



DPR Korea 2015

Needs and Priorities

Democratic People's Republic of Korea



United Nations

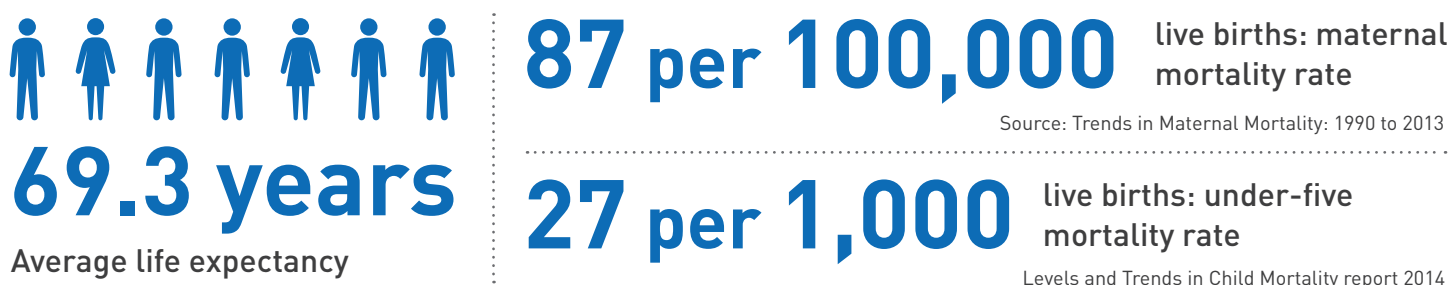
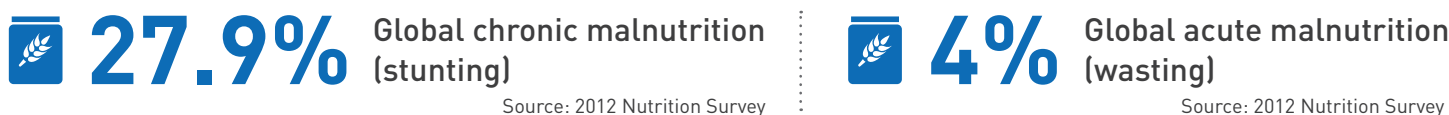
Democratic People's Republic of Korea: Reference Map



Map data source(s):
UN Cartographic Section, WFP, Natural Earth

Disclaimers:
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

HUMANITARIAN PROFILE



PRIORITY NEEDS

18 million people are food insecure and lack nutritional diversity.

From a population of 24.6 million, approximately 70 per cent (18 million) are food insecure and highly vulnerable to shortages in food production. Of the 18 million approximately 1.8 million children, pregnant and lactating women, and elderly are in need of specialised nutritious food designed to combat malnutrition. Food production is hampered by a lack of agricultural inputs, such as soybean seeds, fertilizer and plastic sheets. The chronic malnutrition (stunting) rate among under-five children is 27.9 per cent (about 540,000) while acutely malnourished (wasting) affects four per cent of children under-five (about 90,000). Essential supplies are required to manage severe acute malnutrition (SAM) and to provide micronutrient supplements to pregnant and lactating women and children in order to support their growth and development.

More than six million people need access to essential health services, including vaccines and other medicines.

DPR Korea faces significant health challenges, particularly in areas of maternal, child and reproductive health, health infrastructure and essential medicines with limited resources for basic medical treatment. Children under-five (approximately 1.7 million) are vulnerable to deadly diseases, such as pneumonia and diarrhoea, if they do not

receive the proper vaccinations or basic food, vitamins and micronutrients. A lack of access to essential supplies and services that reduce maternal and newborn mortality place 364,900 pregnant women at risk of common life-threatening conditions such as obstetric complications.

Seven million people need access to clean water and proper sanitation.

Access to clean water, sanitation and hygiene (WASH) education is necessary to prevent malnutrition and reduce the incidence of diarrhoea, respiratory illnesses and other diseases. However, access remains an ongoing challenge, especially for children in rural areas and those in institutions, such as nurseries, kindergartens and orphanages. Many health facilities do not have functioning water systems, which can cause an increase in hospital infection rates and further spread disease.

DPR Korea remains vulnerable to natural disasters.

DPR Korea continues to be challenged by dry spells, harsh weather conditions and localized flooding. Affecting 800,000 people in 2013, flooding occurred in the country in four of the last five years. Capacity building with key Government institutions in disaster preparedness is required to overcome these re-occurring crises, which further exacerbate people's vulnerabilities and increases their needs.



Credit: WFP

INTRODUCTION

In DPR Korea, external assistance continues to play a vital role in safeguarding the lives of millions whose food security, nutritional status and essential health needs would otherwise stand the risk of being seriously compromised. Without sustained humanitarian support, gains made in the past 10 years in food security, health, and nutrition, particularly among children, pregnant and lactating mothers, could be quickly reversed. However, funding for United Nations (UN) agencies decreased substantially over the past decade, from US\$300 million in 2004 to less than \$50 million in 2014.

This document provides an update to the Needs and Priorities in the DPR Korea document, released in 2013. The UN produced an Overview Funding Document in 2011 and it was revised in 2012 and 2013. Both the Needs and Priorities and Overview Funding documents highlighted the humanitarian needs and strategic interventions required in order to improve the lives of the most vulnerable people. The last Consolidated Appeal was produced in 2004.

For development activities, the United Nations Strategic Framework (UNSF) 2011-2015 aimed to support the Government of DPR Korea to improve people's quality of life, ensure sustainable development and achieve progress towards the Millennium Development Goals (MDGs). A comprehensive needs assessment was planned as part of the road map to developing the next UNSF for 2016-2020. However, the suspension of banking channels for fund

transfers due to international sanctions in March 2014 forced UN agencies to suspend some programmes and operations. As a result, the current UNSF was extended for a further year and the roadmap put on hold. For the next UNSF, the Government agreed to work towards "a hybrid document"-addressing short, medium and long term needs. Therefore, this advocacy paper provides an updated analysis of the critical needs and priority actions for UN agencies in 2015 until a more comprehensive needs assessment is conducted and the UNSF is developed and should be read in this context.

The DPRK United Nations Country Team (UNCT) has agreed the following strategic objectives for priority needs in 2015:

- ensure the most vulnerable people, particularly pregnant and lactating women and children under-five, have sufficient consumption of nutritious food;
- ensure the most vulnerable people including women, the elderly and children have access to basic health and water, sanitation and hygiene services; and
- strengthen the capacity of the DPR Korea Government to respond to natural disasters and improve the resilience of farming communities to recurring natural disasters.

SITUATION OVERVIEW

DPR Korea is both a silent and underfunded chronic humanitarian situation.

DPR Korea is both a silent and underfunded chronic humanitarian situation. While there is no classical humanitarian crisis, protracted and serious needs are persistent and need to be addressed. The country continues to suffer from food insecurity and limited access to quality food, health and WASH, resulting in chronic under-nutrition and poor health outcomes. The UN continues to approach the protracted crisis through a sustained humanitarian response that aims to address both the immediate needs and the root causes of vulnerability.

While the humanitarian situation, particularly food production, improved slightly in recent years, critical needs remain. The majority of people remain food insecure and highly vulnerable to shocks, particularly natural disasters. Malnutrition rates continue to be a public health concern with significant gaps remaining in nutritional intake. Under-nutrition is a major underlying cause of maternal and child mortality and morbidity. Health service delivery is inadequate, with many areas of the country not equipped with sufficient facilities, equipment or medicines to meet people's basic health needs. Safe drinking water and adequate sanitation services are a fundamental problem, contributing to high instances of diarrhoea, respiratory infections and waterborne diseases.

WHY IS THE HUMANITARIAN COMMUNITY STILL NEEDED IN DPR KOREA?

WEAK NATIONAL CAPACITIES

The natural crises over the last three years reemphasized the fragility of the national emergency response capacities and the need for continuous international support to bolster Government response. A critical role for the humanitarian community is supporting Government to build national capacity and enable authorities to increase readiness, particularly with the National Bureau of Disaster Management (NBDM), established in 2012.

NATURAL HAZARD RISK

DPR Korea faces recurring natural hazards, such as intense rain, floods and droughts. According to the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Regional Focus Model, which measures the risk of a country to humanitarian crises and disasters and its capacity to respond, DPR Korea ranks eight in the region in terms of hazards, vulnerability and coping capacity. The presence of the international community helps monitor, prepare, mitigate and respond to such emergencies. Taking into consideration the relative inaccessibility to reliable information and the sensitivity of the DPRK Government to engage strategically with external organizations, the presence of the international team on

the ground will support and facilitate healthy engagement among stakeholders.

VULNERABILITY TO SHOCKS

The DPR Korea economy remains fragile despite international aid and gradual improvements in agriculture production in recent years. As agriculture is the backbone of the economy, weak resilience and susceptibility to shocks exacerbates the country's economic vulnerability. Furthermore, the difficulties in securing required energy to sustain the increasing demands of production, the weak infrastructure and logistical support, imbalanced import-export policies, difficulties in introducing new technologies, and international sanctions all contribute to an unstable economy that could provoke potential humanitarian crises.

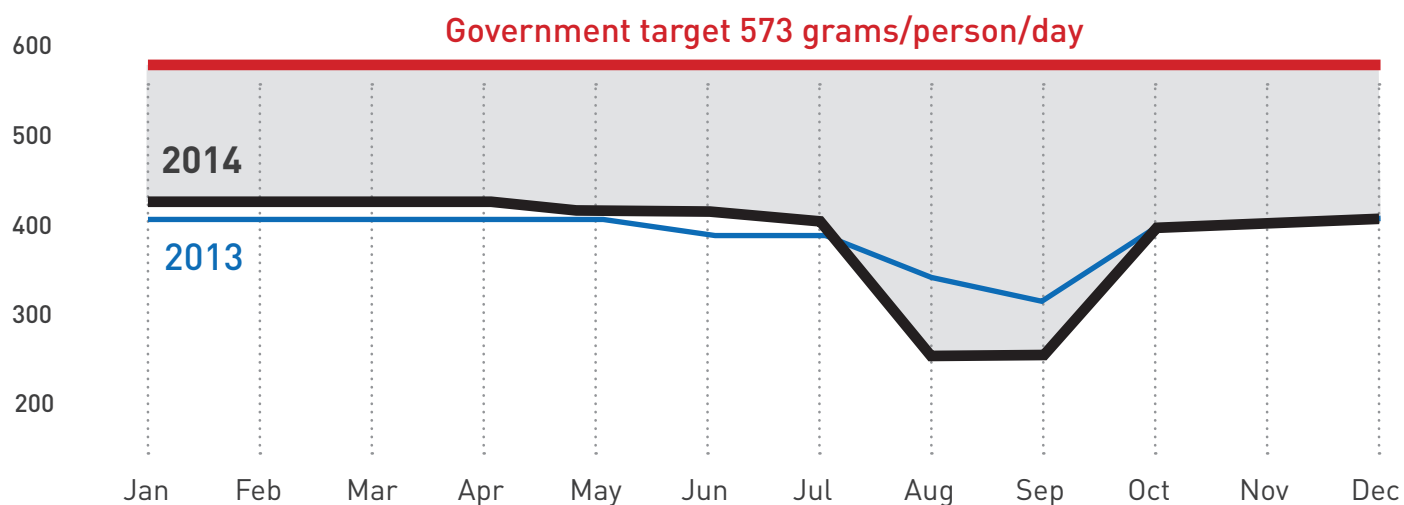
Whilst there is a continued risk that a natural hazard or other unexpected shock could cause a new humanitarian crisis, there are still critical day-to-day needs across the food security, nutrition, health and water and sanitation sectors where the support of the international community is required.

IMMEDIATE NEEDS AND PRIORITIES

FOOD SECURITY AND MALNUTRITION



PUBLIC DISTRIBUTION SYSTEM RATION 2013-2014



Food and nutritional security across all of DPR Korea remains a significant challenge. An estimated 70 per cent of the population (18 million people) rely on the Public Distribution System (PDS) for food, which is vulnerable to fluctuations in production. The Government's target is to provide 573 grams of cereal per person per day. However, in 2014 the average PDS ration was 383 grams. Further reductions to 250 grams per day during August and September 2014 were the lowest since 2012. A lack of agricultural inputs (seeds, fertilizer and plastic sheets) remains the main challenge for food production. Data indicates that only 16 per cent of countrywide households experience acceptable food consumption standards (source: 2013 CFSAM), with serious gaps remaining between the recommended and actual nutrient intake. Of these, approximately 1.8 million people, among them children, pregnant and lactating women, and the elderly, rely on regular specialised nutritious food designed to combat malnutrition.

DPR Korea's Crop Production and Food Security Assessment (CPFSA), carried out by the Government in November 2014, reported a modest increase of 48,700 MT in cereal production in 2014, despite a prolonged dry-spell from spring to autumn. However, production did not reach the targeted level, which was higher than previous years due to increases in consumption patterns, as well as the need to use cereals for seed and livestock feed. As a result

The Public Distribution System, used as a Government-managed system for food distribution, was established in DPR Korea in 1946. This centrally controlled system is based on national production estimates and planned food imports. The Food Procurement and Administration Ministry determines ration sizes for cereals, cooking oil, and pulses and allocates the rations to the entire population.

There are two consumer groups for the PDS: cooperative farmers (30 per cent) and PDS dependents (70 per cent).

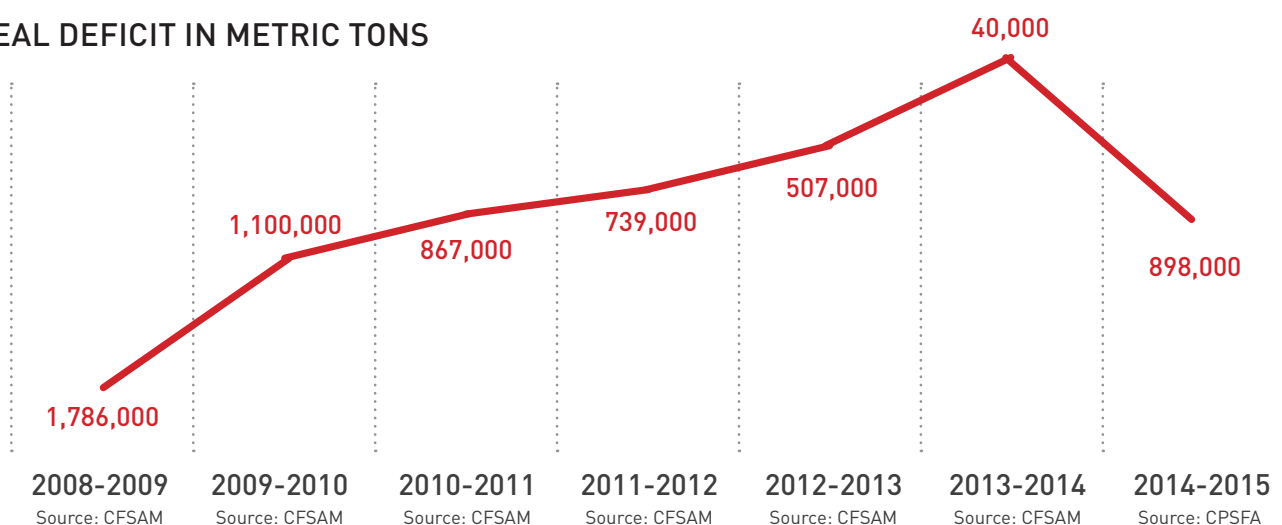
Actual ration sizes received by PDS households vary depending on availability, household size, age composition and occupation of the husband and wife. These factors make it complicated to exactly determine reported and received ration size at the household level. Although ration sizes are prescribed and consistent throughout the country, the composition of PDS rations changes considerably from region to region, depending on the type of commodities locally available.

IMMEDIATE NEEDS AND PRIORITIES

FOOD SECURITY AND MALNUTRITION



CEREAL DEFICIT IN METRIC TONS



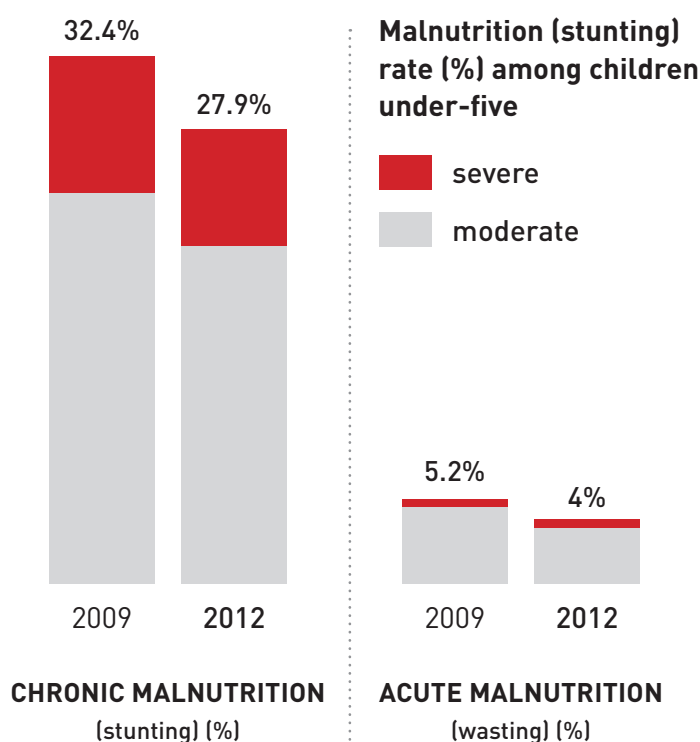
the shortfall of cereal increased from 40,000 MT in 2013¹ to 891,508 MT in 2014². Soybean production also decreased to 160,364 MT in 2014; approximately 1.83 per cent lower than 2013 and the third consecutive year of decline. Crop rotations of soybeans are critical to improve nitrogen levels in the soil and also to provide dietary protein for a number of protein-rich products, such as soymilk, soy-sauce and soy-flour. The estimated level of vegetable production was 0.45 million MT³ against a requirement of 2.50 million MT, leaving a gap of 2 million MT⁴. Despite improved harvests in some crops, the food security situation will remain similar to previous years with poor food consumption in most households.

Chronic under-nutrition affecting women and children under-five is a serious public health issue and a major underlying cause of maternal and child morbidity and mortality. The causes of under-nutrition are related to food inadequacy and a serious lack of food diversity to meet the nutritional requirements for healthy growth, as well as deteriorated health and WASH services. Despite slight increases in the production of rice and maize, there was a decrease in soybean production, one of the main sources of protein for people. This is a result of three consecutive years of dry conditions and poor quality seeds, and the limited production of vegetables, has further contributed to inadequacy in food diversity across the country. A mid-term programme review conducted by WFP in July 2014 revealed that of the 133 households interviewed, 81 per cent did not consume an acceptable diet in the week prior to interview – in terms of the quality and frequency of the foods consumed.

NATIONAL NUTRITION SURVEY OCTOBER 2012

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

50% of mothers do not have minimum dietary diversity



1. According to the joint Government and UN Crop and Food Security Assessment Mission report

2. In 2014, the Government chose to conduct its own food security assessment, the Crop Production and Food Security Assessment without support from the UN.

3. Assuming average productivity of 15 MT/ha from an area of 30,000 hectares.

4. This is based on a minimum dietary requirement of 300 g vegetables per person per day.

IMMEDIATE NEEDS AND PRIORITIES

FOOD SECURITY AND MALNUTRITION



The 2012 National Nutrition Survey found that approximately 85 per cent of children under-24 months, as well as 50 per cent of mothers, do not have minimum dietary diversity. The average chronic malnutrition (stunting) rate among children under-five is 27.9 per cent (down from 32.4 per cent in 2009), while the acute malnutrition (wasting) rate is four per cent (down from 5.2 per cent in 2009). Anaemia prevalence is very high in children (29 per cent) and women (31 per cent). Without proper nutritional care, increased protein, energy and micronutrient intake, stunted and wasted children will be at risk of high morbidities and excess mortality, and will continue to suffer poor growth - never reaching their full potential. Evidence shows that the effects of poor nutrition often have longer term implications in human development and can carry over to the next generation, as inadequately nourished mothers tend to have low birth weight children, propagating the inter-generation cycle of under-nutrition.

1.8M

WFP's food assistance targets 1.8 million children, pregnant and lactating mothers in nine provinces

UN RESPONSE

WFP's food assistance targets 1.8 million children, pregnant and lactating mothers in 87 counties in nine provinces⁵ in order to reduce hunger and address under-nutrition.

WFP's targeting is informed by the results of its comprehensive household food security assessments that are conducted annually. Results are triangulated against the latest nationwide 2012 Nutrition Survey and data collected by WFP staff as part of their regular monitoring activities. WFP upholds the principle of "no access, no assistance", meaning it does not provide food assistance to a county unless it's international staff can monitor all phases of the distribution chain. As WFP does not have access to Jagang Province they do not operate there, despite relatively high levels of malnutrition.

Shortages in food assistance lead to a deterioration in the nutrition and health status of young children and women, particularly pregnant and lactating women. Additionally, poor dietary diversity and limited protein intake mean the provision of only super cereals will not guarantee a sustained or improved nutritional situation. WFP's focus on providing quality food to pregnant and lactating women

ensures a future generation of healthy and well-nourished people. To do this however WFP need to be able to secure the full food basket of commodities in order to prevent and treat under-nutrition. A combination of super cereal, pulses and vegetable oil provides a minimal food-based intervention with nutritional content meeting energy, protein and micronutrient requirements. Due to resource constraints to date, WFP is not able to provide the full food basket, particularly pulses and oil.

Malnutrition is a multi-faceted problem:

Globally, improvements in comprehensive nutrition are not only about access to food but also about nutrition security, which is impacted by the quality of available food (including its micronutrient content), dietary intake and access to safe drinking water. Children are most at risk of chronic under-nutrition (stunting) in the first two years of life, when nutritional intake is critical. High food prices and climate change exacerbate hunger and poor nutritional outcomes for vulnerable groups, with women and children being particularly at risk, as they have special nutritional needs.

In DPR Korea many children suffer from a poor quality diet as well as poor access to safe water and sanitation, sub-optimum and poor quality health services, making them highly susceptible to illness and water borne diseases. Improvements in nutrition after the first two years of life have minimal impact on reduction of stunting, as it is usually irreversible after 24-36 months. Even with optimum breast feeding, children are at greater risk of becoming undernourished if they fail to receive adequate complementary foods after six months, cannot access clean drinking water, or do not receive required immunizations, timely care and treatment of common childhood illnesses.

Effective household and community practices in maternal and child-care, and access to basic social services are vital to prevent and rescue acute and chronic malnutrition as well as related illnesses, and excess mortality among under-five children.

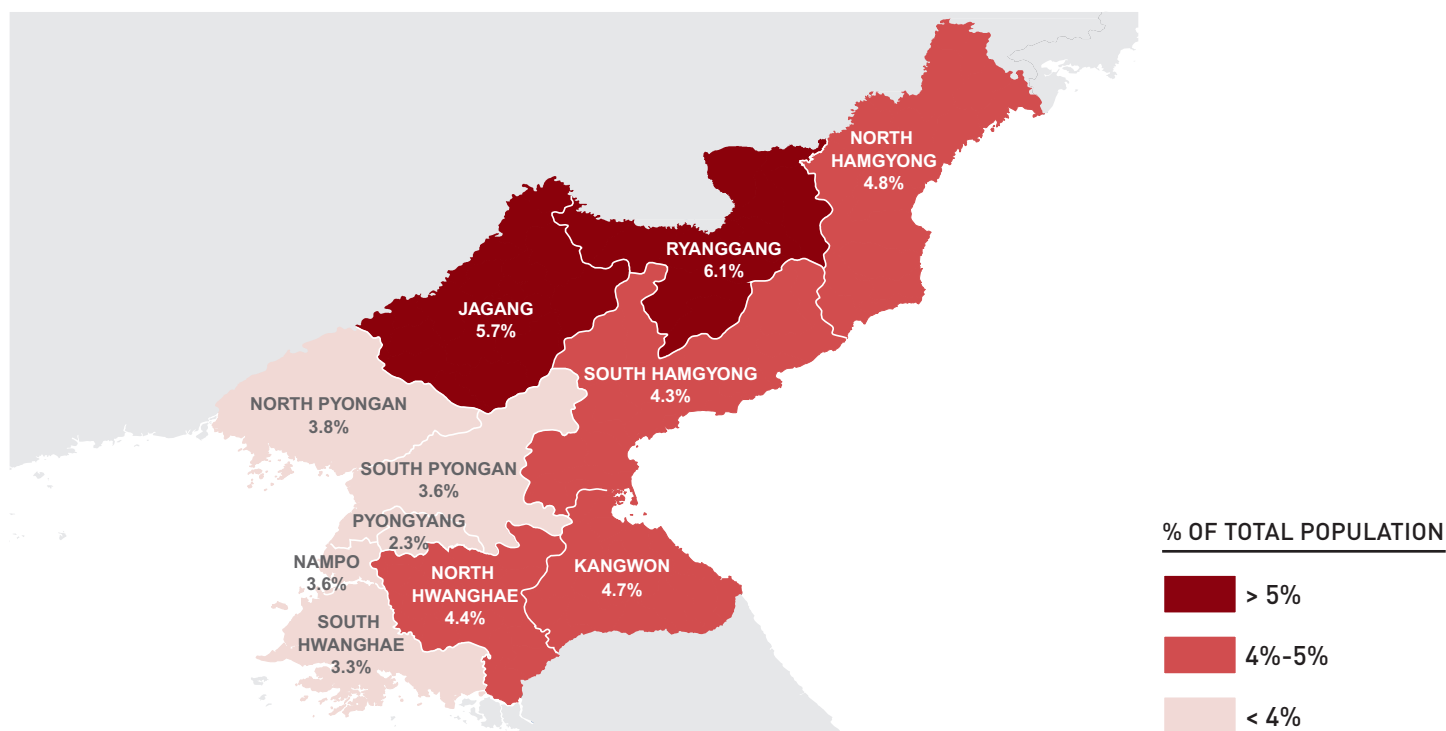
5. Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan and Nampo Provinces.

IMMEDIATE NEEDS AND PRIORITIES

FOOD SECURITY AND MALNUTRITION



GLOBAL ACUTE MALNUTRITION (% OF TOTAL POPULATION)



FAO's assistance targets over 127,300 vulnerable cooperative farmers (62,308 men; 62,308 women; and 7,076 children under-five) at 120 cooperative farms⁶ in eight provinces⁷. These farms are selected as either having a shortage of basic agricultural inputs or for their production potential. FAO consults and agrees with the Ministry of Agriculture which farms are prioritised for this intervention.

Their priority is to provide soybean seeds and fertilizers to increase protein rich soybean and nutrient rich vegetable production. Due to the short cropping season, plastic sheets are provided to cover rice and maize seedling in the seedbeds during spring, ensuring the seedlings are kept warm and grow sufficiently before transplanting to the field. This speeds up plant growth and assists in producing a good harvest. In addition to the provision of critical agricultural inputs, FAO supports activities focusing on appropriate land management and conservative agriculture, rehabilitation of irrigation facilities and construction of seed storage facilities. Failure to support the agricultural sector will also result in a widening of next year's food gap maintaining a dependency on food imports and international assistance. It also negates any gains made to assist farmers in self-sufficiency.

To address under-nutrition, UNICEF intervenes on both curative and preventive aspects. In 2015-16, they aim to reach at least 23,000 SAM-affected children in four provinces⁸. UNICEF also plans to reduce the gap in micronutrient

supplementation, as well as scaling up community infant and young child feeding (IYCF) counseling services in all provinces. Target populations for micronutrient supplementation programmes are: multiple micronutrient powder (Sprinkles) for 6-23 month old children; vitamin A supplementation for 6-59 month old children; and multiple micronutrient tablets for pregnant and lactating women.

The fight against stunting needs to be strengthened during pregnancy and in the first 1,000 days of life (two years). While the management of SAM (wasting) needs to continue through scaling up and expanding geographical coverage of community management of acute malnutrition (CMAM) programmes, better targeting, and a more efficient and broad multi-sectoral approach, implementation of low cost interventions at scale all need to be prioritized and new interventions need to be institutionalized. Preventing mortality and morbidity in children aged 0-59 months through the management of SAM, the promotion of optimal growth and development through micronutrient supplementation, and the promotion of appropriate infant and young child feeding practices (early initiation and exclusive breast feeding with appropriate and timely introduction of complementary feeding), is also a focus.

6. There are a total of 3,900 cooperative farms in DPR Korea. per day.

7. Pyongyang, Nampo, South Pyongan, North Pyongan, Kangwon, South Hwanghae, North Hwanghae and South Hamgyong Province

8. Kangwon, North Hamgyong, South Hamgyong and Ryanggang Provinces.

IMMEDIATE NEEDS AND PRIORITIES

ACCESS TO ESSENTIAL HEALTH SERVICES



Credit: UNFPA

DPR Korea faces a multiplicity of health challenges, particularly in the areas of maternal, child and reproductive health. Availability of essential drugs, medical products and life-saving equipment, including ambulances, is limited at most levels, posing a key constraint for health services. According to WHO monitoring reports, gaps of an estimated 40 to 60 per cent exist in the provision of essential drugs and basic equipment in 125 counties the UN supports.

The health care system is unable to meet basic needs, with young children, pregnant and lactating women and the elderly particularly vulnerable. There are limited financial resources for the provision of basic equipment and essential medicines to treat people with life threatening conditions or to provide therapeutic feeding with acute malnutrition. High levels of malnutrition compound the situation, as it leads to overall poor health and reduced resistance to infection and disease. In addition, pregnancy related complications and post-operative complications can lead to disability and death if not treated. The maternity mortality ratio (MMR) is 87 per 100,000 live births, the infant mortality rate (IMR) 23 per 1,000 live births and the neonatal mortality rate (NMR) is 16 per 1,000 live births.

350,000 under-12 months and 364,900 pregnant women need immediate vaccinations

Over 350,000 children under-12 months and 364,900 pregnant women need immediate vaccinations. Children under-five (approximately 1.7 million) are vulnerable to deadly diseases, such as pneumonia and diarrhoea, if they do not receive the proper vaccinations or basic food, vitamins and micronutrients. Funding is urgently required to enable agencies to procure essential lifesaving vaccines and medicines to address avoidable illness and death as well as maintaining children and women's access to basic health services.

IMMEDIATE NEEDS AND PRIORITIES

ACCESS TO ESSENTIAL HEALTH SERVICES



Tuberculosis (TB) is a major public health challenge, with an estimated 2,500 people dying every year. Lack of treatment for approximately 3,900 cases of drug-resistant TB patients annually leads to unwarranted deaths and continued high transmission in the community. This includes care-givers (mainly women) and children as they are exposed to infected parents. The current case notification of childhood TB is estimated to be 1.9 per cent of all cases in 2013, with a strong need to improve detection and notification.

2,500 Tuberculosis is a major public health challenge, with an est. 2,500 people dying every year

Similarly, malaria remains a key public health challenge in the country and mass primaquine preventive treatment for children (8-14 years), insecticidal nets for households and other vector-control measures such as indoor residual spray are also required to help protect children and women from malaria⁹. Sustained funding for malaria and TB control interventions will be required to help strengthen the health system and minimize the burden of these diseases in children and women.

11m UNICEF support the provision of vaccines and essential medicines targeting over 11 million people

UN RESPONSE

Health is one of the largest sectors of intervention in DPR Korea. Collaborative programmes range from major public health priorities, to maternal and child survival, including expanded programmes on immunization. This also includes improved access to essential primary healthcare and strengthening of county level services. UNICEF support the provision of vaccines (BCG, measles and TB) and essential medicines in 94 counties in eight provinces¹⁰, targeting over 11 million people. They also provide emergency maternal and neonatal care (EmONC) in 16 counties in six provinces¹¹ to meet the needs of approximately 30,000 deliveries and newborn care annually. In addition UNICEF supports the

provision of vitamin capsules and deworming tablets for children under-five in eight provinces¹² twice a year during Child Health Days and raw material for the production of five million sachets of oral rehydration salts (ORS) annually.

WHO supports the provision of essential life-saving drugs to all provincial maternity hospitals, provincial paediatric hospitals and 100 county hospitals¹³. The same county hospitals also receive basic life-saving equipment for sick newborns and their mothers, such as neonatal resuscitation kits, oxygen concentrators, and anesthetic and surgical instrument kits for cesarean section. WHO aims to provide life-saving drugs and equipment to protect 120,000 pregnant women and their newborns from life-threatening conditions at birth. In addition 40,000 children with severe pneumonia, diarrhoea and other complicated conditions admitted to provincial pediatric hospitals, will receive appropriate life-saving care and treatment. UNICEF also provides essential medicines for primary healthcare centres and Ri clinics in 94 counties in all provinces.

40,000 children with severe pneumonia and other conditions will receive life saving treatment

UNFPA continues to support the Government in managing a pilot cervical cancer screening and treatment programme in two provinces¹⁴, making cervical cancer screening and treatment services available to almost 2 million women of reproductive age (aged between 15 and 49). The programme includes provision of equipment and capacity building activities, such as training of clinical service providers, distribution of guidelines and support for monitoring. UNFPA also focuses on increasing access to quality reproductive health services to ensure safe motherhood and improving survival rates of newborns through the provision of essential medicines and equipment. Two essential obstetric medicines are distributed nationwide targeting over 350,000 pregnant women. Also provision of other reproductive health equipment and supplies are focused specifically on 11 county hospitals in four provinces¹⁵, targeting 22,000 pregnant women.

9. More than 15,000 cases of *plasmodium vivax* malaria were reported annually 2009-13 in DPR Korea.

10. Pyongyang, North Hwangae, South Hwangae, Kangwon, North Hamgyong, South Hamgyong, Ryanggang and Nampo Provinces.

11. North Hwangae, South Hwangae, South Hamgyong, North Pyongan, South Pyongan and Kangwon Provinces.

12. Pyongyang, North Hwangae, South Hwangae, Kangwon, North Hamgyong, South Hamgyong, Ryanggang and Nampo Provinces.

13. Pyongyang, whilst considered a province, does not have provincial level hospitals. WHO does not currently support the general and district hospitals based in the city.

14. South Pyongan and South Hamgyong Provinces.

15. South Pyongan, South Hamgyong, North Hwangae and Kangwon Provinces.

IMMEDIATE NEEDS AND PRIORITIES

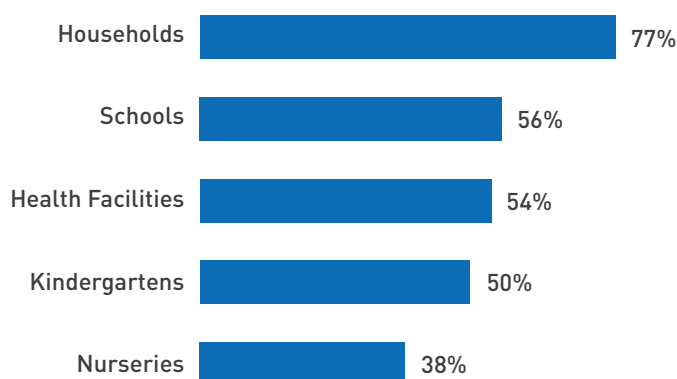
ACCESS TO CLEAN WATER AND PROPER SANITATION



Deterioration of water infrastructure, lack of resources to replace dilapidated facilities and constant power supply shortages continue to be fundamental problems. According to a 2013-2014 Water Assessment Survey conducted by the Government with UNICEF support, 20 per cent of the population face a gap in the water supply because of aged water systems with dysfunctional infrastructure. The main causes for non-functioning of water schemes are lack of electricity (49 per cent), the condition of pumping equipment (25 per cent), or ageing and leaking pipe networks (20 per cent). The survey also showed that coverage levels for safe water sources are poorer in health facilities and childcare institutions

PROPORTION OF HOUSEHOLDS, HEALTH AND CHILDCARE FACILITIES CONNECTED TO PIPED WATER

(2013-2014 Ministry of City Management and Central Bureau of Statistics Water Assessment Survey)



Malnutrition, inadequate access to safe drinking water and poor sanitation services, coupled with poor hygiene, are key factors contributing to the high incidence of respiratory and water borne diseases, with diarrhoea and pneumonia the top killers of children.

Most health and educational institutions do not have functioning water systems, which increases hospital infection rates and furthers the spread of infectious diseases. Lack of safe drinking water and sanitation coupled with poor hygiene conditions expose children to a vicious cycle of diarrhoea, pneumonia and malnutrition, causing 28 per cent of child mortality in 2009¹⁶. Global evidence shows

improved sanitation can reduce the incidence of diarrhoea in children by as much as 36 per cent¹⁷. Diarrhoea is one of two main killers of children under-five and the main reason for admissions to pediatric hospitals. On average, 10,500 children under-five die annually due to delayed or insufficient treatment and care. Shortages exist particularly at primary level health facilities in the rural areas where children and women are most vulnerable.

254,000 people gained access in 2014 to safe water through 7 gravity fed water supply systems

UN RESPONSE

In the WASH sector, approximately 254,000 people (about one per cent of the national population) gained access in 2014 to safe water through seven gravity fed water supply systems in three provinces¹⁸. UNICEF also provided WASH supplies, including the procurement of WASH emergency kits for 5,000 families. Key advocacy programs focused on the use of a cartoon film on hand-washing with soap and a cartoon book version. This communication media reached an estimated 900,000 people, including school age children. In 2015, UNICEF will continue these programmes with a focus on nation-wide promotion of hygiene and sanitation in order to reduce diarrhoea, particularly in communities under-served by piped water to reach universal access to WASH services.

