

# DPR KOREA NEEDS AND PRIORITIES 2020

HUMANITARIAN  
PROGRAMME CYCLE  
**2020**

ISSUED APRIL 2020



# About

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The 2020 Needs and Priorities plan is consolidated by OCHA on behalf of the Humanitarian Country Team (HCT). It provides a shared understanding of the protracted humanitarian situation, including the most urgent humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

This document was developed based on the needs analysis prior to the novel coronavirus pandemic. While the assessed people in need are reflected herein, the indirect humanitarian impacts of COVID-19 on the most vulnerable will be assessed and reflected in the COVID-19 Global Humanitarian Response Plan, a Strategic Preparedness and Response Plan and a humanitarian needs and response document.

*The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.*

## PHOTO ON COVER

Nursery, South Hamgyong province, DPR Korea,  
October 2017. Photo: WFP/Sven Thelin.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

[www.reliefweb.int/country/prk](http://www.reliefweb.int/country/prk)

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## Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

[www.humanitarianresponse.info/en/  
operations/dpr-korea](http://www.humanitarianresponse.info/en/operations/dpr-korea)



Humanitarian InSight is the public portal of the Humanitarian Programme Cycle (HPC) – the approach that the humanitarian community takes together to coordinate an effective humanitarian response – by assessing needs, formulating response plans, raising funds and monitoring and evaluating our progress.

<https://www.hpc.tools>



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org>

# Table of Contents

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|    |  |    |  |
|----|--|----|--|
| 05 | <b>Foreword by the Resident Coordinator</b>  | 35 | <b>Part 3: Sectoral Objectives and Response</b>  |
| 06 | <b>Response Plan Overview</b><br>Response by Strategic Objective<br>Needs and Planned Response<br>2020 Key Figures<br>Historic Trends<br>2019 Year in Review             |    | Overview of Sectoral Response<br>Food Security & Agriculture<br>Nutrition<br>Health<br>Water, Sanitation & Hygiene                       |
| 14 | <b>Context of the Protracted Humanitarian Situation</b>  | 46 | <b>Part 4: What if We Fail to Respond?</b>   |
| 17 | <b>Part 1: Strategic Response Priorities</b><br>Humanitarian Consequences Prioritized for Response<br>Response by Strategic Objective<br>Operational Capacity and Access | 48 | <b>Part 5: Annexes</b><br>Participating Organizations & Funding Requirements<br>Activities<br>How to Contribute<br>Acronyms<br>End Notes |
| 33 | <b>Part 2: Monitoring and Accountability</b><br>Monitoring   |    |  |

**UNRYUL COUNTY, DPRK**

An elderly woman and two boys in a Unryul County Nursery, South Hwanghae province, July 2018. Photo: OCHA/Anthony Burke.



# Foreword by the UN Resident Coordinator a.i.

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The people of the Democratic People's Republic of Korea (DPR Korea) remain caught in a protracted cycle of humanitarian need that, notwithstanding tense geopolitical dynamics, necessitates prioritization and action from the global community. The 2020 Needs and Priorities plan targets the provision of humanitarian assistance to 5.5 million people most in need, for which humanitarian partners in DPR Korea are appealing for a total of \$107 million to provide life-saving assistance. This response plan has been developed by humanitarian agencies, under the globally adopted enhanced Humanitarian Programme Cycle (HPC) approach, and has strictly prioritized the provision of comprehensive support to those most vulnerable, namely children under-five and pregnant and lactating women. The enhanced Humanitarian Programme Cycle approach has been applied for the calculation of the sector-level and overarching people in need (PiN) figures. Consequently, the PiN in 2020 is 10.4 million, taken from the largest sector caseload in nutrition, decreasing from the 10.9 million in 2019.

In-country humanitarian operations in DPR Korea are a critical lifeline for millions of people in this protracted humanitarian situation. Notably, 10.1 million people suffer from food insecurity and are in urgent need of food assistance. Food insecurity in the country is driven by a lack of access to modern agricultural equipment and techniques; and is amplified by recurrent natural disasters and the impacts of climate change. The prevalence of under-nutrition and malnutrition are a major concern for communities in DPR Korea. An estimated 10.4 million people are in urgent need for nutrition support, threatening a generation of children with reduced development and life opportunities. In addition to food insecurity and malnutrition, needs analysis data for the upcoming year reveals continued and acute humanitarian need across other sectors, including access to quality and essential health services, clean water and sanitation. Lack of access to safely-managed drinking water and adequate sanitation facilities further contribute to the malnutrition rates, placing women and children at a higher risk of illness and death. Currently, an estimated 8.4 million people lack access to safely-managed drinking water services. In addition to the 2020 Needs and Priorities plan, the Humanitarian Country Team, in conjunction with the Government, has developed a Country Strategic Preparedness and Response Plan (SPRP) for COVID-19 and aims to ensure that indirect humanitarian impacts of COVID-19 on vulnerable people and communities are mitigated through the continual prioritization of food security, nutrition, health, water, sanitation and hygiene interventions, and are covered therein. Despite the presence of health facilities through DPR Korea, there

are critical shortages in essential medical equipment and life-saving medicines. The needs analysis further outlines that more than 8.7 million people have limited access to quality health services.

I take this opportunity to commend all humanitarian agencies for their commitment and dedication to providing critical life-saving services to the most vulnerable, despite the operational challenges and delays, some of which are the broader unintended consequences of the sanctions imposed on the country. In addressing humanitarian needs in 2019, donors support for UN agencies and INGOs allowed humanitarian partners to reach 2.5 million people with humanitarian aid. International monitoring of aid reaching recipients was central to humanitarian programming and evaluated that 66 per cent of the people targeted with assistance were reached with some form of aid. Importantly, 94 per cent of the targeted children under-five were reached with necessary assistance, however, their needs could not be fully covered due to insufficient funding. Low levels of funding further imposed the need for humanitarian partners to scale back their programmes, while others were forced to terminate their programmes and presence in DPR Korea.

I am deeply grateful for the continued support that we have received from donors in addressing humanitarian needs in DPR Korea, including from the Central Emergency Relief Fund (CERF). However, increased funding is needed to make a sustainable impact on the lives of the most vulnerable people in the country. Without the necessary support, we risk losing the advances we have made in recent years. If we are to limit and mitigate the impact of food insecurity of the most vulnerable in the country, including women and children, the time to act is now. I urge all potential donors and stakeholders to distinguish between broader geo-political considerations on the one hand, and the urgent humanitarian needs of everyday communities in the country on the other. Their support to the 2020 Needs and Priorities plan will be vital and is the only way to enable all humanitarian agencies to provide life-saving humanitarian assistance to people with acute vulnerabilities.



**Frode Mauring**

UN Resident Coordinator a.i. in DPR Korea

\* In September 2019, Tropical Cyclone Lingling made landfall as a Category One cyclone and had an amplified impact on a population that was already vulnerable, with a significantly reduced ability to recover from sudden shocks and breaks in the food and nutrition supply lines.

# Response Plan Overview

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|----------------|-----------------|---------------------|----------------------|
| <b>10.4M</b>   | <b>5.5M</b>     | <b>107M</b>         | <b>10</b>            |



Response priorities for DPRK continue to focus on food insecurity, undernutrition and improved access to basic services, such as health, water, sanitation and hygiene. In 2020, UN agencies and humanitarian partners are requesting approximately \$107 million to target an estimated 5.5 million people with humanitarian assistance. As per the enhanced Humanitarian Programme Cycle approach, applied to calculating the sector-level and over-arching people in need (PiN) calculation, the PiN decreased from 10.9 million in 2019 to 10.4 million in 2020. There is a 45 per cent increase in the number of people targeted with assistance, which went from 3.8 million in 2019 to 5.5 million in 2020 due to the WHO coverage expansion to children

under 15, while the medical modality will be less costly. In 2019, WHO targeted only children under-five and adults. Nutrition, food security and agriculture will remain key response priorities. Lack of access to safely managed drinking water, adequate sanitation facilities and health services contribute to a cycle where the health and wellbeing of vulnerable populations are compromised. Therefore, humanitarian interventions will continue to focus on women and children, in particular, children under-five and pregnant and lactating women who together represent nearly 40 per cent of the total number of people targeted. To address the humanitarian consequences for the most vulnerable people, in particular those residing in Jagang, Kangwon,

North and South Hwanghae provinces and Nampo municipality, the Humanitarian Country Team formulated the following strategic objectives:

- 1) Reduce morbidity and mortality from malnutrition of the most vulnerable people with an integrated, community-based, multi-sectoral approach and improve equitable access to quality essential health services;
- 2) Reduce preventable mortality and morbidity, improve quality of life and basic living standard through equitable safely managed water, sanitation and hygiene services; and,
- 3) Build the resilience and improve the food security of the vulnerable people and communities affected by the impacts of climate change and natural disasters.

The strategic objectives were developed in complementarity with the Strategic Framework for Cooperation between the United Nations and the Democratic People's Republic of Korea (2017-2021) identifying four strategic priorities which the UN seeks to address at the country level, working in support of Government programmes, namely: 1. Food and Nutrition Security; 2. Social Development Services; 3. Resilience and Sustainability; and, 4. Data and Development Management. [1]

The response plan reflects the HCT's current operational environment, although agencies' capacity to reach those identified in the plan with a full package of assistance will remain contingent on adequate and timely funding.

**RYANGGANG PROVINCE, DPRK**  
*Nursery in Ryanggang province.*  
Photo: WFP/Diego Fernandez.



## 1.1 Response by Strategic Objective

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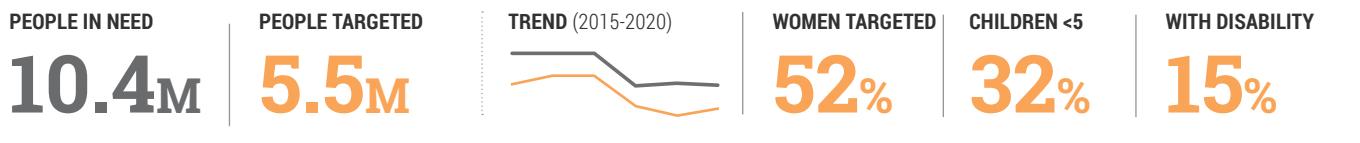
The goal of humanitarian assistance in DPR Korea is to address the needs of those most vulnerable in local communities, through providing access to basic health, water, sanitation and hygiene services, and support households, schools and health facilities to cope with the stresses of prolonged food insecurity and malnutrition.



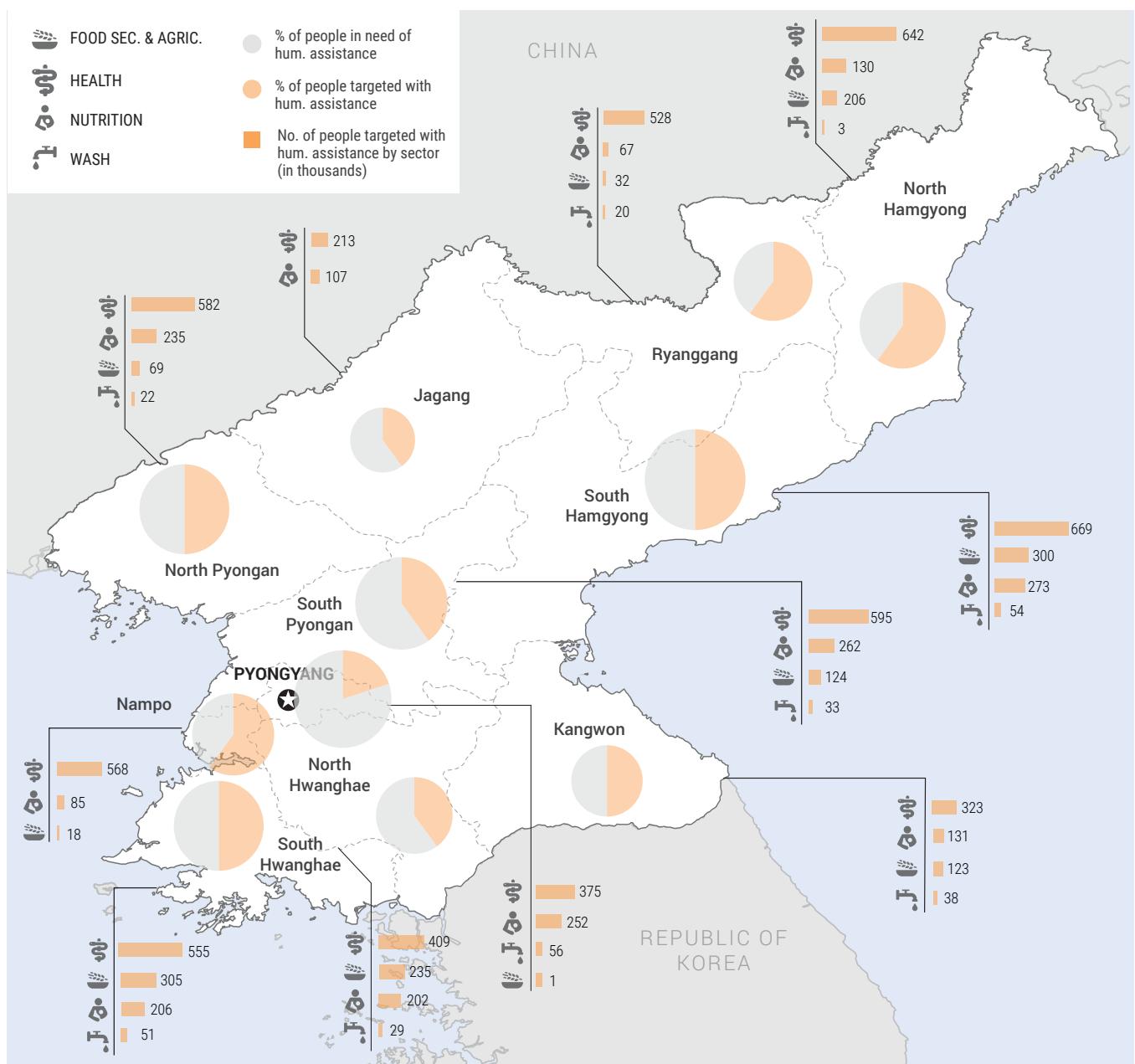
**SINCHON COUNTY, DPRK.** Farmers preparing land for maize in Sinchon County, South Hwanghae Province. Credit: WFP/James Belgrave.

| #          | STRATEGIC OBJECTIVE  | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|------------|--|----------------|-----------------|---------------------|
| <b>S01</b> | Reduce morbidity and mortality from malnutrition of the most vulnerable people with an integrated, community-based approach and improve equitable access to quality essential health services. | <b>10.4 M</b>  | <b>5.5 M</b>    | <b>\$70.5 M</b>     |
| <b>S02</b> | Reduce preventable mortality and morbidity, improve quality of life and living standards through equitable access to safely managed water, sanitation and hygiene services.                    | <b>8.4 M</b>   | <b>0.3 M</b>    | <b>\$7.4 M</b>      |
| <b>S03</b> | Build the resilience and improve the food security of the most vulnerable people and communities by the impacts of climate change and natural disasters.                                       | <b>10.1 M</b>  | <b>1.3 M</b>    | <b>\$28.9 M</b>     |

## 1.2 Needs and Planned Response



**Democratic People's Republic of Korea Overview Map**  
PiN vs targeted beneficiaries by sector and by province (%)



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## 1.3 2020 Key Figures

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### Humanitarian Response by Gender and Age

|                          | TOTAL                |                  |  | BY SEX & AGE             |                          | UNDER 5                |                        | OVER 5                   |                          |
|--------------------------|----------------------|------------------|--|--------------------------|--------------------------|------------------------|------------------------|--------------------------|--------------------------|
| SECTOR                   | PEOPLE IN NEED (PIN) | PEOPLE TARGETED* | % OF PIN TARGETED  | MALE                     | FEMALE                   | MALE                   | FEMALE                 | MALE                     | FEMALE                   |
| FOOD SECURITY AND AGRIC. | 10,075,568           | 1,338,091        | 13%           | 632,590<br>47%           | 705,501<br>53%           | 66,403<br>5%           | 72,842<br>5%           | 566,187<br>42%           | 632,659<br>47%           |
| NUTRITION                | 10,429,535           | 2,024,995        | 19%           | 904,271<br>45%           | 1,120,724<br>55%         | 800,000<br>40%         | 800,000<br>40%         | 104,271<br>5%            | 320,724<br>16%           |
| HEALTH                   | 8,652,072            | 5,459,159        | 63%           | 2,620,396<br>48%         | 2,838,763<br>52%         | 825,600<br>15%         | 894,400<br>16%         | 1,794,796<br>33%         | 1,944,363<br>36%         |
| WASH                     | 8,438,100            | 306,847          | 4%           | 147,519<br>48%           | 159,328<br>52%           | 14,456<br>5%           | 15,161<br>5%           | 133,062<br>43%           | 144,167<br>47%           |
| <b>TOTAL*</b>            | <b>10,429,535</b>    | <b>5,459,159</b> | <b>52% </b> | <b>2,620,396<br/>48%</b> | <b>2,838,763<br/>52%</b> | <b>825,600<br/>15%</b> | <b>894,400<br/>16%</b> | <b>1,794,796<br/>33%</b> | <b>1,944,363<br/>36%</b> |

\*Total figure is not the total of the column as it accounts for double counting.

