DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA (DPRK)
Humanitarian Crises Analysis 2015
January 2015

Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. This allocation takes place in the beginning of the year as to ensure predictability for humanitarian organisations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles Sida bases its allocation decisions on a number of objective indicators of which the most important are related to the number of affected people, vulnerability of affected people and level of funding in previous years. One of the indicators is also related to forgotten crises in order to ensure sufficient funding also to low profile crises. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to DPRK.

1. CRISIS OVERVIEW
The current humanitarian situation in the Democratic People’s Republic of Korea (DPRK) is characterized by a long term protracted crisis with chronic underdevelopment; aging facilities, serious shortages of food, fuel and essential medicines caused by many years of underinvestment. This in combination with international political and economic isolation, and a high susceptibility to natural hazards make the DPRK vulnerable to external shocks. The situation at hand could quickly turn into a serious humanitarian crisis should shocks push vulnerable populations into more critical situations.

The DPRK scores a 2 in the GVCA (Global Vulnerability and Crisis Assessment) in relation to natural disasters and is extremely vulnerable to external shocks with few coping capacities due to poor infrastructure (power, agriculture, water, health) caused by lack of investment and spare parts. Shocks putting pressure on already fragile societies and structures are repeatedly listed as a cause for concern in aid. Such shocks include climate induced crop failure, reoccurring droughts and seasonal floods which regularly affect the country, the latter even being cause for rare and occasional requests for international assistance. Intense farming of land and the widespread deforestation and following erosion aggravate the impact of floods and mudflows, adversely affecting agricultural production and contributing to food shortages. In the search for additional arable lands, farmers cultivate steep slopes and mountain sides which further deteriorate the condition of these. People living in the southern part of the country are considered most at risk of floods, but the North is also indirectly vulnerable as floods can have a severe impact on subsequent food availability. In addition, North Korea is often affected by severe winters which, with the very sporadic availability of electricity combined with scarcity of fuel, add to the vulnerability of the population.

1.1 Geographical areas and affected population

Food security/Nutrition: Food production is in deficit in the DPRK which is exacerbated by the lack of farmland, short growing season and low levels of technology and shortages of inputs such as fertilizers. Up to 30% of the total food production is lost due to poor storage or lack of processing equipment. The population is dependent on the government run Public Distribution System (PDS), which transfers food from collective farms in food surplus areas to food deficit areas in the country. 70 % of the population are not able to produce sufficient food for their own consumption and depend on the PDS. The rations are unbalanced nutrition wise as they are mainly based on cereals and the national average target ration has not been reached for years due to insufficient production. Only those able to afford it can supplement their rations with vegetables, fruits and proteins. Coping mechanisms are connected to receiving support from relatives on cooperative farms, reducing quantities consumed, gathering wild foods and diluting meals with water. