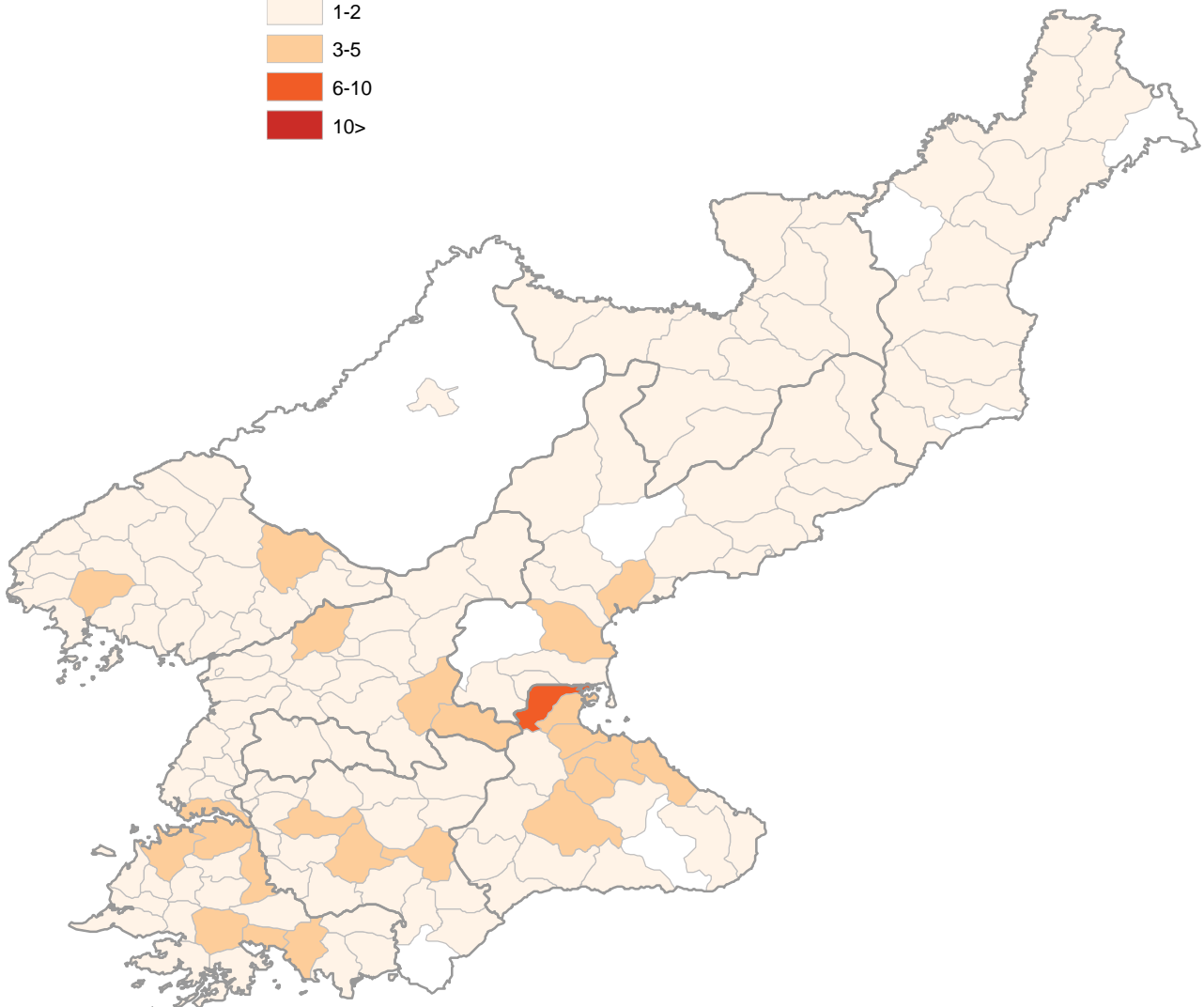
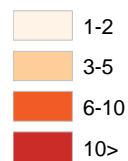


Health is one of the largest sectors of intervention in DPRK. Collaborative programmes range from action on major public health priorities, to maternal and child survival, including expanded programmes on immunization.

While all people in DPRK have equal rights to access health care services free of charge, even with increased Government commitment, funds allocated are not sufficient to cover basic health needs. Many areas of the country are not equipped with sufficient facilities, equipment or medicines to respond to the health needs of the population.

Approximately \$29.8 million is urgently required to enable agencies to procure essential lifesaving vaccines, medical equipment and medicines to address avoidable illness and death as well as maintaining children and women's access to basic health services. This also includes improved access to essential primary healthcare and strengthening of county level services. The overall health sector is targeting more than 12 million, mostly women and children, in all provinces, working with the Government and through the healthcare institutions at all levels.