### Financial Requirements by Sector

Requirements v Funded (US\$ millions)



### Humanitarian Response for Persons with Disability

| GENDER  | IN NEED | TARGETED | % TARGETED |
|---|---------|----------|------------|
|  Persons with disabilities | 1.6 m   | 0.8 m    | 50%        |

## 1.4 Historic Trends

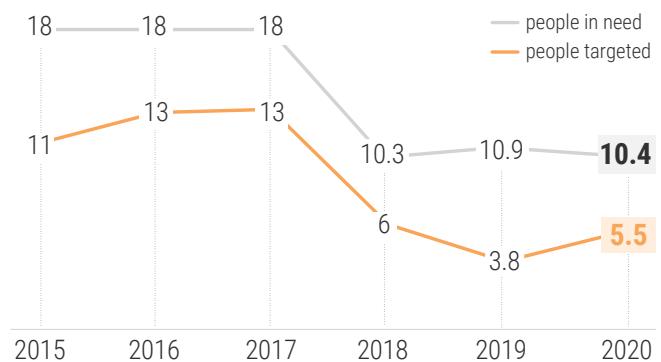
Humanitarian activities in DPRK have been critically underfunded over the last decade and the needs of the most vulnerable people, women and children in particular, have not been met.

The 2019 Needs and Priorities plan was only 27 per cent funded at \$32.9 million, being the lowest in amount and the third lowest in percentage globally. As a result, several agencies have already been forced to scale back their programmes.

Without adequate funding in 2020, it is near-inevitable that some humanitarian partners will have to close projects that serve as a lifeline for millions of people.

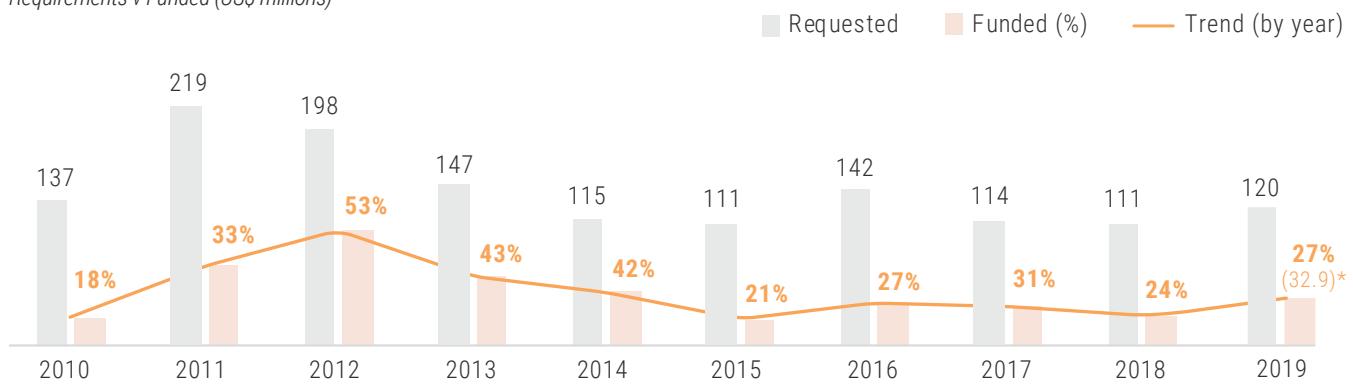
### Trend of People in Need and Targeted (2015 - 2020)

*In millions of people*



### Financial Requirements (2010 - 2019)

Requirements v Funded (US\$ millions)



| YEAR OF APPEAL | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | FUNDING RECEIVED | % FUNDED |
|----------------|----------------|-----------------|---------------------|------------------|----------|
| 2015           | 18 m           | <b>11 m</b>     | <b>111 m</b>        | 23.4 m           | 21%      |
| 2016           | 18 m           | <b>13 m</b>     | <b>142 m</b>        | 37.9 m           | 27%      |
| 2017           | 18 m           | <b>13 m</b>     | <b>114 m</b>        | 35.4 m           | 31%      |
| 2018           | 10.3 m         | <b>6 m</b>      | <b>111 m</b>        | 32.5 m           | 29%      |
| 2019           | 10.9 m         | <b>3.8 m</b>    | <b>120 m</b>        | 32.9 m*          | 27%      |
| 2020           | 10.4 m         | <b>5.5 m</b>    | <b>107 m</b>        | -                | -        |

\*Source: Financial Tracking Service, [www.fts.ocha.org](http://www.fts.ocha.org) (as of 8 January 2020).

## 1.5 2019 Year in Review

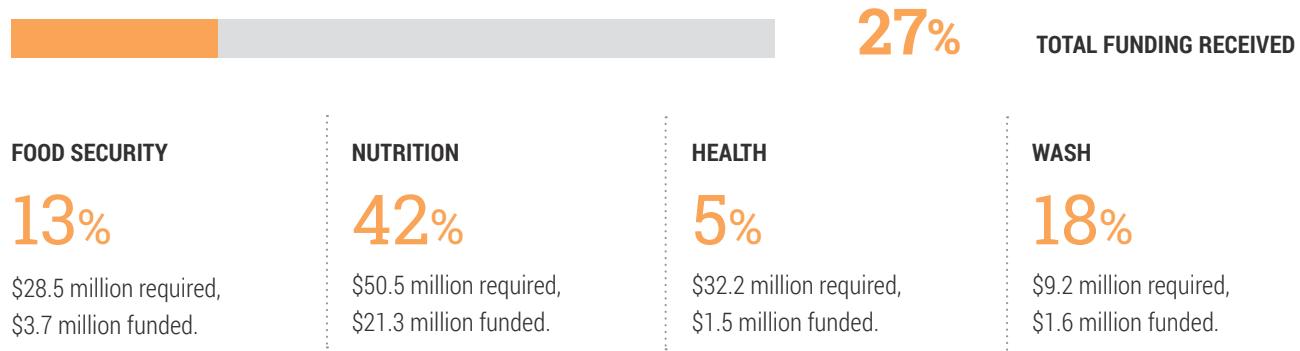
| PEOPLE IN NEED | PEOPLE TARGETED | PEOPLE REACHED | FUNDS RECEIVED  |
|----------------|-----------------|----------------|-----------------|
| <b>10.9M</b>   | <b>3.8M</b>     | <b>2.5M</b>    | <b>\$32.9M*</b> |

The number of beneficiaries reflects those activities with the widest reach and the number of targeted people receiving any level of assistance. However, in 2019, in many cases the full package of required assistance per person was not provided due to insufficient funding. The total number of people reached is calculated to account for duplications in beneficiaries, particularly for under-five children and pregnant and breastfeeding women who are targeted under all sectors. For 2018, indirect beneficiaries as well as direct beneficiaries were included in the Food Security Sector and were therefore reflected in the numbers. This has been amended for 2019, which largely accounts for the drop in targeted beneficiaries from 6 million in 2018 to 3.8 million in 2019.

### Key Achievements (as of Dec 2019)

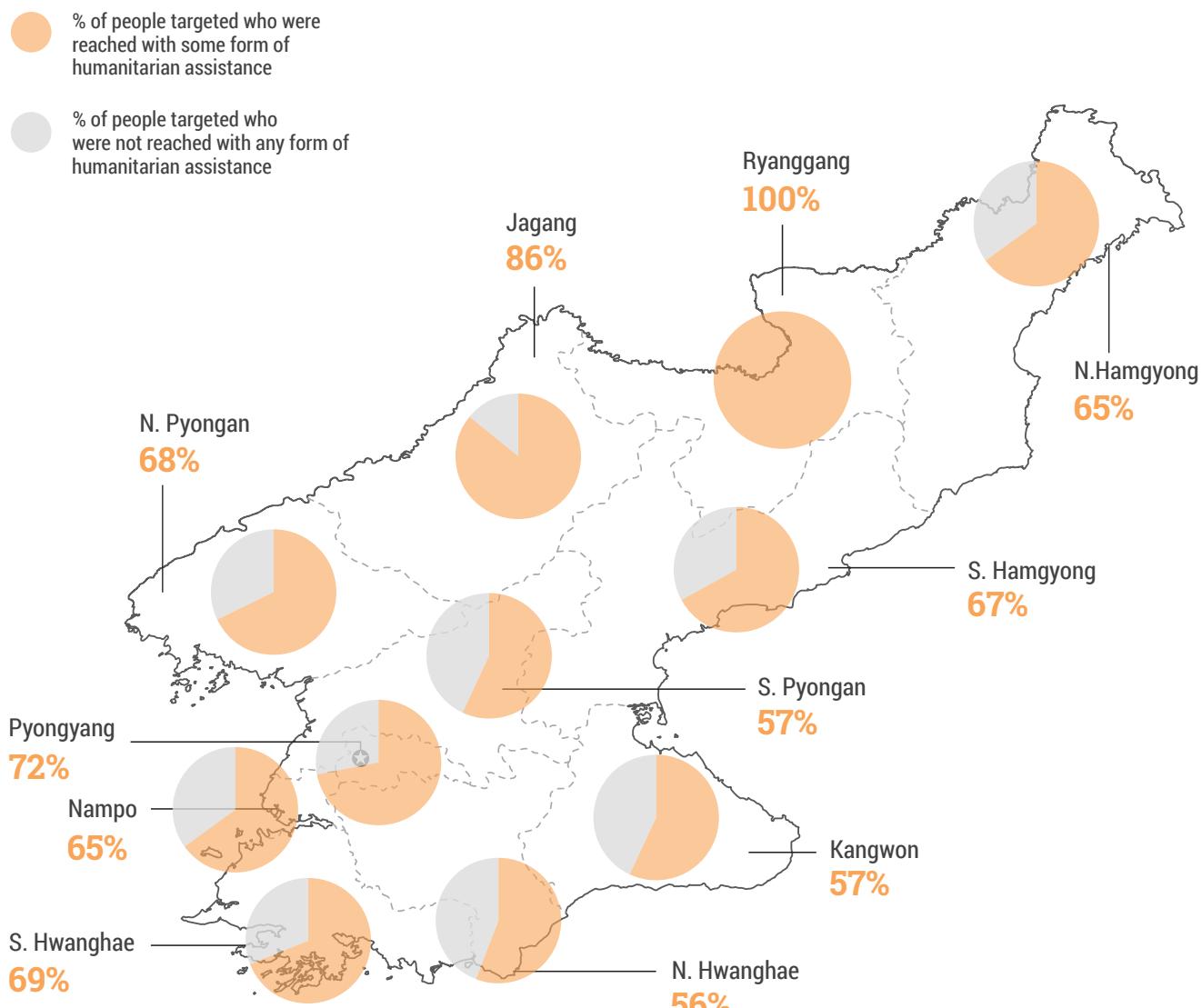


### Funding Update\*



\*4.8M out of the 32.9M total funds received were not yet distributed among the sectors as of 8 Jan 2020. Source: Financial Tracking Service: [www.fts.ocha.org](http://www.fts.ocha.org) (as of 8 January 2020).

## People Reached with Some Form of Humanitarian Assistance (as of December 2019)



## Gap Analysis by Sector



**34%** OF PEOPLE TARGETED WERE NOT REACHED WITH ANY FORM OF HUMANITARIAN ASSISTANCE

### FOOD SECURITY

**0.7M**

Over 700,000 people were not reached with food assistance or food production support.

### NUTRITION

**0.5M**

Over 500,000 people were not reached with nutrition interventions.

### WASH

**0.1M**

Over 100,000 people were not reached with water, sanitation and hygiene services.

# Context of the Protracted Humanitarian Situation

The protracted humanitarian situation experienced by the most vulnerable people in DPR Korea is unlikely to abate, while the geopolitical dynamics remain fragile.

Prolonged dry spells, recurring floods and limited agricultural inputs, which led to increased food insecurity in 2019, may persist in 2020. The country's agricultural sector continues to suffer from lack of investment, available machinery and equipment as well as recurrent natural disasters causing deterioration of critical agricultural infrastructure. Compounded by continued lack of dietary diversity, food insecurity and malnutrition will remain critical challenges. In addition, the lack of resources and prioritization of the food distribution system will make it difficult for vulnerable populations, especially in rural areas, to sustain their basic needs. As per the FAO/WFP Joint Rapid Food Security Assessment conducted in March-April 2019, some 10.1 million people (40 per cent of the population) are food insecure and are in urgent need of food assistance. [2] Malnutrition remains a protracted and chronic issue. Despite an improvement in rates of stunting, from 28 per cent in 2012 to 19 per cent in 2017, significant provincial disparities exist and three per cent of children under-five suffer from acute malnutrition.

The situation was further aggravated by the Tropical Cyclone Lingling, which inflicted heavy storm and rain damages on the provinces of North Hwanghae, South Hwanghae and South Hamgyong, renowned as the rice bowl of the country. This disaster inundated 75,226 hectares of farmland and caused 60 per cent loss in a soya bean production in Chongdan, one of the key agricultural counties.

Compounding issues of food insecurity and undernutrition is a lack of access to basic services including quality health care, water and

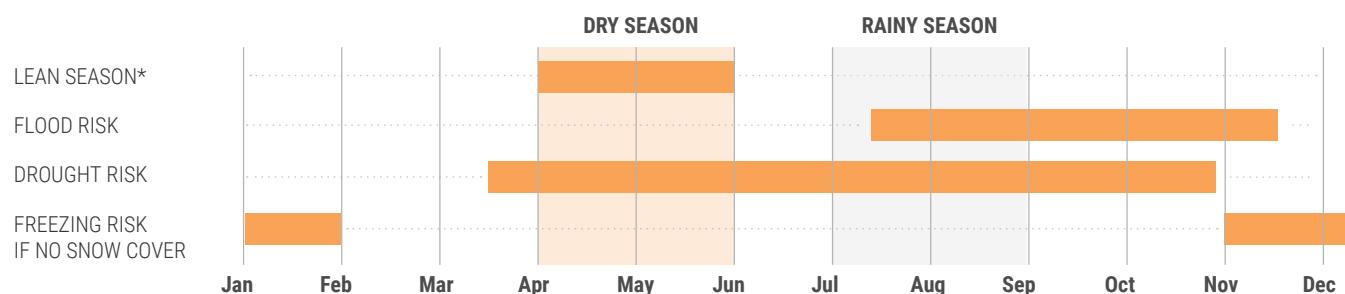
sanitation. An estimated 8.4 million (33 per cent of the population) do not have access to safe drinking water and 19 per cent of the population do not have access to basic sanitation facilities, according to the 2017 Multiple Indicator Cluster Survey (MICS) data published by the Central Bureau of Statistics and UNICEF. [3]

While health facilities and human resources for health exist throughout the country, they often not have medicine, equipment and expertise to provide quality health services. This is particularly acute for women and children, where a lack of reproductive health services drives a high maternal mortality ratio – 65.9 per 100,000 live-births (Socio-Demographic Health Survey, 2014); and where diarrhoea and pneumonia remain the leading causes of death among children under-five. [4] Furthermore, tuberculosis - including multi-drug-resistant tuberculosis - and diseases including malaria, hypertension and hepatitis continue to contribute to the disease burden. Persistent deficiencies in access to clean water and sanitation put further pressure on health services. The situation is worse in rural areas, where nearly half of all children are still exposed to significant risks of illness and malnourishment.

A new Global Health Security Index, the first comprehensive assessment of health security and related capabilities across 195 countries, found that DPR Korea is amongst the least prepared states to handle an epidemic or pandemic outbreak. [5]

In 2020, DPR Korea is expected to enhance its foreign policy engagement, while continuing to benefit from diplomatic support from China and Russia. Both countries have proposed that UN Security Council and bilateral sanctions be relaxed in exchange for DPRK steps since 2018. Significant political progress was made in 2018 towards building trust and opening channels of communication, including through leadership-level summits.

## DPR Korea Seasonal Hazard Calendar



\* The lean season primarily impacts Public Distribution System (PDS) dependant households. Source: Global Hunger Index, 2016.