Restoration of access to sustainable safe drinking water remains a priority to prevent the spread of waterborne diseases, particularly in flood risk areas. The areas prioritised are those counties with highest rates of child mortality or malnutrition and highest incidence of diarrhoea. This includes flood risk areas, which have tended to have a higher incidence of diarrhoea during the flooding season. These interventions will focus on the installation of new water supply systems based on low-cost and sustainable gravity-fed water supply (GFS) systems. GFS is considered the best approach to address climate change and disaster risk reduction linked to erosion and flooding, which are the two critical risk factors.

16. Multiple Indicator Cluster Survey (MICS). 2009

17. Cherg, 2010: Int. J. Epidemiol. 2010, 39: i193-i205

18. Kangwon, North Pyongan, and South Hamgyong Provinces.

IMMEDIATE NEEDS AND PRIORITIES

DISASTER PREPAREDNESS



DPR Korea faces recurring natural hazards, such as intense rain, floods and drought. Recent natural crises in four of the last five years reemphasized the fragility of the national emergency response capacities and the continuous need for international support to respond. The magnitude, frequency, nature and impact of these hazards situate DPR Korea as a country requiring further systematic monitoring and support to build local capacities and increase readiness.

As agriculture is the backbone of the economy, the fragility of the agriculture sector and its susceptibility to new shocks renders the entire national economy vulnerable and exacerbates poor nutritional outcomes. The country struggles to secure sufficient resources to meet demand in terms of the quantity and variety of food available. Furthermore, weak infrastructure and logistical capacity and a lack of capacity to introduce new technologies have led to an erosion of the country's coping mechanisms. In addition, sanctions imposed on the country have contributed to economic instability.

788,000 people affected by flooding during July and August 2013 in 41 counties

Most recently, during July and August 2013, torrential rains caused flooding in 41 counties in seven provinces. The flooding affected an estimated 788,000 people, with 48,688 reportedly displaced. The Government declared an emergency, requesting humanitarian assistance from UN agencies operating in the country. Through support from the UN Central Emergency Response Fund (CERF), UN agencies were able to ensure the most vulnerable were supported without a further deterioration of the humanitarian situation.

The National Bureau for Disaster Management (NBDM), established in 2012, is responsible for disaster risk reduction, disaster management, preparedness and response. The establishment of the NBDM is a positive step in DPR Korea's efforts to more effectively manage and mitigate disaster risk. Discussions between the UN and NBDM were undertaken to discuss the best modalities to support and strengthen its capacity.

UN RESPONSE

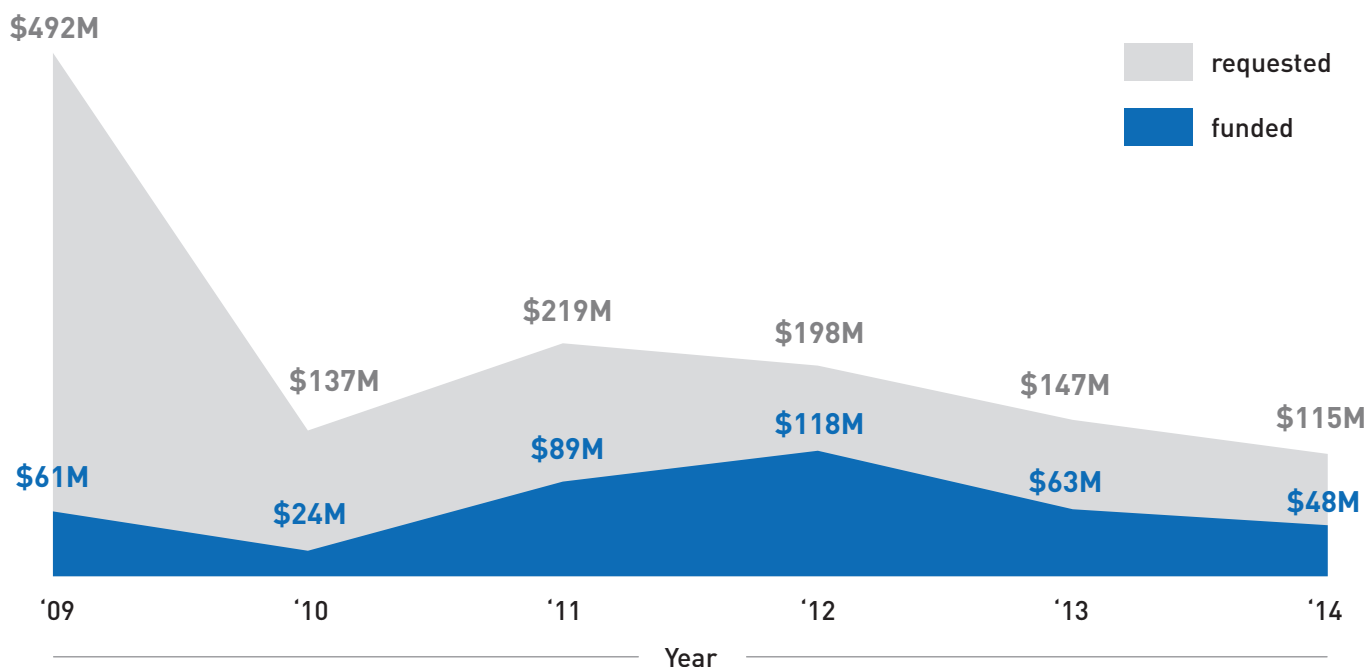
At the national level, the UN continues to support the Government of DPR Korea on disaster preparedness, led by the UN Country Team. Priorities for 2015 include capacity building with NBDM, and support for revisions to disaster management legislation. In July 2014, a study tour to Indonesia was arranged for key Government officials to learn from experiences in disaster preparedness and response and to inform priorities in disaster management. As a result, an action plan focused on building national disaster management capacity is being developed by the Government, under the NDMB, with the support of OCHA. In 2015, OCHA will continue to work with NBDM to implement its action plan and learn from the experiences of other countries in the region.

MIRA a Multi-Cluster/Sector Initial Rapid Assessment training workshop was conducted by OCHA in Dec 2014

A Multi-Cluster/Sector Initial Rapid Assessment (MIRA) training workshop was conducted by OCHA in December 2014. The aim was to work in partnership towards developing a common tool appropriate to the country context. Activities to continue developing this tool and approach will continue in 2015. It is hoped that this will lay down the foundations for a strong and well-coordinated assessment culture during crises, where strategic humanitarian priorities are identified during the first weeks following an emergency. OCHA is consulting with the Government on revisions to their Disaster Management Law.