## Health Activities by County



## WATER, SANITATION AND HYGIENE



WASH INSECURE PEOPLE



5.0M

PEOPLE TARGETED



2.8M

REQUIREMENTS (US\$)



13.9M

# OF PARTNERS



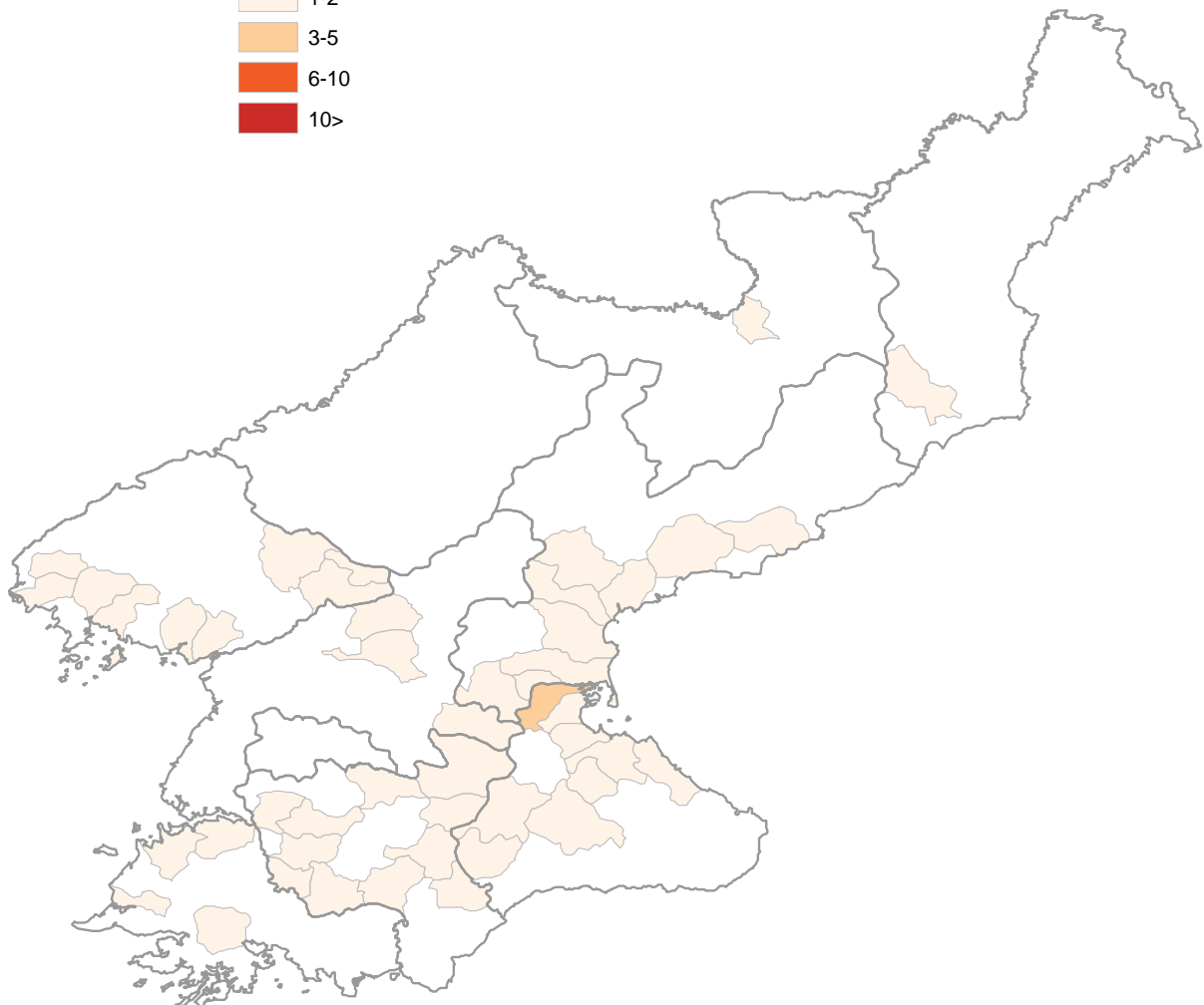
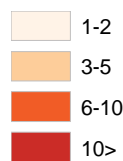
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Restoration of access to sustainable drinking water, as well as sanitation and hygiene services remains a priority to reduce the incidence of waterborne and other communicable diseases.