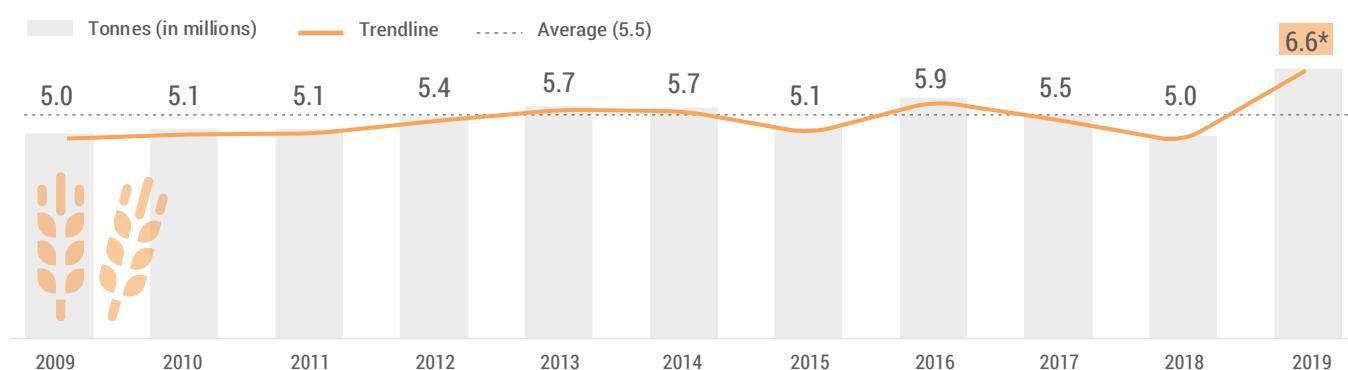
The hopes arising from this process have yet to materialize. The sanctions regime is expected to remain in 2020, but notably, the introduction of Information Assistance Notice no. 7 (IAN No. 7) and collaboration among the 1718 Sanctions Committee members has helped reduce the processing time for humanitarian exemptions. Broader impacts on delivery of aid, such as risk-aversion, remain, and will require ongoing engagement with relevant stakeholders.

Economic development and self-reliance will remain one of the Government's main priorities, even though the implementation of the five-year Economic Development Strategy adopted in 2016 has been slowed by the geopolitical situation. The main objective is to lay a firm foundation for sustainable economic development through revitalizing the overall national economy and ensuring balance between sectors. Key priorities identified for effective

implementation include improving key health indicators, ensuring the availability of a continuous, renewable and reliable energy supply; providing clean and safe water; improving the livelihoods of people by doubling agricultural production; boosting light industries and strengthening the functioning of the industrial sector, including metallurgical, chemical and building material industries. [6]

External assistance will continue to play a vital role in safeguarding and promoting the well-being of children and families. However, constraints on UN agencies and humanitarian partners to provide humanitarian assistance are likely to continue, both in relation to UNSC and bilateral sanctions, which have an unintentional impact on humanitarian operations, and from continued underfunding.

### Crop Production in DPR Korea (2009-2019)



Source: DPRK Government, Ministry of Agriculture.

\* The Government's crop production data for 2019 outlined that the Agricultural Sector reaped harvest of 6.65 million tonnes, which exceeded the previous year levels. Comprehensive data analysis of crop production in DPR Korea in 2019 by the Food Security and Agriculture Sector is pending provision of additional data.

## Timeline of Disasters

(2012-2019)

2012

Heavy rains caused flooding in North and South Pyongan killing 231 people, affecting over 240,000 people and leaving 212,000 people homeless.



2013

Heavy rains caused flooding, severely affecting North and South Pyongan, killing 189 people, affecting 800,000 people and displacing 49,000 people.



2014

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



2015

Heavy rain and Typhoon Goni caused flooding in South Hwanghae, North and South Hamgyong, particularly Rason City, affecting 22,000 people and displacing 15,000 people.



2016

Heavy rain from Typhoon Lionrock caused flooding North Hamgyong, killing 138 people, affecting 600,000 people and displacing 68,000 people.



2017

The Government declared a national emergency in June, following a dry spell that affected key food producing provinces in the south west of the country. The dry spell compounded the undernutrition situation, putting at risk the lives of 782,000 children under five and 313,629 pregnant and lactating women.



2018

A heatwave in mid-year affected key agricultural areas, with temperatures up to 11 degrees higher than normal. In late August, flooding affected 340,000 people in North and South Hwanghae and Kangwon provinces, displacing more than 11,000 and destroying over 17,000 ha of crops.



2019

Tropical Cyclone Lingling in September inundated arable land in the country's bread basket region. Five people were killed and 6,323 people were displaced.



Part 1

# Strategic Response Priorities

**UNRYUL, DPRK**

A midwife is teaching a mother how to breastfeed a newly born baby in the Unryul County Hospital, South Hwanghae Province, UNFPA focus area, in August 2017. Photo: UNFPA.



## 1.1

# Humanitarian Consequences Prioritized for Response

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As per the enhanced Humanitarian Programme Cycle methodology, humanitarian consequences are the effects of stresses and shocks on the lives and livelihoods of affected people and their resilience to future negative events. Humanitarian consequences are manifested by damage to people's health, both physical and mental. They are also manifested by people's ability to withstand future stresses and shocks and their ability to meet their essential survival and maintenance needs and expenditures.

Humanitarian consequences prioritized by the humanitarian actors in DPR Korea relate to physical and mental wellbeing, living standards and resilience. Protection is mainstreamed across all strategic objectives of the 2020 Needs and Priorities plan with humanitarian partners applying a rights-based approach in the formulation and implementation of projects, especially in the targeting of beneficiaries, to address inequalities and reach the most vulnerable people, groups and regions. In addition to mainstreaming protection into humanitarian programming, partners work to increase the capacities of the Government to meet its obligations and commitments under various human rights conventions that the DPRK is a party to, including: the Convention on the Rights of the Child (CRC); the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); and, the Convention on the Rights of Persons with Disabilities (CRPD) as well as the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. DPRK has also accepted recommendations made through the third cycle of the Universal Periodic Review (UPR) in May 2019, accepting 132 recommendations, including those pertaining to granting access to the United Nations and other humanitarian organizations to provide assistance to the most vulnerable groups; continuing cooperation with international organizations in the fields of health, education, nutrition and food security; maintaining the design of action to guarantee the wellbeing of its population, in particular women, children, the elderly and persons with disabilities, in its economic and social development plans; and taking continued innovative

measures to reduce the gaps between the urban and rural areas in every possible aspect.

Humanitarian consequences related to physical and mental wellbeing were identified through the analysis of the health and nutrition situations in the country. According to the State of Food Security and Nutrition in the World 2019 report, the Prevalence of Undernutrition (PoU) in the total population of DPR Korea in 2016-2018 was 47.8 per cent which means that 12.2 million people in the country were estimated to be undernourished. [7]

In spite of significant progress in reducing underweight, stunting and wasting rates over the past two decades, nutrition remains a major public health concern and a primary underlying cause of maternal and child mortality in DPR Korea. Nearly one in 10 children under the age of five is underweight and nearly one in five children is stunted. In absolute numbers this translates to approximately 320,000 stunted, 153,000 underweight and 140,000 wasted children. [6]

Communicable and non-communicable diseases and a high maternal mortality rate remain major health concerns in DPRK; diarrhoea and pneumonia continue to be the main causes of death among children under-five. Around nine million people are estimated to have limited access to essential health services.

Among countries with no HIV infection detected, DPR Korea had one of the highest prevalence of Tuberculosis (TB). The "Global Tuberculosis Report" in 2018 found that the TB incidence in the previous year was around 100,533 cases with an estimated 5,200 cases of multi-drug resistant TB (MDR-TB). There are an estimated 16,000 TB-related deaths each year. [8]

Persistent deficiencies in access to clean water and improved sanitation put further pressure on health services. Critical problems have also been identified related to access to water, sanitation and hygiene (WASH) services. According to the Joint Monitoring Programme (JMR) report, 33 per cent, or estimated 8.4 million people, do not have access to safely managed drinking water. [9] Diarrhoea and acute respiratory infections cause 29 per cent of

under-five deaths globally. In 2015, 37 per cent of deaths among children aged between 7 days and 5 years in the 12 provinces of central hospitals were caused by pneumonia, while 34 per cent died of diarrhoea. Both are closely linked to the low quality of WASH services. In addition, sepsis is a leading cause of maternal mortality, often associated with the use of unclean water and poor hygiene at delivery and post-partum. In DPR Korea, incorrectly managed sanitation (unimproved sanitation facilities and the unsafe disposal of excreta from improved sanitation) is found in 52 per cent of households (Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea, 2019, UNICEF). The lack of WASH facilities also contributes to reduced nutrition levels, as child diarrhoea is often caused or exacerbated by inadequate clean water at homes, schools and clinics.

The humanitarian community further identified and prioritized humanitarian consequences related to resilience and recovery in light of climate related disasters. Floods and drought regularly strike the country in the same year, further compounding the humanitarian needs of vulnerable populations. These disasters destroy homes, critical infrastructure and disrupt supply chains, with severe impacts

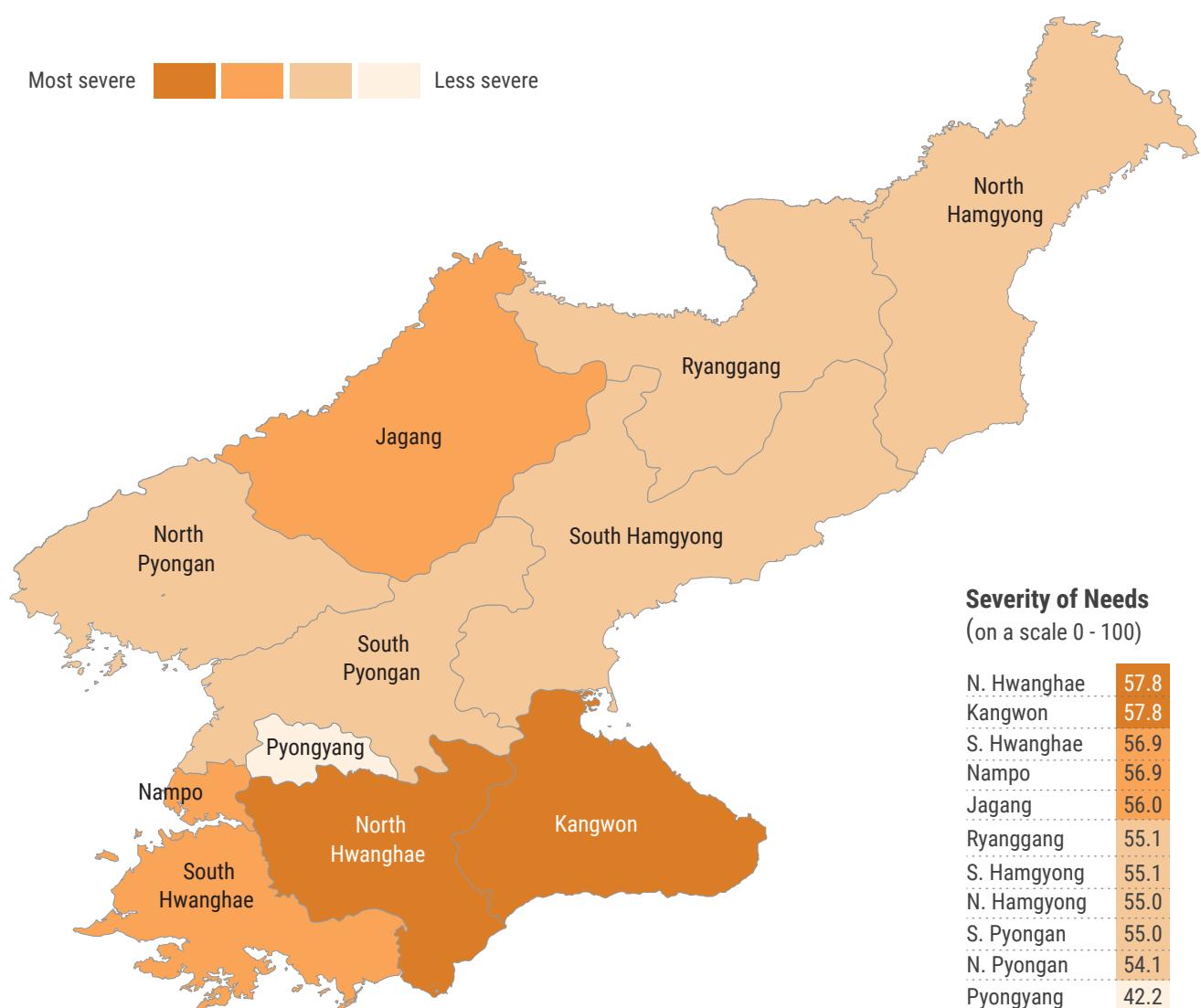
on household livelihoods and community resilience.

Agricultural production continues to be severely affected by natural disasters, which erode the coping capacities of farmers. FAO studies show that droughts are, globally, the most damaging climate-related disaster with the livestock sector accounting for the second highest proportion of losses in production (36 per cent) after crops (49 per cent of all reported losses). [10]

Natural disasters also cause an increase in rates of diseases such as diarrhoea and negatively affect food security and nutrition. Tropical Cyclone Lingling in September saw heavy rains and flooding destroy crops in the country's rice bowl region, inundating 75,226 hectares of arable land. Immediate damage caused by the cyclone compound the humanitarian consequences on vulnerable people and communities whose capacity to recover from sudden shocks and breaks in food and nutrition supply lines are significantly reduced.

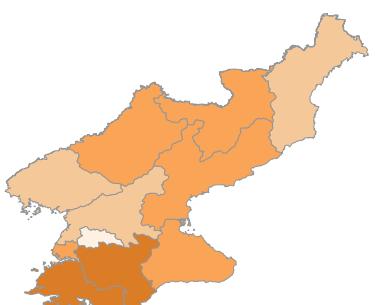


## Severity of Needs (by province)

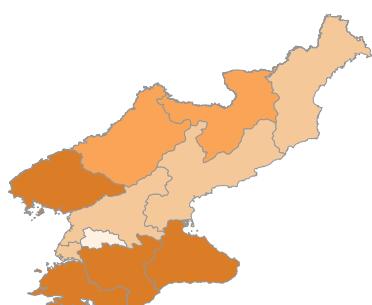


## Severity of Needs (by strategic objective)

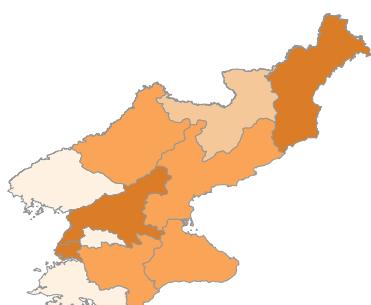
SO1 - Physical and Mental Wellbeing



SO2 - Living Standards



SO3 - Resilience



## 1.2

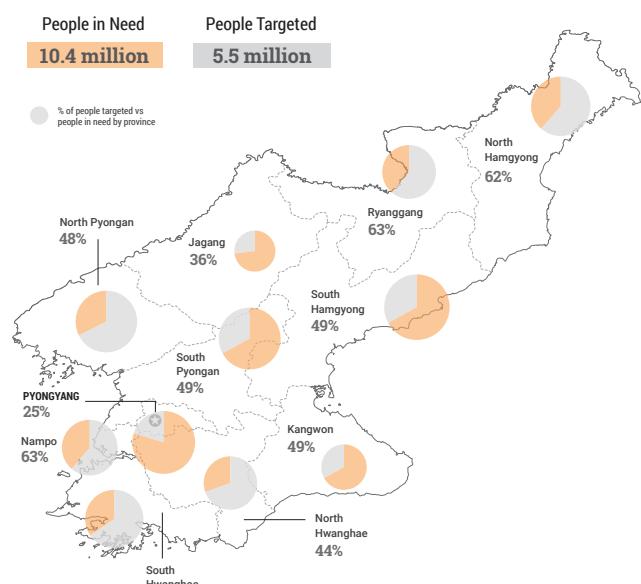
# Response by Strategic Objective

An estimated 10.4 million people are in need of assistance in the DPRK in 2020, with humanitarians targeting assistance to the most vulnerable 5.5 million people (53 per cent of people in need). The Humanitarian Country Team has developed a strictly prioritized 2020 Needs and Priorities plan with the focus on children under-five and pregnant and lactating women, who together represent 39 per cent of the total number of people targeted.

Activities envisaged by the 2020 Needs and Priorities plan provide targeted interventions aiming to protect the food and nutritional security, health and wellbeing of the most vulnerable, and strengthen their resilience to the impacts of climate-related disasters.