CHALLENGES FOR THE CONTINUATION OF UN PROJECTS AND PROGRAMMES IN DPR KOREA

HUMANITARIAN ASSISTANCE TO DPR KOREA (2009-2014)

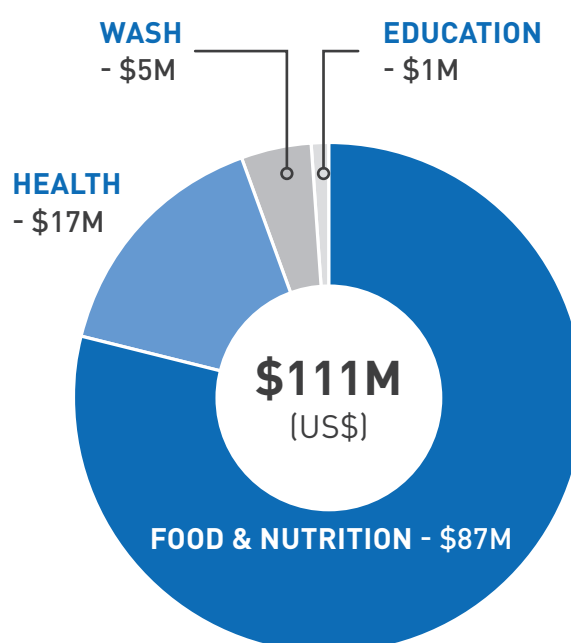


Sustained provision of assistance and targeting of the most vulnerable sections of the population is critical to improving livelihoods. Any disruption in the provision of services or sub-optimum quality can quickly reverse gains made through UN programmes. Essential to maintaining these programmes are continued and predictable funding. In addition to funding, there are a number of challenges that can impact on the effective continuation of programmes.

FUNDING

DPR Korea has faced chronic underfunding for humanitarian programmes for the past decade. Funding continued to decline in the past decade, from \$300 million in 2004 to less than \$50 million in 2014. As a result, UN agencies have been forced to significantly reduce the assistance they provide. In 2014, assistance to 1.1 million people, including 500,000 primary school children's food assistance was reduced as a result of insufficient funds to WFP. Similarly, UNICEF had insufficient funding to procure enough micronutrient supplements to address the needs of all 6-23 month year old children, as well as pregnant, lactating and women of childbearing age.

TOTAL REQUIRED BY SECTOR IN 2015



CHALLENGES FOR THE CONTINUATION OF UN PROJECTS AND PROGRAMMES IN DPR KOREA

With the exception of funding for severe floods in 2007 and 2013, donors have been reluctant to allocate resources to DPR Korea mostly due to the politically sensitive context. Only a small number of donors are providing regular humanitarian funding.

The overall picture is one of significant underfunding, with international assistance providing only a small fraction of estimated priority needs. In 2014, just \$48,273,230 was received, leaving a gap of 58.14 per cent, or 64.25 per cent when taking into account WFP requested funds prior to its downward budget revision, mid-way through 2014, in response to the lack of funding.

\$111M

For 2015, UN agencies will appeal for \$110,895,000 for operations.

For 2015, UN agencies will appeal for \$110,895,000 for operations. A breakdown of requested funding by agency is included in Annex 2.

DATA COLLECTION

Access and operational space continue to represent a fundamental dilemma for UN agencies. The ability to freely access communities, conduct assessments and run standardized monitoring and evaluation is still out of reach. While the necessity for addressing these challenges remain, some improvements were made in data availability, as demonstrated through the Census in 2008, the MICS in 2009, National Nutrition Survey in 2012, a Needs Assessment of Emergency Obstetric and Neonatal Care in 2013, plus Crop and Food Security Assessment Missions (CFSAMs) conducted annually between 2010 and 2013. However, data is not consistently available making identifying needs based on verifiable evidence difficult. In 2015, results from the Socio Economic Demographic Health Survey (SDHS), which was conducted in October 2014, will be released and will help track the social, economic and demographic progress made since Census 2008, serving as a key input document for the development of the next UNSF.

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

SANCTIONS

Recent political developments resulted in further international sanctions on DPR Korea, creating additional constraints in providing vital assistance. As a result of sanctions on the Foreign Trade Bank imposed in March 2013, led to the significant issues and delays in transferring funding into DPRK throughout 2014. UN agencies put in place contingencies to continue programmes, with life-saving activities prioritised. Measures to reduce in-country payments included maximizing off-shore payments and minimizing in-country operating expenses. The inability of UN agencies to use their regular banking routes created multiple operational obstacles and affected in-country procurement, monitoring visits, effective programme delivery, in-country capacity building programmes and general operating expenditures.

CONCLUSION AND WAY FORWARD

The scale of needs in DPR Korea continues to be of grave concern to the humanitarian community. Constant and committed support from the international community is vital to ensure minimum living conditions for the most vulnerable, especially women, children and elderly. A total of \$110,895,000 is required to respond to the key priorities for 2015.

There is also a need for longer-term economic investment and development support, especially in agriculture, rural energy, and health systems and in disaster risk reduction. Over the last couple of years, the Government has more openly recognised needs in the country and indicated an interest in working closely with the international community on addressing these needs. This has created opportunities for further policy dialogue and engagement with the Government related to the humanitarian agenda, such as: support to strengthening national capacity in disaster preparedness and disaster risk reduction; collection of data to improve needs assessment, monitoring and evaluation; and resource mobilization. The UN will continue to build on these positive developments and approach the protracted

crisis in DPR Korea through a sustained humanitarian response addressing both immediate needs and root causes of vulnerabilities in order to build resilience and sustainable livelihoods.

For the next UN Strategic Framework from 2017-2021, the Government has agreed to work with the UN on developing a hybrid document that will address both the short term humanitarian needs but also longer term development priorities.

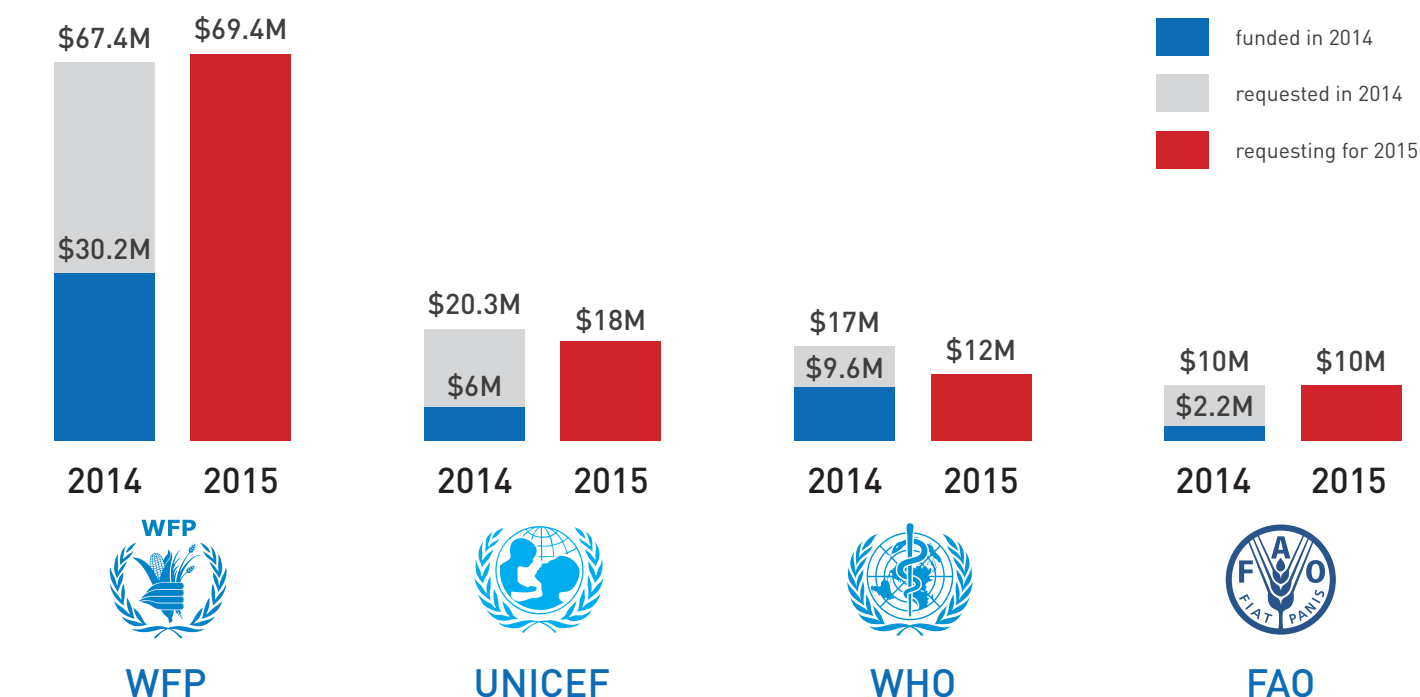
US\$111M

A total of \$110,895,000 is required to respond to the key priorities for 2015.