Support for access to proper water, sanitation and hygiene (WASH) is especially important for children in rural areas and those in institutions, such as nurseries, kindergartens and orphanages. Deterioration of water infrastructure, lack of resources and constant power supply shortages continue to be fundamental problems. Many health facilities do not have functioning water systems, which can cause an increase in-hospital infection rates and further spread disease.

The WASH sector requires some \$13.9 million to provide access to sustainable and safe drinking water and adequate sanitation to 2.8 million people. Programmes also focus on the installation of new water supply systems based on low-cost and sustainable gravity-fed water supply systems, as well as waste management. Funding is also needed for hygiene promotion activities and capacity building to improve hygiene practices.

### WASH Activities by County





# GUIDE TO GIVING

## CONTRIBUTING TO THE NEEDS AND PRIORITIES DOCUMENT



To review the country's Needs and Priorities and access contact information for participating organizations to make donations, please consult the following page:

<http://reliefweb.int/country/prk>

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

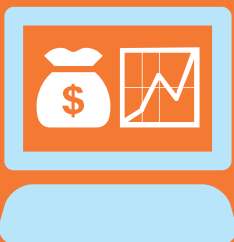


CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities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

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to [fts@un.org](mailto:fts@un.org) or through the online contribution report form at <http://fts.unocha.org>



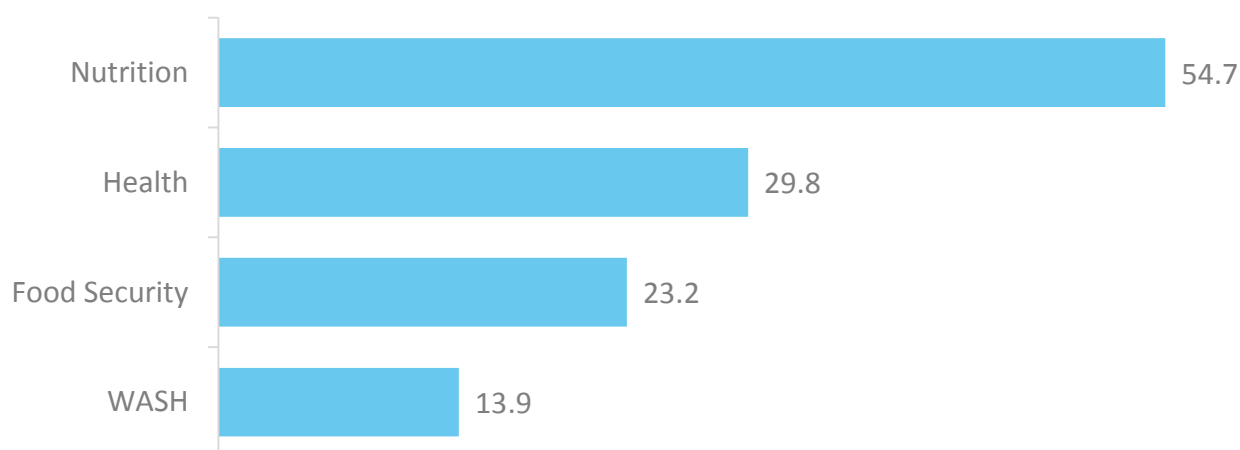
# PART III: ANNEXES

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1. Participating Organizations and Funding Requirements
  2. Activities by Sector
  3. What if? ...We Fail to Respond

## PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US\$)
WFP	46,242,070
WHO	20,000,000
UNICEF	18,000,000
FAO	9,260,000
International Federation of the Red Cross / DPRK Red Cross Society	4,531,338
EUPS 4 - Deutsche Welthungerhilfe	4,294,662
EUPS 2 - Save the Children	4,122,494
UNFPA	3,000,000
EUPS 1 - Premiere Urgence Internationale	2,324,004
EUPS 3 - Concern Worldwide	1,659,454
<b>TOTAL</b>	<b>121,734,022*</b>

## FUNDING REQUIREMENT BY SECTOR



\* This includes \$8.3 million that for FIDA and SDC that is fully funded.

## ACTIVITIES BY

## SECTOR

## FOOD SECURITY SECTOR

**FAO** targets more than 156,000 vulnerable people on 80 cooperative farms in eight provinces (Pyongyang, Kangwon, South Hamgyong, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan, and Nampo provinces). The priority is to provide farms with critical inputs that are essential for increasing production as well as raising crop productivity. Inputs include soybean seeds, vegetable seeds, small farm equipment and fertilizers/pesticides to increase protein-rich soybean and nutrient-rich vegetable production.