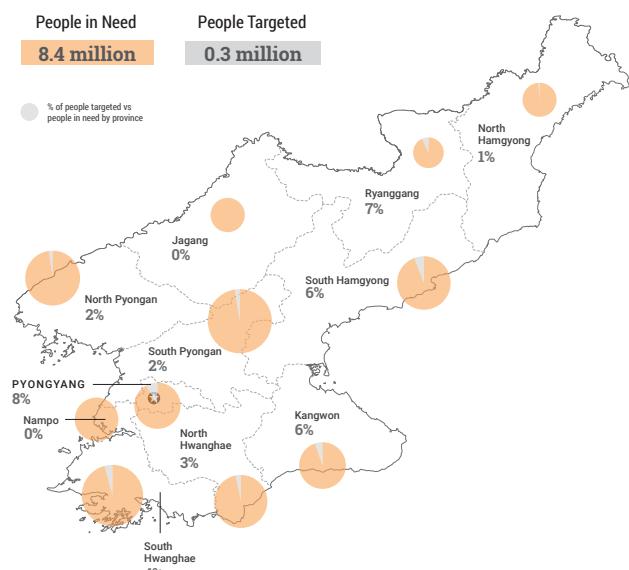
### Strategic Objective 1

**Reduce morbidity and mortality from malnutrition of the most vulnerable people with an integrated, community-based multi-sectoral approach and improve equitable access to quality essential health services.**



### Strategic Objective 2

**Reduce preventable mortality and morbidity, improve quality of life and living standard through equitable access to safely managed water, sanitation and hygiene services.**

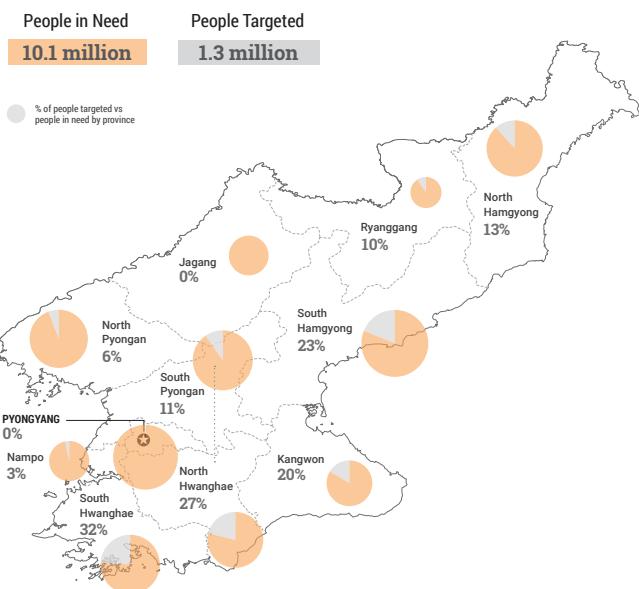


In line with the humanitarian imperative, the purpose of the humanitarian programmes in DPRK is to provide timely and adequate assistance to the most vulnerable people and communities in DPRK. This will optimize the use of limited resources and ensure an effective response.

Humanitarian organizations will continue to improve the quality of access and further strengthen the monitoring capacity to track the implementation of the Needs and Priorities plan as well as monitor transformation of needs and changes in the humanitarian situation.

### Strategic Objective 3

**Build the resilience and improve the food security of the vulnerable people and communities affected by the impacts of climate change and natural disasters.**



### People Targeted with Humanitarian Assistance by Strategic Objective and by Province (in thousands)

| PROVINCE       | S01 - PHYSICAL & MENTAL WELL-BEING | S02 - LIVING STANDARDS | S03 - RESILIENCE |
|----------------|------------------------------------|------------------------|------------------|
| Jagang         | 213k                               | -                      | -                |
| Kangwon        | 323k                               | 38k                    | 123k             |
| Nampo          | 568k                               | -                      | 18k              |
| North Hamgyong | 642k                               | 3k                     | 130k             |
| North Hwanghae | 409k                               | 29k                    | 235k             |
| North Pyongan  | 582k                               | 22k                    | 69k              |
| Pyongyang      | 375k                               | 56k                    | 1k               |
| Ryanggang      | 528k                               | 20k                    | 32k              |
| South Hamgyong | 669k                               | 54k                    | 300k             |
| South Hwanghae | 555k                               | 51k                    | 305k             |
| South Pyongan  | 595k                               | 33k                    | 124k             |
| <b>TOTAL</b>   | <b>5,459k</b>                      | <b>307k</b>            | <b>1,338k</b>    |



PYONGYANG, DPRK. Students practicing midwifery skills with UNFPA donated "mama natalie" at Pyongyang City Medical College in 2016. Photo: UNFPA.

#### Strategic Objective 1

**Reduce morbidity and mortality from malnutrition of the most vulnerable people with an integrated, community-based multi-sectoral approach and improve equitable access to quality essential health services.**

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN      | CHILDREN   | WITH DISABILITY |
|----------------|-----------------|------------|------------|-----------------|
| <b>10.4M</b>   | <b>5.5M</b>     | <b>51%</b> | <b>32%</b> | <b>15%</b>      |

#### Rationale and intended outcome

Inter-sectoral needs analysis has revealed that 10.4 million people in DPR Korea face serious challenges related to their physical and mental wellbeing, with the most severe needs identified in the southern provinces of North and South Hwanghae. According to the FAO/WFP Joint Rapid Food Security Assessment conducted in March/April 2019, about 10.1 million people (40 per cent of the population) are food insecure and in urgent need of food assistance.

Nearly one in 10 children under the age of five is underweight and nearly one in five children is stunted. The percentage of stunted children is highest in the age group 48–59 months, at 26 per cent. Chronically malnourished children will struggle to lead a normal life, facing impaired physical and cognitive development that cannot be reversed later in life.

The main underlying causes of malnutrition are household food insecurity and inadequate feeding and care practices, as well as limited access to quality health water, hygiene and sanitation services. (Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea, 2019).

In resource-poor settings, food scarcity leads to diets that are low in nutrient density, with negative impacts on children's growth. According to the 2017 Multiple Indicator Cluster Survey (MICS), conducted by the Central Bureau of Statistics with support from UNICEF, one third of children aged 6–23 months do not receive the minimum acceptable diet, the combination of both the minimum diversity of foods and minimum number of feeds. Significant variations exist between provinces and between rural and urban households. For example, in North Hwanghae Province, two thirds

do not receive the minimum diet diversity, compared with just one-fifth of children in Pyongyang Province.

To reduce hunger and prevent undernutrition, humanitarian actors will provide nutrition assistance (fortified cereals and biscuits) to the most vulnerable people including children under-five, pregnant and lactating women, and TB patients and their families. The special focus will be on institutions for children (i.e. nurseries, kindergartens, boarding schools and pediatric wards/hospitals) and for the elderly.

To reduce exposure to and risk of micronutrient deficiencies, partners will provide micronutrient support to children (6-23 months) and pregnant and lactating women. Furthermore, Nutrition Sector partners will aim at increasing the diversity and the nutritional value of food available to rural households focusing on the production of pulses, vegetables and potato.

According to UNICEF's Situation Analysis of Women and Children 2019, the current infant mortality rate is estimated at 12 per 1,000 live births, compared to 19 per 1,000 live births in 2009. Further, under-five mortality is estimated at 17 per 1,000 live births compared to 26 per 1,000 live births in 2009. High immunization coverage (only 3 in 100 children aged 24-35 months do not finish the full vaccination schedule recommended for completion around 15 months of age) significantly contributed to these achievements but is highly donor dependent. Despite this, young children continue to die from common and preventable childhood illnesses.

Diarrhoea and pneumonia remain the two main causes of death among children under-five. More than one in ten children suffers from diarrhoea, which in turn exacerbates already high rates of stunting and wasting. Over 90 per cent of under-five deaths can be prevented through adequate nutrition, essential medicines and oral rehydration solution. The key findings from the MICS Further Analysis reveal that the relationship between a child being stunted and wasted and the child having diarrhoea is very strong and mutually reinforcing. [11] The wasted child is 6.5 times more likely to be affected by diarrhoea; the rate of diarrhoea among stunted children is 51 times higher than among children not stunted.

While health facilities and human resources for health exist throughout the country, they often lack medicines, equipment and expertise to provide quality health services. A lack of quality reproductive health services contributes to a high maternal mortality ratio of 65.9 per 100,000 live births. Leading direct causes of maternal mortality include haemorrhage (28.9 per cent), sepsis and infection (8.9 per cent) and eclampsia (7.8 per cent), while indirect

causes include cardiovascular disease (8.8 per cent), digestive disease (8.2 per cent) and respiratory system disease (7.5 per cent).

Levels of maternal mortality vary by province, for example, Pyongyang (39 per 100,000 live births) compared to North Hwanghae (61 per 100,000 live births). Fundamentally, where maternal health services are more accessible, rates are lower (Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea, 2019).

The Analysis of the Situation of Women and Children in 2019 found that among countries without a large HIV prevalence, DPR Korea has one of the highest TB incidences. According to the World Health Organisation's "Global Tuberculosis Report" in 2018, TB incidence in the population in 2017 was about 100,533. Among these, 5,209 or 5.2 per cent were children under 15 years of age and an estimated 5,200 cases were of multi-drug resistant TB. Annually, there are an estimated 16,000 TB-related deaths each year. Under-nutrition and smoking are contributing factors. Undernutrition and smoking are contributing factors.

While the incidence rate of malaria is moving towards elimination, there are still 9 million people at risk of acquiring the disease.

Health Sector partners will provide access to essential medicines to 5.5 million people. To contribute to the reduction of maternal newborn and child morbidity and mortality, the humanitarian organizations will focus on strengthening access to essential health care services, sustaining and scaling up high impact maternal neonatal and child health services. Interventions will also focus on capacity development of the DPRK medical practitioners for correct case management and use of supplies. Health Sector Partners will continue the transfer of technical expertise and skills and provide technical guidance to further strengthen primary and secondary healthcare facilities, referral systems, diagnostic protocols and medical treatment capabilities. A comprehensive multi-service care package will be provided to the elderly residing in Senior House.

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| #             | RELATED SECTOR<br>OBJECTIVES   |
|---------------|--|
| <b>SO 1.1</b> | Support and strengthen equitable access to quality preventive and curative nutrition services among under-five children, adolescent girls and women of child bearing age.              |
| <b>SO 1.2</b> | Support equitable access to nutritious, safe and sufficient food and micronutrients for vulnerable groups; under-seven children, pregnant women and lactating mothers and TB patients. |
| <b>SO 1.3</b> | Sustained and equitable universal health coverage with emphasis on essential health services.  |
| <b>SO 1.4</b> | Enhanced quality health services to diagnose and treat communicable and non-communicable diseases, maternal and childhood diseases.  |
| <b>SO 1.5</b> | Strengthened health emergency preparedness and response capacity.  |



## Strategic Objective 2

### Reduce preventable mortality and morbidity, improve quality of life and living standard through equitable access to safely managed water, sanitation and hygiene services.

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN      | CHILDREN   | WITH DISABILITY |
|----------------|-----------------|------------|------------|-----------------|
| <b>8.4M</b>    | <b>0.3M</b>     | <b>52%</b> | <b>10%</b> | <b>15%</b>      |

#### Rationale and intended outcome

The 2019 WHO/UNICEF Joint Monitoring Programme (JMP) Report outlined that an estimated 8.4 million people – around 33 per cent of people – do not have access to a safely managed drinking water source.

Furthermore, according to the 2017 MICS Report, 71 per cent of the population in urban areas have access to safely managed drinking water, compared to only 44 per cent in rural areas. Roughly one in four households (23.5 per cent of the population) drink water contaminated with faecal matter, but disaggregated figures make clear that people in rural areas drink contaminated water almost five times as often as people in urban areas. In urban areas 10 per cent of the population drink contaminated water, while in rural areas it is 45 per cent.

Disparities between provinces are also marked: almost four out of five people have access to safely-managed drinking water in North

Hamgyong. In South Hwanghae, only half of the population has such access. Provinces identified as those with the most severe WASH-related needs are Kangwon, North Pyongan and North and South Hwanghae.

As per the MICS Further Analysis, the stunting prevalence among those children living in households with access to unimproved water source is 60 per cent higher than of children living in households using an improved drinking water source.

Inadequate access to sanitation is further aggravating health risks. 16 per cent of people use unimproved sanitation facilities and there is a notable disparity between rural (28 per cent) and urban areas (8 per cent). Nine out of ten people in rural areas, and three out of ten in urban areas, live in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities (MICS). Key findings from MICS further analysis reveal that stunting in the group without correctly

managed sanitation is 40 per cent higher than in the group with correctly managed sanitation. Under-five children using unimproved sanitation have diarrhoea 36 per cent more often than those using improved sanitation.

The WASH Sector partners, in collaboration with the Ministry of Urban Management, will focus on improving access to at least

basic and safely managed water, sanitation and hygiene services to households, education and health facilities, including nurseries, boarding schools and institutions for the elderly. Safe treatment of excreta will be implemented in the most vulnerable counties. Hygiene and menstrual hygiene management will be promoted in households and schools.

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| #             | RELATED SECTOR OBJECTIVES   |
|---------------|---|
| <b>SO 2.1</b> | Improve equitable access to basic and safely managed drinking water and sanitation services.  |
| <b>SO 2.2</b> | Promote awareness and adoption of good hygiene practices at individual, household, community and in health and education institutions |



Joint FAO-WFP rapid Food Security Assessment Mission (rFSAM) to the DPRK, April 2019. Photo: WFP/James Belgrave.

#### Strategic Objective 3

### **Build the resilience and improve the food security of the vulnerable people and communities by the impacts of climate change and natural disasters.**

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN      | CHILDREN   | WITH DISABILITY |
|----------------|-----------------|------------|------------|-----------------|
| <b>10.1M</b>   | <b>1.3M</b>     | <b>62%</b> | <b>41%</b> | <b>15%</b>      |

#### Rationale and intended outcome

DPRK is highly vulnerable to recurrent natural disasters. The Inter-Agency Standing Committee (IASC) Index for Risk Management ranks DPRK 55 out of 191 countries in terms of countries most at disaster risk. [12] Between 2004 and 2019, over 6.6 million people in the DPRK were affected by natural disasters such as drought and floods, compounding vulnerabilities and food insecurity, increasing the need for humanitarian assistance.

South Pyongan and North Hamgyong have been identified by the Humanitarian Country Team as provinces with severe problems related to resilience and recovery. Frequent floods and droughts have inflicted damage on agricultural production, while climate change and the increasing frequency of extreme weather events in recent years have made the situation even more acute.

Humanitarian consequences of reduced production and increased prevalence of under-nutrition would be following: 1) Increased household food insecurity, 2) Decreased Food Consumption Score

and 3) Decreased Dietary Diversity. This will ultimately lead to increased levels of malnutrition i.e. wasting which would result in increased morbidity and mortality related to under-nutrition and stunting, hence leading to reduced cognitive development that would ultimately effect the social and economic development of the country.

A joint FAO-WFP Assessment Mission, which visited the DPRK in March-April 2019 at the request of the Government, noted that drought-like conditions persisted throughout the first half of 2019, as precipitation was less than half the long-term average. It found that a reduced harvest, the lowest in a decade, coupled with increased post-harvest losses, along with significant crop losses over successive seasons, led to an uncovered food deficit of 1.36 million metric tons after considering the commercial import capacity of the country. Overall, it found extremely low food consumption levels, limited dietary diversity and families being forced to cut meals or eat less; this being particularly worrisome

for young children and pregnant and breastfeeding women, who are the most vulnerable to malnutrition. Diets lack sufficient vegetable and proteins, and only 7 per cent of the surveyed population had acceptable food consumption in April 2019, a drop of 6 percentage points since November 2018. The assessment also reported that the government's Public Distribution System, on which a large portion of the population relies, had to cut rations to the lowest recorded and reported level.

Compounding the risks and vulnerabilities, Tropical Cyclone Lingling in September inflicted heavy wind and rain damages on North Hwanghae, South Hwanghae and South Hamgyong provinces and drove 6,362 people from their homes. These three provinces, renowned as the country's rice bowl, accounted for 44.5 per cent of the total domestic production of rice and 38.4 per cent of maize in 2018. The storm inundated 75,226 hectares of arable land and caused a 60 per cent loss in soybean production in Chongdan, a key agricultural county. While the Government has capacity to respond to disasters and took a lead role in responding to Typhoon Lingling, the international community continues to play a vital role

in emergency preparedness and response as well as in further strengthening resilience of the most vulnerable communities.

The Food Security and Agriculture Sector members will focus on activities that strengthen the resilience of vulnerable communities to climate change, while improving their short-term food security needs. These activities will specifically support the creation and rehabilitation of communities' assets that serve both protective and productive purposes and expand access to food for vulnerable populations through the targeted interventions supporting the food production and conditional food transfers.

The response provided by the Food Security and Agriculture Sector supports the core SDG target 2.1 Everyone has access to food, while also contributing towards SDG targets 2.4 and 13.1 that focus on sustainable food production systems and resilience to climate-related hazards.

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**RELATED SECTOR  
OBJECTIVES**

#

**SO 3.1** Increase availability of food and improve nutrition for the population by increasing the production of staples and other food products using sustainable production practices (supports Strategic Objective 3).

**SO 3.2** Increase resilience of vulnerable communities, farmers and cooperative farms to the impacts of recurrent natural disasters and climate change.