17%

funding received

DPR KOREA FUNDING REQUIREMENTS 2014-2015



UNFPA requested \$600,000 and received \$250,000 for 2014. For 2015 UNFPA is requesting \$1.5M.

All amounts shown are rounded and shown in US\$ millions

ANNEX 1: TOTAL REQUIRED BY SECTOR IN 2015

SECTOR	UNICEF	UNFPA	WHO	WFP	FAO	TOTAL
FOOD / NUTRITION	8,500,000	-	-	69,395,000	10,000,000	87,895,000
HEALTH	3,500,000	1,500,000	12,000,000	-	-	17,000,000
WASH	5,000,000	-	-	-	-	5,000,000
EDUCATION	1,000,000	-	-	-	-	1,000,000
TOTAL	18,000,000	1,500,000	12,000,000	69,395,000	10,000,000	110,895,000

ANNEX 2: UNITED NATIONS IN DPR KOREA

Jointly, the UN humanitarian agencies, comprising of FAO, UNFPA, UNICEF, WFP and WHO respond to the protracted crisis in DPR Korea through an integrated approach addressing immediate needs in nutrition, health, water and sanitation and agriculture, while also addressing (with the involvement of UNDP), some of the root causes of vulnerability in order to help build resilience and sustainable livelihoods.

FOOD AND AGRICULTURE ORGANISATION (FAO)

FAO aims to improve food and nutritional security by enhancing agricultural productivity, advancing sustainable food production systems and promoting innovative modern appropriate technologies. With the main focus on nutrition, FAO seek to enhance production of cereal, soybean, vegetables, fruits, livestock and fish. FAO works in approximately 100 counties in the southern part of the country and in South Hamgyong, as the cereal bowl and where most food production takes place. The Country Programming Framework (CPF) 2012-2016 between FAO and the DPR Korea Government agrees the priorities for reaching immediate and long term solutions in agriculture, food security and nutrition.

UNITED NATIONS POPULATION FUND (UNFPA)

UNFPA aims at improving the sexual and reproductive health of the population, with a focus on reduction of maternal morbidity and mortality through provision of essential lifesaving drugs, basic equipment for maternal care and training of service providers at primary and secondary levels. UNFPA also supports the development of national reproductive policy and programmes, implementing pilot initiatives to establish capacity for diagnosis and treatment of cervical cancer and other reproductive health diseases. In addition, UNFPA supports the collection and analysis of basic socio-demographic data and in 2014, supported the Central Bureau of Statistics in conducting a nationwide Socio Economic Demographic Health Survey (SDHS). Data from this survey, available in 2015 will guide programming and planning reproductive health service delivery.

UNITED NATIONS CHILDREN'S FUND (UNICEF)

UNICEF's assistance aims to ensure the provision of preventive and curative lifesaving services to the most vulnerable mothers and children, including strengthening of immunization, provision of essential medicines and maternal and neonatal services are key areas of interventions. Activities focus on nutrition, health, water, sanitation, hygiene promotion and education for children and women to contribute to the reduction of child and maternal morbidity, malnutrition and mortality. UNICEF supports service providers to maintain a minimum quality of basic social services and assists technical counterparts to identify new, sustainable and low cost approaches adapted to the country's conditions. UNICEF also support developments in policy and strategy dialogue, and facilitate improved coordination and monitoring mechanisms.

UN OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)

OCHA provides direct supports strategic and operational coordination across humanitarian activities, resource mobilization, preparedness, contingency planning and advocacy. OCHA supports the six thematic groups (clusters) in DPR Korea to coordinate, strategize, plan, implement and monitor humanitarian operations and works with UN agencies to facilitate resource mobilization efforts, including through the Central Emergency Response Fund. OCHA works closely with the UN agencies and Government ministries to increase the preparedness of DPRK institutions to respond to disasters. OCHA is the primary in-country interlocutor with the Government on preparedness, assisting in building links with the broader in-country international agencies for the disaster management activities.

WORLD FOOD PROGRAMME (WFP)

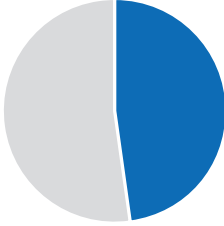
WFP's food assistance focuses on addressing the nutritional needs and deficiencies among the most vulnerable, particularly children and pregnant and lactating mothers. The operation is a food-based intervention, which aims to prevent and treat acute malnutrition. Due to low funding, WFP conducted a budget revision in June 2014 with a more systematic targeting and further prioritization of existing resources, reducing the number of targeted people from 2.4 million to 1.8 million. The food basket is composed of fortified blended foods, pulses and vegetable oil and seeks to address micro-nutrient deficiencies, poor dietary diversity and lack of protein intake by children and women.

WORLD HEALTH ORGANIZATION (WHO)

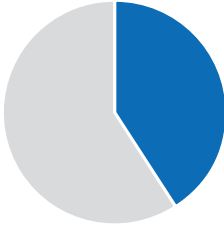
WHO's programmes seek to support a range of public health priorities to strengthen the health infrastructure, promote women and child health, and control communicable and non-communicable diseases. Programmes focus in particular on women and children, through support to quality service delivery to improve maternal, child survival and nutrition. Focus on the rehabilitation of key lifesaving units at county hospitals seeks to enhance health system responsiveness to basic needs of vulnerable people, including women, children and the elderly, particularly in support for surveillance, prevention and control of disease outbreaks. Provision of essential drugs and lifesaving equipment for emergency care, dedicated to complications of pregnancy, low birth weight, newborns and child survival, extends vital assistance to manage early response and recovery.

ANNEX 3: HUMANITARIAN FUNDING IN DPR KOREA: REQUESTED AND RECEIVED

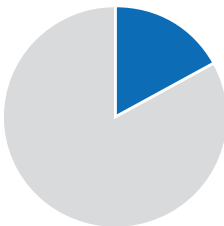
2013

AGENCY	REQUESTED	FUNDED	% FUNDED	2013 % FUNDED
WFP	96,000,000	47,376,504	49.35%	
UNICEF	22,790,000	13,593,780	59.65%	
WHO	17,000,000	8,481,779	49.89%	
UNFPA	1,300,000	1,199,427	92.26%	
FAO	13,000,000	1,697,935	13.06%	
TOTAL	150,090,000	72,349,425	48.20%	

2014

AGENCY	REQUESTED	FUNDED	% FUNDED	2014 % FUNDED
WFP	67,395,000	30,203,010	44.81%	
UNICEF	20,332,675	6,000,885	29.50%	
WHO	17,000,000	9,666,176	56.86%	
UNFPA	600,000	250,004	41.67%	
FAO	10,000,000	2,153,155	21.53%	
TOTAL	115,327,675	48,273,230	41.86%	

2015

AGENCY	REQUESTED	FUNDED	% FUNDED	2015 % FUNDED
WFP	69,395,000	13,396,000	19.30%	
UNICEF	18,000,000	800,717	4.49%	
WHO	12,000,000	4,380,034	36.50%	
UNFPA	1,500,000	0	0%	
FAO	10,000,000	300,000	3.00%	
TOTAL	110,895,000	18,876,751	17.02%	