**Premiere Urgence Internationale** targets 18,226 beneficiaries in South Hwanghae Province to contribute to improvement of infantile nutrition through enhancement of production and distribution of foodstuffs as well as ensuring a regular distribution of soya milk rations and bread to nurseries and primary schools. Activities include improving the nutritional status of vulnerable rural and semi-rural households by supporting production and use of fodder and animal-sourced food.

**Save the Children** targets 70,000 beneficiaries in two provinces through food security programmes focusing on the prevention of stunting. It focuses on nutrition sensitive interventions and adopts a multi-sectoral approach. Activities include construction of greenhouses, food processing factories, waste-water treatment facilities, local production of agriculture products and nutrition education, many of which are undertaken in close partnership with the State Academy of Sciences.

**Concern Worldwide** is targeting 709,607 beneficiaries in four provinces (North Hwanghae, Kangwon, Pyongyang, South Hwanghae) to improve food security and access to nutritious food, through technical support and capacity building in the production of crops and vegetables, as well as food processing. Activities include

training on conservation agriculture, creation of greenhouses, promotion of kitchen gardens and development of tree nurseries

**Deutsche Welthungerhilfe** supports 22,650 beneficiaries in five provinces (North Pyongan, South Pyongan, Pyongyang, Kangwon, North Hwanghae) to ensure access to food by support for vegetable, legume and grass seed production as well as in land sloping management.

**DPRK RCS** provides technical and infrastructure support to communities by assisting them to diversify their livelihoods and reduce exposure to food insecurity. Programme targets people suffering from malnutrition, people with inadequate food and people with low income. Key activities include sustainable and diversified food production through agro-forestry techniques, greenhouse vegetables, mushroom production facilities, food processing facilities and tree seedling production.

**SDC** supports 10,000 beneficiaries in two provinces (North Hwanghae, Kangwon) through the promotion of ecologically sustainable, economically viable and socially beneficial management of sloping land. Activities support improving soil fertility to prevent soil erosion. The importance of protecting and managing sloping land properly has been gaining momentum in DPRK since the 2000s, particularly as the country is mostly covered by mountains and hilly areas.

**FIDA International** targets 65,000 beneficiaries in Kangwon Province through stabilization of food production. The focus is to contribute to greater food security by contributing to clean seed potato production chain from basic seed to multiplication of food potato.

## NUTRITION SECTOR

**UNICEF** will continue to expand nutrition programmes aiming to treat at least 30,000 children affected by SAM and 70,000 children affected by MAM with medical complications in all provinces. UNICEF plans to reduce the gap in micronutrient supplementation, as well as scale up community infant and young child feeding counseling services targeting 1.2 million under-five children.

**WFP's** food assistance targets 1.5 million children and women in 87 counties in nine provinces (Rygang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan, Nampo provinces) aiming to reduce hunger and address undernutrition. Fortified blended foods (biscuits and cereals) are locally produced in six factories around the country and provided to children in institutions and to pregnant and nursing women.

## HEALTH SECTOR

**UNICEF** supports provision of basic vaccines nationwide and essential medicines in seven provinces (Pyongyang, North Hwanghae, South Hwanghae, Kangwon, North Hamgyong, Ryanggang, Nampo provinces), targeting 11 million people. UNICEF provides emergency maternal and neonatal care, provision of vitamin A and deworming tablets for under-five children, as well as provision of raw materials for the production of oral rehydration salts. UNICEF also invests in capacity building for health care workers.

**WHO** supports provision of essential life-saving drugs to all provincial maternity hospitals, provincial paediatric and county hospitals, targeting six million women and children. These county hospitals receive basic life-saving equipment for sick newborns and their mothers, including provision of drugs, blood transfusion services and equipment to protect 120,000 pregnant women and their newborns from life-threatening conditions at birth, as well as providing treatment for 45,000 children with severe pneumonia, diarrhoea and other complications. WHO undertakes training and provides guidelines to doctors, nurses and midwives to WHO standards.

**UNFPA** focuses on increasing access to quality reproductive health services to ensure safe motherhood and improved survival rates of newborns through the provision of essential medicines and equipment. This is complimented with training of midwives, supporting maternal death surveillance and development of training materials on reproductive health-related issues. UNFPA continues to support a pilot cervical cancer screening and

treatment programme in two provinces (South Pyongan, South Hamgyong provinces), making cervical cancer screening and treatment services available to almost 2 million women of reproductive age.

**Premiere Urgence Internationale** is targeting 13,925 people in South Hwanghae Province to improve access to basic health care for rural populations by supporting four Ri clinics to improve compliance with hygiene standards and better care conditions. Activities include rehabilitation of health centres, provision of medical equipment and supplies, as well as training of health and medical staff.