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## 1.3

# Operational Capacity and Access

There are currently five UN agencies and five international NGOs with humanitarian mandates based in Pyongyang, in addition to the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), the Swiss Agency for Development and Cooperation (SDC), the European Union Food Security Office (FSO), and French and Italian Cooperation offices. While agencies can expand their programmes to respond to natural disasters, most maintain highly prioritized

programmes due to a lack of funding, with a few agencies maintaining nationwide programmes. All international organizations engaged in humanitarian activities participate in the Humanitarian Country Team (HCT), chaired by the UN Resident Coordinator. In 2019, FAHR/FIDA International and Humanity & Inclusion (HI) terminated their presence and activities, and Mission East established its presence in DPR Korea. In addition to the organizations present in Pyongyang, several non-resident agencies also operate human-

## Operational Presence and Access (by county)

### 10 Partners

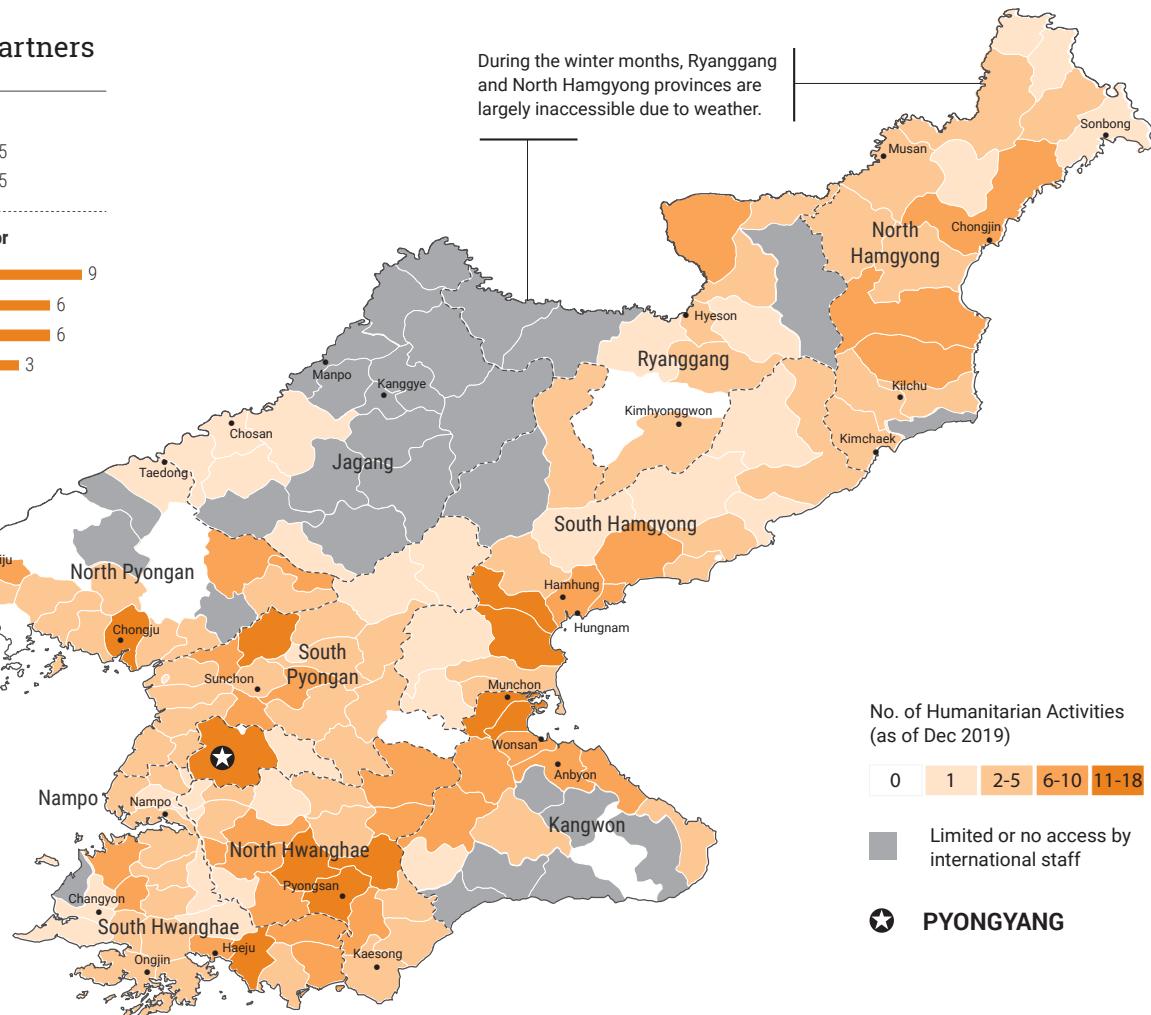
#### Partners by Type

|       |   |
|-------|---|
| UN    | 5 |
| INGOs | 5 |

#### Partners by Sector

|               |   |
|---------------|---|
| Food Security | 9 |
| Nutrition     | 6 |
| WASH          | 6 |
| Health        | 3 |

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



itarian programmes in the country. Efforts are made to strengthen coordination between the HCT and non-resident partners to maximize the impact of assistance in a climate of limited resources and mounting challenges.

### Access

Humanitarian partners in DPRK have access to all provinces in the country. Jagang province, however, remains a restricted area and only two agencies have permission from the Government to operate in the province with specific access and monitoring arrangements. Travel within the country is regulated by national authorities, and international humanitarian agencies need to obtain clearance, in advance, for field visits outside of Pyongyang, as do DPRK nationals. Itineraries must be planned in advance, and international staff must always be accompanied by their national agency staff. Prior to beginning a new project, agencies discuss with the Government the location of activities. The lack of availability of baseline data can sometimes make it difficult to determine where the areas of greatest need may be, and thus where projects should be implemented. However, all target beneficiaries are determined by operational agen-

cies, in consultation with their relevant line ministry counterparts.

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

Improvement in access continues through principled and robust engagement of the UN Resident Coordinator and HCT with the Government. Efforts are made to ensure sustained and random visitation, greater access to beneficiaries, quality needs assessments and strengthened monitoring and reporting. The inter-sectoral needs analysis is conducted as per the enhanced Humanitarian Programme Cycle methodology. Joint field visits and assessments are carried out, as seen in the FAO-WFP Joint Rapid Food Security Assessment and an inter-agency field observation mission in the aftermath of Tropical Cyclone Lingling.

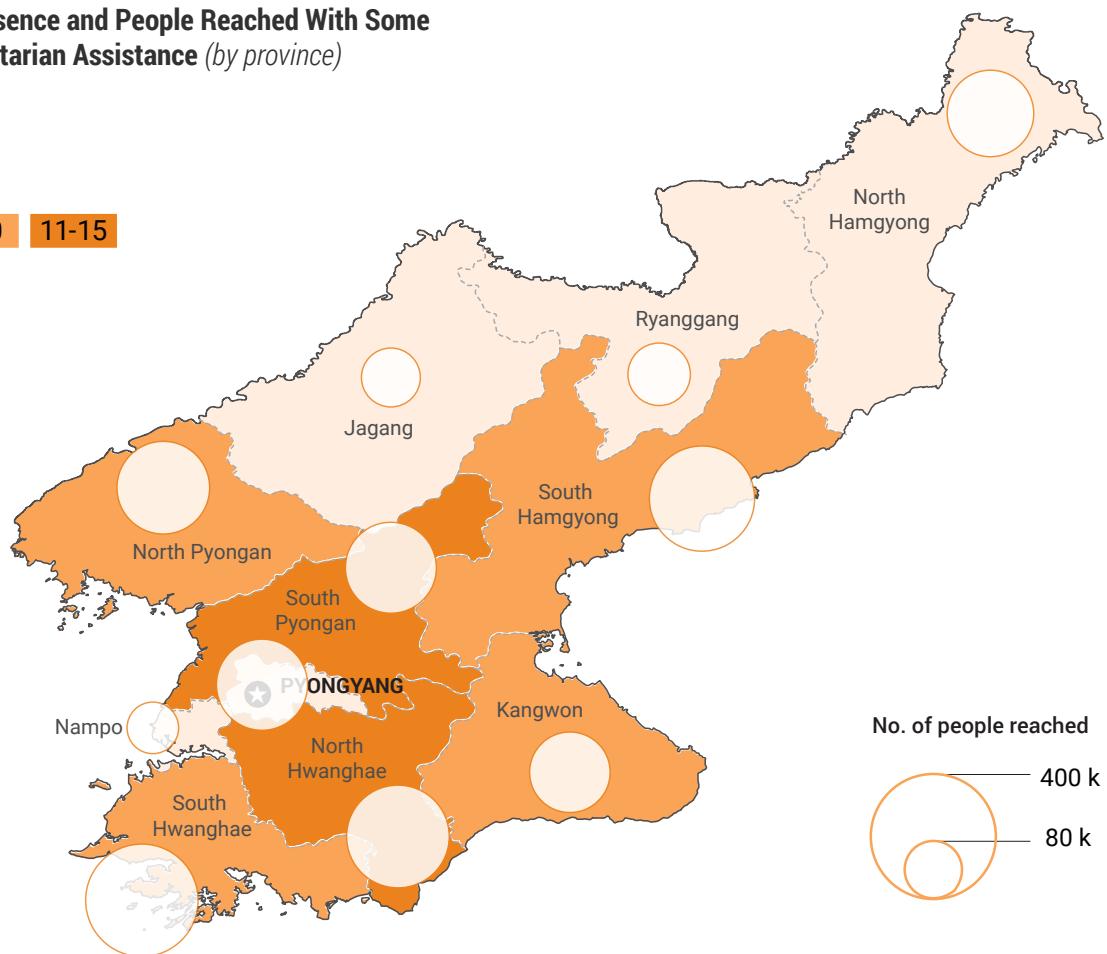
### Access to Data

Progress has been made in obtaining new and more accurate data to analyse vulnerabilities and to better target humanitarian programmes. The main national institution, the Central Bureau of

## Operational Presence and People Reached With Some Form of Humanitarian Assistance (by province)

No. of Agencies

1-5    6-10    11-15



Statistics (CBS), is co-chair of the UNCT Data Working Group and cooperates with individual agencies on the generation of evidence and analysis through surveys, assessments, and in making available data from routine monitoring systems of social sector line ministries.

In addition to the 2017 Multiple Indicator Cluster Survey (MICS) that was released in 2018 by CBS and UNICEF, a Food Security Assessment (FSA) was conducted by CBS and WFP in November 2018. The FSA included a qualitative assessment as a first step and was followed up with a Rapid FSA in April 2019, conducted jointly with FAO. In 2019, CBS and UNICEF published a series of Further Analysis Reports based on 2017 MICS, including Provincial Profiles with a set of 26 selected social indicators.

In the event of natural disasters, specific assessment missions are undertaken to understand disaster impact and identify needs for any response. While the availability of data has improved over the years, challenges still remain. Under the leadership of the Resident Coordinator, the Humanitarian Country Team partners continue to advocate for regular access to relevant, timely and disaggregated data for accurate vulnerability analysis. Members of the HCT continue to engage with the Government collectively and at the level of individual agencies, as well as, sector working groups to access the information required to ensure accountability and appropriate programming.

Currently, a Population and Housing Census is being conducted by CBS. Postponed from 2018, the Census will play a central role in better understanding humanitarian needs and vulnerabilities. Small area statistics and disaggregated data for vulnerability mapping are

essential for effective humanitarian response, particularly as the last census was undertaken in 2008. Results from the current census exercise will be available in 2020.

Challenges remain in supporting CBS and data-producing line ministries to disseminate sufficiently disaggregated routine data, in terms of gender, geographic residence and age with higher frequency. Capacities to disaggregate by disability status also require further support. Limitations exist to access micro data and possibilities of conducting data validation.

### Way Forward

The HCT identified access and monitoring of aid activities as a key issue for development, joint understanding and collective effort. The access initiative was launched on 23 October 2019 with a mini-workshop to identify the needs and agree to continue developing its capacity on the issue.

To support ongoing access activities, the humanitarian community working in DPRK will focus its efforts on coordination, information sharing and joint/coordinated advocacy. In 2020, the HCT will finalize an engagement strategy and hold an extended access workshop. The expected results are the following:

- Humanitarian actors have a coordinated approach on access;
- Access constraints are known and monitored;
- An evidence-based narrative is available to help support public and private advocacy on access.

## Response reach under 2019 Needs and Priorities

| SECTOR                        | REQUIREMENTS<br>(US\$)  | PEOPLE<br>IN NEED | PEOPLE<br>TARGETED | PEOPLE<br>REACHED |
|-------------------------------|---|-------------------|--------------------|-------------------|
| Food Security and Agriculture | <b>\$28.5 M</b>  | 10.9 M            | 1.4 M              | <b>0.7 M</b>      |
| Health                        | <b>\$32.2 M</b>  | 8.9 M             | 2.1 M              | <b>2.2 M</b>      |
| Nutrition                     | <b>\$50.5 M</b>  | 10.3 M            | 2.3 M              | <b>1.7 M</b>      |
| Water, Sanitation & Hygiene   | <b>\$9.2 M</b>   | 9.9 M             | 323 k              | <b>0.2 M</b>      |

Part 2

# Monitoring and Accountability



JONGJU CITY, DPRK

A household doctor checks on the health of a two-year-old boy in Jongju City. Credit: UNICEF/Simon Nazer.

## 2.1

# Monitoring

UN agencies and INGOs rigorously monitor humanitarian activities and programmes to ensure aid reaches the most vulnerable people and is not diverted. Monitoring is conducted by international and national staff and includes regular visits to households, as well as project sites, including cooperative farms, fortified food production factories, warehouses, public distribution centres, health facilities, nurseries and kindergartens. In 2019, a total of 1,516 project site visits were conducted over 1,047 monitoring days by humanitarian organizations, covering all provinces in the country. All UN humanitarian project sites were visited at least once in 2019.

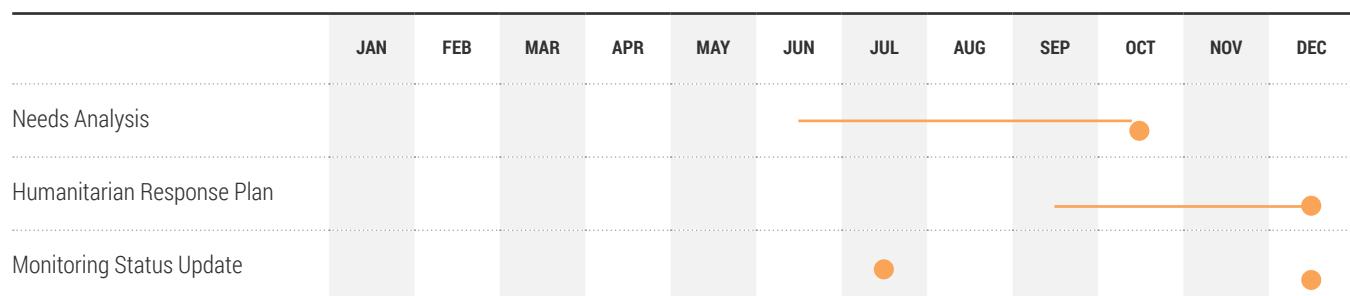
Monitoring involves technical and observational visits, as well as interviews with supported households and project participants. International staff monitor the procurement, dispatch, distribution and proper utilization of supplies together with local authorities. Regular data collection through field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

Humanitarian agencies also often monitor projects which have been completed in the previous years to make sure that the improvements remain sustainable and that goods and equipment are still being used for their intended purpose. Field access is dependent upon authorisation by the Government, as per plans submitted to the Government by each agency, agencies were not prevented from monitoring projects in 2019. However, the gains made with access and monitoring are at risk of being reversed if agencies do not have the funding, or ability to utilize funds in country, to implement

and continue their programmes. As access is strongly linked to operational presence, funding constraints force agencies to drawdown programming and therefore reduce their humanitarian footprint. Once access is lost, it will likely be difficult to obtain it again.

To ensure adequate capacity to monitor the implementation of the Needs and Priorities plan, the Humanitarian Country Team established the Results Working Group (RWG). The RWG is developing a monitoring framework which will be put into implementation in second quarter of 2020. As per the enhanced Humanitarian Programme Cycle methodology, the RWG will oversee monitoring for the implementation of the 2020 Needs and Priorities plan, as well as transformation of needs and changes in the humanitarian situation.

## Humanitarian Programme Cycle Timeline



## Part 3

# Sectoral Objectives and Response



# Overview of Sectoral Response

In 2020, the total number of people in need (PiN) is estimated to be 10.4 million. As was the case last year, the overall PiN uses the highest sectoral PiN, to account for overlaps between the sectors. The highest sectoral PiN in 2020 is for Nutrition, while last year the Food Security figure was the highest.

The calculation of the Food Security PiN in 2020 (10.1 million people) is based on a new methodology, which measures food insecurity using food consumption data at household level collected during the Joint FAO/WFP Food Security Assessment in April 2019 and therefore reflects a lower number of people compared to the level of 2019 (10.9 million people), which was based on calculation of the overall prevalence of undernutrition.

For Nutrition, the PiN number focuses on specific vulnerable groups most at risk of malnutrition, including under-five children, pregnant and lactating women and vulnerable rural populations. The PiN for Nutrition remained consistent with 2019 calculations (ref. footnote page 15).

The Health Sector, similarly, used the most vulnerable groups in need of health support, including children under 15, women of reproductive age, and people requiring treatment for communicable and non-communicable diseases, such as tuberculosis. This figure is consistent with the last year's figure with a slight decrease from 8.9

million people in need to 8.7 million.

For 2020, the WASH Sector PiN, which is 8.4 million people, decreased by 15 per cent compared to 2019 (9.9 million people). This figure has been determined by a Multiple Indicator Cluster Survey (MICS) analysis which revealed that 33 per cent of the population do not have access to a safely-managed drinking water source.

As high humanitarian needs persist in 2020, partners will focus on delivering humanitarian assistance to the people who are in most acute need. The total population targeted for assistance is 5.5 million people. The 31 per cent increase in the total number of people targeted is mainly due to the increase in the number of people targeted in the Health Sector. In 2020, WHO has expanded its coverage to all children under 15, compared to 2019, where WHO targeted only children under-five and adults. At the same time, this health modality is less costly, hence the slight reduction in appeal amount.

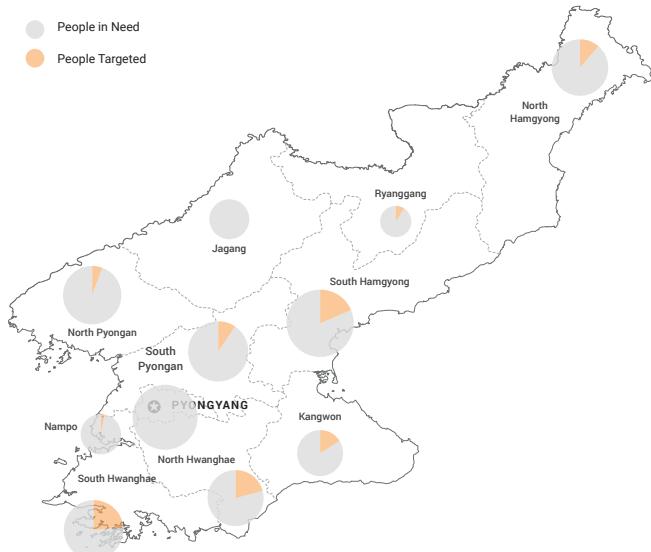
For the total number of people targeted, the targeted figure for children under-five is based on the Nutrition Sector figures, which targets almost the whole under-five case-load. For people over-five, the number is based on a combination of Food Security, Health and WASH figures.

| SECTOR                      | REQUIREMENTS<br>(US\$)   | OPERATIONAL<br>PARTNERS | PEOPLE<br>IN NEED | PEOPLE<br>TARGETED |
|-----------------------------|--|-------------------------|-------------------|--------------------|
| Food Security & Agriculture | \$29 M  | 9                       | 10.1 M            | 1.3 M              |
| Health                      | \$21 M  | 3                       | 8.7 M             | 5.5 M              |
| Nutrition                   | \$50 M  | 6                       | 10.4 M            | 2.0 M              |
| Water, Sanitation & Hygiene | \$7 M   | 6                       | 8.4 M             | 0.3 M              |
| <b>Total</b>                | <b>\$107 M</b>   | 10                      | 10.4 M            | <b>5.5 M</b>       |

### 3.1 Food Security and Agriculture

PEOPLE IN NEED **10.1M** | PEOPLE TARGETED **1.3M** | REQUIREMENTS (US\$) **\$29M**

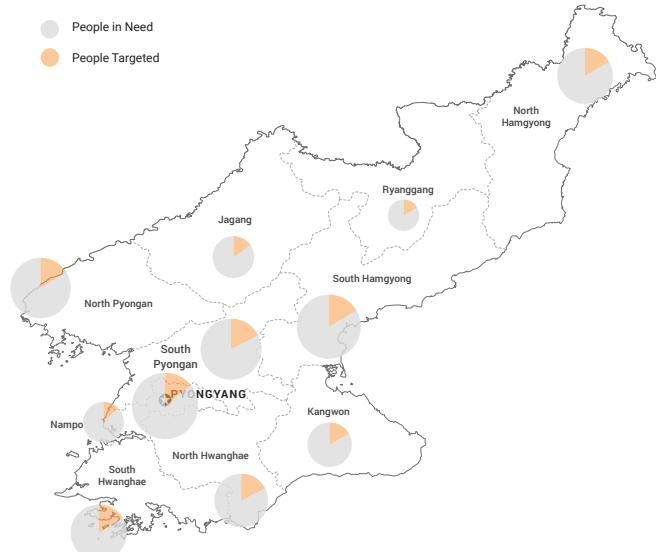
● People in Need  
● People Targeted



### 3.2 Nutrition

PEOPLE IN NEED **10.4M** | PEOPLE TARGETED **2.0M** | REQUIREMENTS (US\$) **\$50M**

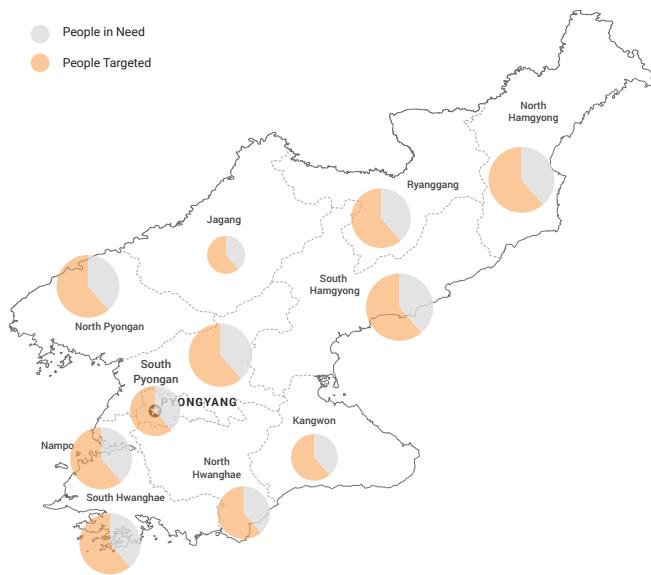
● People in Need  
● People Targeted



### 3.3 Health

PEOPLE IN NEED **8.7M** | PEOPLE TARGETED **5.5M** | REQUIREMENTS (US\$) **\$21M**

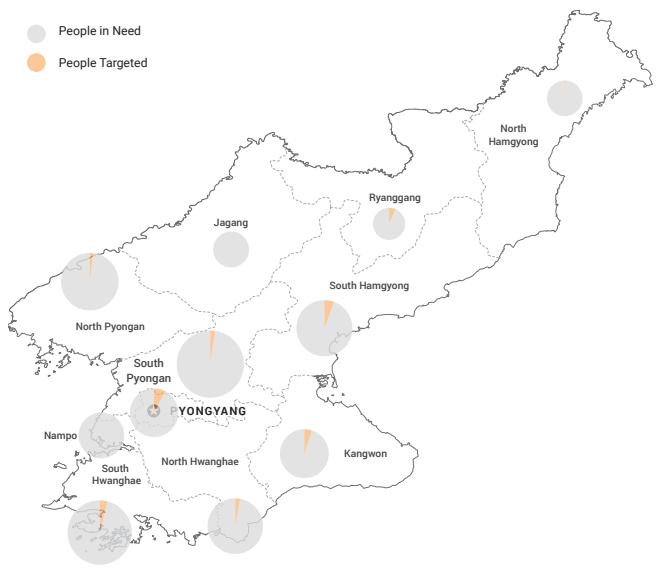
● People in Need  
● People Targeted



### 3.4 Water, Sanitation & Hygiene

PEOPLE IN NEED **8.4M** | PEOPLE TARGETED **0.3M** | REQUIREMENTS (US\$) **\$7M**

● People in Need  
● People Targeted



**% of people targeted vs. people in need (by sector, by province)**

| SECTOR/PROV.  | JAGANG | KANGWON | NAMPO | N. HAMGYONG | N. HWANGHAE | N. PYONGAN | PYONGYANG | RYANGGANG | S. HAMGYONG | S. HWANGHAE | S. PYONGAN | GRAND TOTAL |
|---------------|--------|---------|-------|-------------|-------------|------------|-----------|-----------|-------------|-------------|------------|-------------|
| Food Sec./Ag. | 0%     | 20%     | 3%    | 13%         | 27%         | 6%         | 0%        | 10%       | 23%         | 32%         | 11%        | 13%         |
| Nutrition     | 18%    | 20%     | 15%   | 20%         | 22%         | 19%        | 17%       | 21%       | 20%         | 20%         | 22%        | 19%         |
| Health        | 63%    | 63%     | 63%   | 63%         | 63%         | 63%        | 63%       | 63%       | 63%         | 63%         | 63%        | 63%         |
| WASH          | 0%     | 6%      | 0%    | 1%          | 3%          | 2%         | 8%        | 7%        | 6%          | 4%          | 2%         | 4%          |
| GRAND TOTAL   | 36%    | 47%     | 63%   | 62%         | 44%         | 48%        | 25%       | 63%       | 49%         | 46%         | 44%        | 52%         |

## 3.1

# Food Security & Agriculture



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|----------|
| <b>10.1 M</b>  | <b>1.3 M</b>    | <b>\$29M</b>        | <b>9</b> |

### Objectives

**Sector Objective 3.1.** Increase availability of food and improve nutrition for the population by increasing the production of staples and other food products using sustainable production practices (supports Strategic Objective 3).

**Sector Objective 3.2.** Increase resilience of vulnerable communities, farmers and cooperative farms to the impacts of recurrent natural disasters and climate change (supports Strategic Objective 3).

### Priority Needs

Around 10.1 million people, or 39.6 per cent of the country's population, are food insecure. Food insecurity is mainly driven by insufficient agriculture production, household inability to access diversified food, poor food utilization and a limited ability to cope with recurrent natural disasters, which have a major impact on productive assets. Poor food consumption and inadequate dietary diversity, resulting from an insufficient supply of fruits, vegetables and animal-source foods, have a direct impact on the chronic malnutrition situation, especially on children, women of reproductive age and the elderly.

### Response

**Priority interventions:** To address the food security and agriculture needs, the Sector will work on all four food security pillars – availability, access, utilization and stability – focusing on the following areas: 1) reinforcing household and community resilience, especially against natural hazards, by building and rehabilitating productive assets and providing conditional food transfers; 2) increasing access to more diverse, safe and nutritious food for the food insecure population, with special emphasis given to children, women and the elderly, including through specific interventions, such as supporting cooperative farms and household agriculture production; and, 3) strengthening the national capacity of food production and food systems.

The Sector supports the Government's goal of addressing short-term food shortages and improving the resilience of food production to external shocks so as to increase national food production and improve the nutritional status of the population. In 2020, the Sector will assist nutrition-sensitive food production of main staple crops (rice, maize, potato), vegetables, soybean, livestock and fisheries

through the provision of agricultural inputs such as fertilizers, seeds, plastic sheets, farming equipment and small livestock. The work of the Sector will include the introduction of new farming techniques to ensure sustainability and improve management of resources as a way of increasing resilience, providing support at both community and household levels.

The response to recurrent climate change induced disasters such as flood and drought will be provided through the support to vulnerable populations, communities and farmers with resilience building activities. Small-scale community interventions, such as rehabilitation of productive assets i.e. damaged irrigation schemes and river embankments, the desilting of riverbeds, and tree planting for soil erosion prevention will help mitigate the impact of natural hazards on agriculture production. In implementing these programmes, "food for assistance for assets" is often used – a conditional food transfer modality. Capacity building on food security awareness, preparedness and technical support are also part of the Sector strategy.

**Partnerships:** The Sector works closely with the National Coordinating Committee of the Ministry of Foreign Affairs, Central Bureau of Statistics, Ministries of Agriculture, Fisheries, Land and Environment Protection, the Academy of Agriculture Sciences, the State Commission on Emergency and Disaster Management, and the Forest Management Research Institute. Sector partners also work with Land Users' Groups responsible for managing sloping lands and the Ministry of Food Processing and Daily Necessities, which oversees all aspects of food processing.

**Complementarity:** The Food Security & Agriculture Sector aims to strengthen coordination with the Nutrition and Health sectors whilst enhancing collaborative activity with other stakeholders engaged in disaster risk reduction efforts to improve the nutritional situation and mitigate risks caused by natural hazards. The Sector is a platform for all food security and agriculture agencies to coordinate their responses and supports members with technical guidance, as well as quantitative and qualitative analysis.

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

**SOUTH HAMGYONG, DPRK**

A government-run factory in South Hamgyong produces fortified biscuits that will be distributed to WFP-supported institutions across the county.  
Photo: WFP/Colin Kampschoer.



### Breakdown

| PEOPLE TARGETED | % FEMALE     | MALE UNDER 5 | FEMALE UNDER 5 | MALE OVER 5 | FEMALE OVER 5 |
|-----------------|--------------|--------------|----------------|-------------|---------------|
| <b>1.3M</b>     | <b>52.7%</b> | <b>5%</b>    | <b>5.4%</b>    | <b>42%</b>  | <b>47.3%</b>  |

## 3.2

# Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|----------|
| <b>10.4 M</b>  | <b>2.0 M</b>    | <b>\$50M</b>        | <b>6</b> |

### Objectives

**Sector Objective 1.1.** Support equitable access to quality preventive and curative nutrition services among under-five children and women of childbearing age (supports Strategic Objective 1).

**Sector Objective 1.2.** Support equitable access to nutritious, safe and sufficient food and micronutrients for vulnerable groups: under-seven children, pregnant women, lactating mothers and TB patients (supports Strategic Objective 1).

### Priority Needs

In DPRK, acute and chronic malnutrition remains one of the drivers of morbidity and risk of death for children under-five. Malnutrition among children and women of reproductive age is a nationwide problem. Young children and pregnant and lactating women particularly suffer from chronic malnutrition because their diets lack essential vitamins, minerals, proteins and fats. One-third of children aged 6-23 months do not receive the globally defined minimum acceptable diet, the combination of both the minimum diversity of foods and minimum number of feeds. This contributes to one in five children suffering from stunting (chronic malnutrition). Chronic food insecurity, as well as poor water and sanitation and poor hygiene practices, are primary contributors to chronic undernutrition in the country and expose the population to significant health risks. Three per cent of children under-five (approximately 140,000) are expected to be affected by wasting, of whom around 30,000 face an increased risk of death. In addition, high rates of iron deficiency anaemia (29 per cent) were recorded in children and women 15-49 years old (31 per cent) in the 2012 National Nutrition Survey. Complementing nutrition-specific and nutrition-sensitive interventions are necessary to help break the inter-generational cycle of under-nutrition and address the underlying factors.

### Response

**Priority Interventions:** In 2020, the Nutrition Sector will maintain its proactive approach to addressing malnutrition including micronutrient deficiencies with a focus on the first 1,000 days of life, which is the window of opportunity and is at the heart of nutrition-focused assistance and advocacy. Emphasis on maternal and adolescent nutrition will also be integrated. Nutrition actors will aim at providing a full package of nutrition services to the most

vulnerable target groups, notably children under-seven, pregnant and lactating women, and adolescent girls. Locally produced supplementary fortified food will be distributed through public institutions such as nurseries, kindergartens, orphanages and hospitals.

Nutrition support will also target TB in-patients through hospitals and TB out-patients for better nutrition and immunity. Local factories will also be supported for the production of fortified blended food. Further scaling-up of and strengthening nutrition interventions, such as promotion of optimum infant and young child feeding (IYCF) practices, dietary and multiple micronutrient supplements for young children, pregnant and lactating women, and adolescent girls, and services for the prevention, early detection, referral and treatment of severe and moderate acute malnutrition with concurrent illnesses will remain a priority.

**Complementarity:** Acknowledging the importance of a multi-sectorial approach, Nutrition partners will work alongside the partners of other sectors. Food Security and Nutrition coordinate closely to ensure a common approach to addressing needs. In addition, the Nutrition Sector will be working closely with Health to support patients, including those with TB. Furthermore, sector partners in Nutrition and WASH will also continue to collaborate in order to mitigate the lack of access to sufficient WASH facilities, particularly in public child institutions, and sanitation practices.

The Sector will also collaborate in joint programming and monitoring, maintaining a database of monitoring tools, data management and use of MICS results, and other relevant information. Capacity development for Government partners at national, provincial, county and ri (village) levels will focus on strengthening community management of acute malnutrition, counselling on IYCF practices and food fortification. At the sub-national level, trainings on food safety and quality of fortified foods will be delivered in selected local factories and institutes. Nutrition investments will also be used to support improvements in hygiene and safety in food preparation at children's institutions.