**Save the Children** partners with the Ministry of Public Health to upgrade two hospitals and three Ri clinics in South Hamgyong Province, benefiting around 194,000 beneficiaries. This includes renovation of the healthcare institutions as well as procurement of equipment. Save the Children will focus on capacity building initiatives with doctors through three week residential trainings.

**DPRK RCS** contributes through health institution building programmes, such as the Essential Medicines programme, the Volunteer Non-Remunerated Blood Donor programme and the training of Household doctors and nurses, supporting the concept of universal health care. Meanwhile the CBHFA programme, implemented as a key element of the overall Integrated Programme, focuses on building capacity and skills at the community level to support families and individuals in leading healthy lives.

## WASH SECTOR

**UNICEF** will continue to provide access to safe drinking water through gravity-fed water supply systems to reach 127,000 people in four provinces (Kangwon, North Pyongan, South Hamgyong and North Hwanghae). Programmes will focus on nationwide promotion of hygiene and sanitation to reduce diarrhoea, particularly in those communities underserved by piped water. They will provide WASH supplies, including emergency WASH kits and continue advocacy programmes.

**Save the Children** will continue its programmes in two provinces (Kangwon, South Hamgyong) to provide clean water supply as well as setting up gravity-fed water systems and piping to households benefiting over 120,000 beneficiaries. Priority will be given to health and child care institutions in these provinces.

**Concern Worldwide** is targeting over 709,000 beneficiaries in two provinces (Kangwon, North Hwanghae) focusing on sustainable water supply, sanitation for households and institutions, hygiene promotion and capacity building. The programme aims to improve nutrition and health through the reduction of

waterborne disease.

**Deutsche Welthungerhilfe** targets almost 60,000 beneficiaries in two provinces (North Pyongan, Kangwon) providing access to safe drinking water through wastewater treatment and reclamation, as well as provision of sanitation services and flood management.

**DPRK RCS** focuses on the construction of new water supply systems and appropriate sanitation facilities, technical training on their maintenance and operation together with increased hygiene promotion for 6,400 families in eight communities across DPRK.

**SDC**, in cooperation with the Ministry of City Management, supports capacity building, including protection of water sources, water treatment and analysis, as well as photovoltaic solar energy for water pumping, food preparation and hygiene, decentralized wastewater systems and waste disposal, extension of gravity fed system and improved sanitation in the rural areas. These programmes will work in two provinces (Kangwon and North Hwanghae) targeting 30,000 people.



# WHAT IF ...WE FAIL TO RESPOND

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## VULNERABLE GROUPS ARE AT A HIGHER RISK OF MALNUTRITION

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Without sustained and predictable support for targeted food assistance programmes, as well as therapeutic nutrition and micronutrient supplementation, an estimated 2.4 million women and under-five children will be at high risk of illness and death. Inadequate nutritious food consumption, particularly at critical life stages, can lead to poor fetal growth and stunting in the first two years of life leading to irreversible physical and cognitive damage. Without targeted therapeutic food assistance the survival of 60,000 severely malnourished and 150,000 moderately malnourished (with complications) children will be in jeopardy.

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## PEOPLE FACE INCREASED FOOD INSECURITY

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At least 70 per cent of the population, or 18 million people, rely on the PDS for food, which is vulnerable to fluctuations in production. Agricultural productivity is hampered by a lack of agricultural inputs, low productive land and irrigation and low mechanisation. Without livelihoods assistance in order to increase agricultural productivity and post-harvest losses, around 18 million PDS-dependent people are at risk of increased food insecurity and vulnerable to health issues, particularly disease and malnutrition.

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## MORTALITY AND MORBIDITY RATES INCREASES

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Deterioration in the nutritional status of those most vulnerable can result in higher rates of acute and chronic malnutrition. Humanitarian partners support an integrated programme to provide life-saving services through targeted nutrition and health care programmes for vulnerable mothers and children. Without sufficient access to quality health care 6 million children (under-18) are at higher risk of death due to common conditions such as pneumonia, diarrhoea and other waterborne diseases. Furthermore, failure to support the national health system risks the lives of more than 360,000 pregnant women from pregnancy-related complications.

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## UNSAFE WATER AND INADEQUATE SANITATION WILL EXPOSE THOUSANDS TO DISEASE

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Access to clean water and safe sanitation combined with hygiene education work together to reduce the incidence of diarrhoea and other diseases. Without support, over 5 million people will not have access to safe water, hygiene and basic sanitation. Restoration of access to sustainable safe drinking water remains a priority to prevent the spread of waterborne diseases, particularly in flood risk areas, as well as in hospitals and schools.