**Coordination:** The Nutrition Sector Working Group is co-led by UNICEF and WFP.



JONGJU CITY, DPRK

A household doctor in Jongju City, DPR Korea, checks on the nutritional status of a two-year-old boy with his mother.

Photo: UNICEF/Simon Nazer.

## Breakdown

| PEOPLE TARGETED | % FEMALE | MALE UNDER 5 | FEMALE UNDER 5 | MALE OVER 5 | FEMALE OVER 5 |
|-----------------|----------|--------------|----------------|-------------|---------------|
| 2M              | 55.3%    | 40%          | 39.5%          | 5%          | 15.8%         |

### 3.3

## Health



| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|-----------------|---------------------|----------|
| <b>8.7 M</b>   | <b>5.5 M</b>    | <b>\$21 M</b>       | <b>3</b> |

### Objectives

**Sector Objective 1.3.** Contribute to sustained and equitable universal health coverage with emphasis on essential health services (Strategic Objective 1).

**Sector Objective 1.4.** Support enhanced quality health services to diagnose and treat communicable and non-communicable diseases, maternal and childhood diseases and services (Strategic Objective 1).

**Sector Objective 1.5.** Strengthen health emergency preparedness and response capacity (Strategic Objective 1).

### Priority Needs

The health infrastructure network in DPR Korea, although nationwide and with a high proportion of health personnel, continues to face challenges in delivery of quality health services. The problems faced in the country range from inadequate availability of essential, critical life-saving medicines; laboratory consumables and diagnostics; medical, therapeutic and diagnostic equipment; and, supplies for critical and emergency health interventions. The country also lacks adequate assistive and mobility devices for persons with disabilities, as well as limited professional competencies to equip and provide services. This situation is exacerbated in peripheral and rural areas by inadequate supply of safe water, stable electricity supply and heating, which pose a challenge in health facilities throughout the country. A major challenge being addressed through the health sector is maternal, infant and under-five mortality. The infant mortality rate is estimated to be 12 in 1,000 live births and under-five mortality is estimated to be 15 in 1,000 (MICS, 2017). Further, the Maternal Mortality Ratio is estimated to be 66 in 100,000, according to the Social Demographic and Health Survey of 2014. Nationwide, over 7.8 percent of deliveries are carried out at home and account for nearly two-thirds of all maternal deaths. Notably, these rates are higher in rural areas compared with urban areas. The Family Planning Programme has stagnated due to a single method dominance (Intrauterine Device - IUD), which accounts for over 90 per cent use among women that in turn indicates the need to increase access and availability to a wider range of contraceptive methods for women. In addition, substantive support to the geriatric population is necessary for their

needs to be met to ensure access to medical care is not unequal, nor inadequate. Further, the Integrated Management of Childhood illness for appropriate management of diarrhoea and ARI cases in newborns and children needs to be scaled up and strengthened.

The number of people at risk of acquiring Tuberculosis (TB) and Multi-Drug Resistant Tuberculosis (MDR-TB) is increasing, while around 9 million people are at risk of being malaria infected (World Malaria Report, 2019). The unavailability of substantive support, ranging from drugs to diagnostics, in these areas further risks transmission of the diseases and threatens the possibility of preventable deaths. The risk of transition and spread across borders to neighboring countries is of concern. This negatively impacts the promising gains made to eliminate malaria.

Overall soil-transmitted Helminthiasis prevalence, according to a 2016 survey, is 33 per cent among school attending children (SAC) and 33.9 per cent in preschool attending children (pre-SAC). Therefore, there remains a need to sustain the regular mass drug administration for children and increase coverage among women of reproductive age. Measures to ensure safe blood transmission and adequate screening for blood-borne communicable infections are equally as essential in the country.

Other public health challenges in DPR Korea are hypertension and diabetes, owing to the low service coverage for diagnosis and treatment. Most people are unaware of their status and at risk of developing non-communicable diseases (NCD), eventually adding increased risk of disability to an already-stretched health system. The need for enhancing routine health and logistic information is increasing in order to enhance the overall resilience of the health system. Further, there is also a need to enhance disease surveillance systems to ensure effective monitoring of identified indicators to track effectiveness of public health interventions and inform early response to threats.

### Priority Interventions - Response

Partners in the health sector will collectively strengthen the quality of health care services, especially targeting critical and life-saving health interventions, including surgical and anaesthesia care. Standard essential health service packages for maternal, neonatal, child and reproductive health, treatment for life-saving

communicable and non-communicable diseases will be developed and provided to all targeted health facilities. Sector interventions will be coordinated amongst all sector partners to implement the necessary standards, in collaboration with the Ministry of Public Health.

Interventions will include the provision of essential medicines for critical and life-threatening conditions, as well as for sexual and reproductive health at health facilities. Support will further include diagnostics, clinic and hospital equipment, consumables and supplies and equipment for disease detection and surveillance. Another key focus will be strengthening the capacity of health care providers, development and dissemination of treatment protocols and guidelines. Specific programmatic interventions for sexual reproductive, maternal, new-born, child and geriatric health; TB; malaria; NCD will be supported within the health system. To ensure equity in access to quality health care services, the strategy will prioritise health interventions in rural areas, especially hard-to-reach communities.

**Partnerships:** All national and international Health partners, including collaborating donors, work closely with the Ministry of Public Health (MoPH) which is responsible for the implementation of public health policy and delivery of services for treatment and prevention at all levels through Health Bureau's in the Provincial People's Committees and the Health departments of the county and Ri People's Committees.

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

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



## Breakdown

| PEOPLE TARGETED | % FEMALE | MALE UNDER 5 | FEMALE UNDER 5 | MALE OVER 5 | FEMALE OVER 5 |
|-----------------|----------|--------------|----------------|-------------|---------------|
| 5.5M            | 52%      | 15%          | 16%            | 33%         | 36%           |

3.4

# Water, Sanitation & Hygiene



PEOPLE IN NEED

**8.4 M**

PEOPLE TARGETED

**0.3 M**

REQUIREMENTS (US\$)

**\$7M**

PARTNERS

**5**

## Objectives

**Sector Objective 2.1.** Improve equitable access to at least basic and safely managed drinking water and sanitation services (Strategic Objective 2).

**Sector Objective 2.2.** Raise awareness on public health risks related to water, sanitation and hygiene and promote adequate and equitable hygiene practices at households, education institutions and health facilities paying special attention to the needs of women and girls and those in vulnerable situations (Strategic Objective 2).

## Priority Needs

According to the 2019 Joint Monitoring Programme (JMP) Report, around 33 per cent of people, or an estimated 8.4 million people, do not have access to safely managed water sources, rising to 50 per cent in rural areas. Amongst the most vulnerable households, 55 per cent of people from the lowest wealth index group are using contaminated household drinking water and more than 21 per cent of households in the country spend a significant amount of time collecting water (DPR Korea MICS, 2017), the burden of which falls primarily on women and children. One in five people do not have access to basic sanitation facilities. However, the bigger health concern is the unsafe disposal of human waste. Nine out of ten people in rural areas, and three out of ten in urban areas, live in environments carrying potentially deadly health risks due to the unsafe disposal of human waste and the use of unimproved sanitation facilities. Further analysis of the 2017 MICS outlined that stunting prevalence among those children living in households with access to an unimproved drinking water source is 60 per cent higher than of children living in households using an improved drinking water source. Children under-five using unimproved sanitation have diarrhea 36 per cent more often than those using improved sanitation. The 2017 MICS projected that 74 per cent of women and girls in rural areas are using reusable materials for menstruation, however, the lack of privacy in changing and washing facilities are partly causing absenteeism amongst adolescent girls' during menstruation.

Vulnerable population groups, such as young children living in households with an unimproved drinking water sources and unimproved sanitation, are regularly exposed to the risk of

waterborne diseases, for example, diarrhea, which is among the leading causes of child mortality in DPRK and one of the key underlying causes of acute malnutrition. Furthermore, lack of access to safely managed drinking water on premises requires families to spend substantial time in fetching water. Thus, support to the WASH sector is critical to improve quality of life and living standards, as well as to sustain gains made in the health and nutrition sectors.

## Priority Interventions - Response

WASH Sector partners will focus on improving access to basic and safely managed drinking water, sanitation and hygiene services, which is a basic human right as enshrined in the 2010 United Nations General Assembly resolution 64/292. This includes construction and rehabilitation of water supply systems, especially using Gravity Fed System (GFS) or solar powered pumping system technologies for households, schools, kindergartens, nurseries and health facilities.

Support will also focus on strengthening water source protection measures, water quality surveillance and monitoring, as well as, increasing household water connections to ensure more people have access to safely-managed drinking water services. In 2020, building on the momentum in the sector, WASH Sector partners will strengthen multi-sectoral innovative approaches to sanitation to safely treat excreta, remove harmful pathogens and recover nutrients through enhanced composting method, urine diversion dehydrating toilets (UDDT) and other sanitation systems. Hygiene promotion will focus on safe household handling and storage of water, hand washing with soap, hygienic use of toilets, and safe handling of food. Partners will also pay special attention to the needs of people with disabilities, promotion of menstrual hygiene management especially for adolescent girls, and training of household doctors and schoolteachers on hygiene promotion. Sector partners will ensure targeting at all levels for inclusive WASH, ensuring relevant facilities are catering to the needs of people with disabilities, children, women and adolescent girls in households, schools and health institutions.

Given the vulnerability of communities to recurrent natural disasters, and the impact on the sector, partners will seek to strengthen

emergency preparedness and response through enhanced sector coordination, utilizing needs assessments to ensure coordinated response, monitoring and reporting. The Sector will ensure adequate preparedness and contingency planning for WASH Sector support during emergencies and work alongside the HCT for efficient coordination, assessment and monitoring. The Sector will also maintain minimum prepositioned supplies for at least 10,000 families.

**Partnerships:** The WASH Sector works closely with the Ministry of Urban Management (MoUM), which is responsible for WASH implementation in the country, the Ministry of Public Health that is responsible for water quality and hygiene promotion, and the Grand People's Study House and Education Commission for awareness

raising and hygiene education.

**Complementarity:** WASH, nutrition and health interventions are closely aligned to ensure maximum impact on the improvement of health and nutrition conditions of women and children, particularly in the reduction of diarrhea and other waterborne illnesses, and to address the underlying causes of undernutrition. WASH partners also work closely with other humanitarian and development actors in resilience to ensure sustainable and environmentally appropriate solutions.

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



## Breakdown

| PEOPLE TARGETED | % FEMALE   | MALE UNDER 5 | FEMALE UNDER 5 | MALE OVER 5 | FEMALE OVER 5 |
|-----------------|------------|--------------|----------------|-------------|---------------|
| <b>0.3 M</b>    | <b>52%</b> | <b>5%</b>    | <b>5%</b>      | <b>43%</b>  | <b>47%</b>    |

Part 4

# **What if We Fail to Respond?**

## 4.1

# What if We Fail to Respond?

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### **10.1 million people, or 40 per cent of the country's population, will remain food insecure.**

Millions of people in the DPRK lack sufficient food and crucial dietary nutrients necessary to sustain a healthy life. For children and their mothers, these deficiencies have devastating, life-long impacts. Without nutrient-rich and appropriate food production of staple crops including vegetables and soybean, as well as sustainable interventions to support livestock and fisheries, chronic malnutrition will continue to affect the most vulnerable, especially children, women of reproductive age and the elderly. In addition, resilience-strengthening activities are aimed at preparing communities to better withstand future shocks related to recurrent climate change induced disasters.

### **Children will continue to suffer from undernutrition and die from common and preventable diseases.**

Without necessary access to essential health services and improved quality of water, hygiene and sanitation services, children under-five will remain at risk of dying from preventable illnesses such as pneumonia and diarrhoea. More than one in ten children suffers from diarrhoea, which in turn exacerbates already high rates of stunting and wasting. One out of five children under-five in DPR Korea is stunted and three per cent of children are affected by wasting. Under current conditions and in the absence of support for better access to water, health and sanitation service – in addition to sufficient and nutritious foods – it is estimated that one child would die every hour. Nutrition-specific and nutrition-sensitive interventions are necessary to help break the inter-generational cycle of under-nutrition and address the underlying factors. Over 90 per cent of under five deaths can be prevented through adequate nutrition, essential medicines and oral rehydration solution.

### **Maternal mortality ratio will remain high.**

A lack of quality reproductive health services drives a high maternal mortality ratio of 65.9 deaths per 100,000 live births. The leading direct causes of maternal mortality include hemorrhage, sepsis and infection, and eclampsia. Without adequate knowledge, practices and appropriate testing equipment, women will continue dying.

### **Tuberculosis incidence will continue increasing.**

Tuberculosis (TB) is highly prevalent, the prevalence rate estimated to be 641 per 100,000 as per national TB prevalence survey 2016, amongst the highest globally. The incidence rate of TB is 513 per 100,000 as per WHO Global TB Report 2019. Annually, around 110,000 cases of drug-susceptible TB are detected, with an estimated 5,200 new multi-drug resistant TB cases. Without predictable funding and quality treatment, 16,000 people may die from tuberculosis in 2020.

### **Over 8.4 million people could be exposed to public health risks due to unsafe water and sanitation.**

Without funding for interventions to provide access to safely managed drinking water source, up to 8.4 million people in DPR Korea (33 per cent of the population) could be exposed to severe public health risks, including an outbreak of waterborne diseases. The failure to reinforce the public health system will deprive us of the opportunity to make the people of DPR Korea less vulnerable to the consequences of potential epidemic or pandemic diseases.

## Part 5

# Annexes

## 5.1

# Participating Organizations & Funding Requirements

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## Funding Requirements by Participating Organizations

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| ORGANIZATION*                           | REQUIREMENTS (US\$) | SECTORS                      |
|---|---------------------|------------------------------|
| World Food Programme (WFP)              | <b>\$53.2 M</b>     | Food Security/Nutrition      |
| Food and Agriculture Organization (FAO) | <b>\$10.2 M</b>     | Food Security                |
| World Health Organization (WHO)         | <b>\$14.9 M</b>     | Health                       |
| United Nations Children's Fund (UNICEF) | <b>\$19.5 M</b>     | Health/WASH/Nutrition        |
| United Nations Population Fund (UNFPA)  | <b>\$2.0M</b>       | Health                       |
| EUPS 1 **                               | <b>\$1.3 M</b>      | Food Security/Health/WASH    |
| EUPS 3 **                               | <b>\$2.8 M</b>      | Food Security/WASH           |
| EUPS 4 **                               | <b>\$1.8 M</b>      | Food Security/Nutrition/WASH |
| EUPS 5 **                               | <b>\$0.4 M</b>      | Food Security/Health/WASH    |
| Mission East                            | <b>\$1.0 M</b>      | Food security                |

\* This does not include for IFRC or ICRC which have specific coordination mechanism and separate resource mobilization processes. IFRC through its operational plan is requesting CHF 7.4 M.

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

| EUROPEAN UNION PROJECT SUPPORT (EUPS) | EU NGOs                         |
|---------------------------------------|---------------------------------|
| EUPS 1                                | Première Urgence Internationale |
| EUPS 3                                | Concern Worldwide               |
| EUPS 4                                | Deutsche Welthungerhilfe        |
| EUPS 5                                | Triangle Génération Humanitaire |

### Funding Requirements by Sector

| SECTOR        | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) |
|---------------|----------------|-----------------|---------------------|
| Food Security | 10.1 M         | <b>1.3 M</b>    | <b>\$29 M</b>       |
| Health        | 8.7 M          | <b>5.5 M</b>    | <b>\$21 M</b>       |
| Nutrition     | 10.4 M         | <b>2.0 M</b>    | <b>\$50 M</b>       |
| WASH          | 8.4 M          | <b>307 k</b>    | <b>\$7 M</b>        |
| <b>Total</b>  | <b>10.4 M</b>  | <b>5.5 M</b>    | <b>\$107 M</b>      |

## 5.2

# Activities

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## Food Security and Agriculture

**WFP** plans to reach over 350,000 beneficiaries through Food Assistance for Assets (FFA) activities, aimed at mitigating the effects of natural disasters such as floods and drought. These activities serve both protective and productive purposes to improve food security. Community asset creation and rehabilitation activities are undertaken seasonally in spring and autumn and take place in the food-insecure and natural disaster-prone counties. Through FFA, WFP assists the efforts to rehabilitate damaged river embankments, desilt riverbeds and community water reservoirs, restore adequate irrigation water for agriculture production, and protect physical public infrastructure and communities living along the rivers. In addition, WFP also supports fruit and wood tree planting to help diversify agriculture production and prevent soil from erosion. In exchange for people's labour-intensive work, FFA participants and their families are provided with a take-home ration of cereals that helps diversify their families' diets and increases household food security.

**FAO** will target more than 513,000 beneficiaries in ten provinces. The priority is to provide farms with critical inputs that are essential for increasing production as well as productivity. Attention will be given to production of nutrient-rich foods. Inputs include soybean seeds, vegetable seeds, mushroom spores, small farm equipment and fertilizers/pesticides to increase production of protein-rich soybeans, nutrient-rich vegetables including mushrooms, and small livestock. Distribution is combined with training to increase productivity, improve agricultural practices and mitigate disaster risk. Additional action lines may be triggered by urgent needs, e.g. pandemic prevention - African Swine Fever (ASF) and Avian Influenza.

**EUPS 1** will target more than 142,000 beneficiaries in two provinces. Programs will aim to sustainably improve vulnerable populations' access to essential nutrients, especially proteins. Soybean products, goat milk, animal source food as well as greenhouse vegetables will be supported at collective farms' and small urban areas' level. Food production, processing and distribution will be enhanced through comprehensive chain approaches. Direct support to final beneficiaries, like children institutions or households, will be promoted.

**EUPS 3** is targeting 114,000 beneficiaries in two targeted provinces, North Hawanghae and Kangwon. EUPS 3 will continue assisting

extremely vulnerable communities through its multi-sectoral and integrated approach to ensure sustainable food and nutrition security, WASH and resilience building. The programme aims to achieve resilience building through scaling-up and promoting climate smart agriculture models, livelihoods assets development and enhancing local capacities to overcome the impacts of climate change and natural disasters. The activities primarily include the promotion of nutrition-sensitive programming with conservation agriculture and rice intensification systems, rehabilitation of solar greenhouses, household kitchen gardening support, fixed irrigation systems, and the provision of threshing and food processing equipment. Moreover, when necessary, the programming provides relevant emergency assistance, particularly food distribution, among extremely vulnerable and affected communities.

**EUPS 4** is targeting 28,000 beneficiaries by actively supporting agricultural innovation through projects implementing tissue culture laboratories and greenhouses for the production of virus-free potato seed, implementing cold storage facilities and advanced production facilities for vegetable, legume and grass seed and funding the development of digital farm management systems to increase the efficiency and productivity of co-op farms. EUPS 4 will also maintain its focus on nutrition-sensitive and climate-resilient agricultural production systems, setting-up agricultural field trials and emphasizing climate change related training sessions. The work with sloping land user groups will continue and contribute to the well-being of households in areas with marginal productivity, which has great importance for the stabilization of natural resources and ecological services avoiding/reducing soil erosion, inundations or other climate-related stress-events.

**EUPS 5** will target more than 160,000 beneficiaries in three provinces. Under a multi-sectoral approach (mainly through food security, protection, WASH, and nutrition sensitive programmes), the mission aims at providing humanitarian assistance primarily to the most vulnerable categories of population, namely children living in child institutions and the elderly. EUPS 5 focuses on specific food security activities like supporting the production of fish and vegetables for institutions for young children. For this intervention, EUPS 5 has two projects with 9,015 direct beneficiaries.

**Mission East** will continue to address food insecurity in Kangwon Province. Ten cooperative farms will receive training on potato cultivation, as well as virus-free seed potato, fertilizer, plastic

sheeting, and large storage units to improve crop yields and ensure minimal losses in post-harvest yields. This will directly benefit approximately 10,000 people on the farms, but it will also ensure that 50,000 people have access to a more climate resilient and nutritious staple food throughout the lean season. Similarly, Mission East plans to work with one cooperative farm in North Hwanghae to reduce food insecurity through potato cultivation, provision of agricultural machinery and with a pilot activity to promote slope stabilization through reforestation of fruit-bearing trees.

## Health

**UNFPA** programmes are expected to benefit an estimated 396,000 pregnant women. UNFPA interventions focus on increasing access to quality reproductive health services to ensure improved reproductive health, including safe motherhood and improved survival rates of newborns through provision of essential medicines, emergency obstetric care, related supplies and equipment to health facilities and training of health care providers. It will be complemented with training of midwives, support of maternal death surveillance and family planning services. In addition, UNFPA will continue to support interventions on data for humanitarian assistance and in monitoring of SDG indicators.

**UNICEF** will provide access to essential medicines in 50 priority counties to 5.5 million beneficiaries including 432,000 children under five, to oral rehydration salts and zinc to treat approximately 800,000 cases of diarrhoea among children under five, and to Emergency Obstetric and Newborn Care (EmONC) facilities to approximately 35,000 pregnant women. To contribute to the reduction of maternal, newborn, and child morbidity and mortality, UNICEF will support the Ministry of Public Health (MoPH) in strengthening equitable access to essential health care services, sustaining and scaling up high impact maternal, neonatal and child health services through Integrated Management of Neonatal Childhood Illnesses (IMNCI) and basic EmONC packages with a focus on effective delivery of life-saving assistance to areas most affected by the humanitarian crisis, especially in 50 priorities counties. Interventions will also focus on capacity building for correct case management and use of supplies will complement provision of commodities, whilst interventions to enhance resilience of the health system will assure sustainable delivery of quality and equitable life-saving services.

**WHO** aims to target over 2 million beneficiaries in all provinces and supports provision of policy and technical guidance along with logistical support to ensure the delivery of universal health coverage by further strengthening primary, secondary healthcare facilities. The emphasis has been to support development of strategies, guidelines, develop technical and managerial capacity, provisioning of essential life-saving medicines and equipment to health institutions for strengthening promotive, prevention and control of communicable and non-communicable diseases, improving maternal and children's health, including immunization services, and developing health systems, including blood transfusion services.

**EUPS 1** will target 12,000 beneficiaries to improve access to basic health services in South Hwanghae province. Primary health care equipment and hygiene kits will be supplied to rural clinics at collective farms' level. EUPS 1 also plans to extend its activities at county level, strengthening referral system, diagnostic protocols and medical treatment capabilities.

**EUPS 5** supports the Korean Federation for Care of the Aged (KFCA) at central, provincial and local levels in providing day multi-service care for around 3,000 elderly people in Senior Houses and supporting Old People's Houses (OPH) hosting isolated elderly people, in four provinces. In support of the elderly population, EUPS 5 will continue to support for adapted structures in Pyongyang and provinces. The current programme stresses the importance of social integration of the elderly and their medical, psychological follow ups. EUPS 5 targets 3,830 direct beneficiaries through this project.

## Nutrition

**UNICEF** will maintain support for the high coverage nutrition programmes aiming to reach at least 1.6 million children (6-59 months) with high-impact low-nutrition services such as Vitamin A supplementation, and screening and referral for treatment of 95,000 under-five children identified with SAM with or without complications and MAM with concurrent illnesses in all provinces. UNICEF plans to reduce exposure and risks of micronutrient deficiencies and will support multiple micronutrient supplementation, as well as scale up community Infant and Young Child Feeding (IYCF) counselling services. UNICEF targets 500,000 children (6-23 months) with multi-micronutrient powder supplements (MNP - Sprinkles) for home fortification of their complementary foods and 316,000 pregnant

and lactating women with multi-micronutrient tablets (MNT). UNICEF will continue strengthening technical knowledge and skills of health care providers on IYCF counselling and treatment of acute malnutrition.

**WFP** nutrition assistance is targeting more than 700,000 people in nine provinces, aiming to reduce hunger and prevent undernutrition. The assistance will consist of locally produced fortified cereals and biscuits, with a special focus on children's institutions, (i.e. nurseries, kindergartens, boarding schools and pediatric wards/hospitals), under-five children and pregnant and lactating women. TB patients and their families will also be targeted with nutritious food due to the strong correlation between TB and undernutrition. WFP will maintain operational and technical support to the eleven local food processing facilities to ensure production of high-quality blended foods and biscuits. WFP will continue discussions with the Government and in-country partners on food fortification. Assistance to beneficiaries will be continued on a regular basis to ensure populations most in need have adequate access to nutrition interventions.

**EUPS 4** activities aim at increasing the diversity and the nutritional value of food available to rural households focusing on the production of pulses, vegetables or potato. EUPS 4 will distribute food processing and preparation equipment, working with farms, kindergartens and nurseries and conducts awareness campaigns on nutrition and hygiene and develop and disseminate nutrition related information.

## **Wash, Sanitation and Hygiene**

**UNICEF** humanitarian programme primarily focuses on improving, at a minimum, access to basic and safely managed drinking water, sanitation and hygiene services. UNICEF, in collaboration with the Ministry of Urban Management, targets 223,000 people with the provision of a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through installation of longer-term water services and with immediate relief supplies during emergencies. WASH services will also be extended to schools, kindergartens, nurseries and health facilities. WASH services that meet the standards to reduce the risk of post-partum and neonatal infections among mothers and newborns respectively, and children who receive treatment for acute malnutrition, will be installed at the same health facilities supported with Emergency Obstetric and Newborn Care (EmONC) and nutrition services. Safe treatment of excreta using optimal composting methods and Urine Diversion Dry Toilets (UDDT) to remove harmful pathogens and recover nutrients will be implemented in vulnerable counties. Hygiene promotion will focus on safe household handling and storage of water, hand washing with soap, hygienic use of toilets, and safe handling of food. Menstrual hygiene management will be promoted in schools. Household doctors and school teachers will be trained and engaged

on hygiene promotion.

**EUPS 1** is targeting 35,000 beneficiaries in South Hwanghae province, improving access to running water and waste management in collective farms' children institutions, clinics and households. Programs also aim to enhance sanitation and hygiene, especially through safe food processing practices.

**EUPS 3** focuses on enhancing access to WASH facilities through sustainable water supply systems, sanitation facilities and effective hygiene promotion to reduce waterborne diseases. The programme aims to improve water supply, better sanitation facilities and transforming hygiene behaviour through construction of WASH facilities and capacity building. The programme will also up-scale inclusive WASH interventions particularly for menstrual hygiene management and people with disabilities, and hygiene promotion for children. Scaling up bio composting through building new facilities and community awareness to prevent health hazards will remain a part of the WASH programme. The programme target for 2020 is to reach over 20,297 beneficiaries in 21 Cooperative farms of North Hwanghae and Kangwon province.

**EUPS 4** is targeting 14,000 beneficiaries in two provinces with potable water supply through rehabilitation of water systems, including deep well drilling especially in rural areas and at nurseries, kindergartens, schools and health centers and will implement hygiene campaigns at these locations.

**EUPS 5** will target around 4,000 beneficiaries in two provinces, through hygiene and nutrition trainings in child and elderly institutions. The project also focuses on the delivery of solar water heaters, water filters, and the construction of irrigation systems and a pilot Decentralised Wastewater Treatment System (DEWATS) within the Food Security projects.

## People Targeted - Sex and Age Breakdown by Agency and by Sector

| AGENCY | SECTOR        | UNDER-FIVE |         | OVER-FIVE |           | TOTAL     |
|--------|---------------|------------|---------|-----------|-----------|-----------|
|        |               | Male       | Female  | Male      | Female    |           |
| WFP    | Food Security | -          | -       | 179,010   | 171,990   | 351,000   |
|        | Nutrition     | 167,263    | 160,705 | 104,271   | 215,834   | 648,073   |
| WHO    | Health        | 825,600    | 894,400 | 1,794,796 | 1,944,363 | 5,459,159 |
|        | Nutrition     | 800,000    | 800,000 | -         | 316,000   | 1,916,000 |
| UNICEF | Health        | 859,152    | 930,748 | -         | 95,835    | 1,885,735 |
|        | WASH          | 7,493      | 8,117   | 99,547    | 107,843   | 223,000   |
| FAO    | Food Security | 17,453     | 18,684  | 224,891   | 251,998   | 513,026   |
| UNFPA  | Health        | -          | -       | -         | 396,719   | 396,719   |
|        | Food Security | 4,158      | 4,158   | 62,896    | 71,584    | 142,796   |
| EUPS1  | Health        | 1,038      | 1,038   | 4,719     | 5,321     | 12,116    |
|        | WASH          | 4,159      | 4,159   | 12,322    | 13,987    | 34,627    |
| EUPS3  | Food Security | 3,261      | 4,164   | 46,584    | 59,487    | 113,496   |
|        | WASH          | 1,020      | 1,100   | 14,569    | 15,713    | 32,402    |
| EUPS4  | Food Security | 1,236      | 1,386   | 12,511    | 12,475    | 27,608    |
|        | WASH          | 434        | 434     | 5,760     | 5,761     | 12,389    |
|        | Food Security | 40,295     | 44,450  | 40,295    | 44,450    | 169,490   |
| EUPS5  | Health        | 640        | 705     | 640       | 705       | 2,690     |
|        | WASH          | 1,351      | 1,351   | 864       | 863       | 4,429     |

## 5.3

# How to Contribute

### Contribute to the Needs and Priorities Plan

To consult the 2020 Needs and Priorities plan and related documents, and to donate to organizations participating to the plan, please visit:  
<https://www.hpc.tools/>

### Contribute 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 around the world. The OCHA-managed CERF receives voluntary contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. CERF also provides funding to the world's most forgotten crises. Raising funds for the humanitarian

action in DPR Korea for the last decade has been extremely challenging. Humanitarian assistance to the most vulnerable people in the country is urgently needed. Find out more about the CERF and how to donate by visiting the CERF website: [www.unocha.org/cerf/our-donors/](http://www.unocha.org/cerf/our-donors/) how-to-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>.

SINCHON COUNTY, DPRK. Children play at a nursery in Sinchon County. Photo: OCHA/Anthony Burke.



# Acronyms

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|               |  |               |  |
|---------------|--|---------------|--|
| <b>CBS</b>    | Central Bureau of Statistics   | <b>TB</b>     | Tuberculosis   |
| <b>CEDAW</b>  | Convention on the Elimination of all Forms of Discrimination Against Women | <b>UDDT</b>   | Urine Diversion Dehydrating Toilets                                |
| <b>CRC</b>    | Convention on the Rights of the Child                                      | <b>UNCT</b>   | United Nations Country Team  |
| <b>CRPD</b>   | Convention on the Rights of Persons with Disabilities                      | <b>UNDP</b>   | United Nations Development Programme                               |
| <b>DPRK</b>   | Democratic People's Republic of Korea                                      | <b>UNFPA</b>  | United Nations Population Fund                                     |
| <b>EUPS</b>   | European Union Project Support   | <b>UNICEF</b> | United Nations International Children's Emergency Fund             |
| <b>FAO</b>    | Food and Agriculture Organization of United Nations                        | <b>UNOCHA</b> | United Nations Office for the Coordination of Humanitarian Affairs |
| <b>FFA</b>    | Food Assistance for Assets   | <b>UNRC</b>   | United Nations Resident Coordinator                                |
| <b>FSA</b>    | Food Security Assessment   | <b>UPR</b>    | Universal Periodic Review  |
| <b>FSO</b>    | European Union Food Security Office  | <b>WASH</b>   | Water, Sanitation and Hygiene                                      |
| <b>GFS</b>    | Gravity Fed System   | <b>WFP</b>    | World Food Program   |
| <b>HCT</b>    | Humanitarian Country Team  | <b>WHO</b>    | World Health Organization  |
| <b>IASC</b>   | Inter-Agency Standing Committee  |               |  |
| <b>ICRC</b>   | International Committee of the Red Cross                                   |               |  |
| <b>IFRC</b>   | International Federation of Red cross and Red Crescent Societies           |               |  |
| <b>INGO</b>   | International Non-Governmental Organisation                                |               |  |
| <b>IUD</b>    | Intrauterine Device  |               |  |
| <b>IYCF</b>   | Infant and Young Child Feeding   |               |  |
| <b>JMP</b>    | Joint Monitoring Programme Report  |               |  |
| <b>KFCA</b>   | Korean Federation for Care of the Aged                                     |               |  |
| <b>MDRTB</b>  | Multi Drug Resistant Tuberculosis  |               |  |
| <b>MICS</b>   | Multiple Indicator Cluster Survey  |               |  |
| <b>MoPH</b>   | Ministry of Public Health  |               |  |
| <b>MoUM</b>   | Ministry of Urban Management   |               |  |
| <b>NCD</b>    | Non-Communicable Diseases  |               |  |
| <b>NCC</b>    | National Coordinating Committee  |               |  |
| <b>PiN</b>    | People in Need   |               |  |
| <b>PoU</b>    | Prevalence of Undernutrition   |               |  |
| <b>PreSAC</b> | Pre-School Attending Children  |               |  |
| <b>RWG</b>    | Results Working Group  |               |  |
| <b>SAC</b>    | School Attending Children  |               |  |
| <b>SDC</b>    | Swiss Agency for Development and Cooperation                               |               |  |
| <b>SDHS</b>   | Socio-Economic Demographic Health Survey                                   |               |  |
| <b>SWG</b>    | Sector Working Group   |               |  |

# End Notes

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**NEEDS AND  
PRIORITIES  
DPR KOREA**

58

ISSUED APRIL 2020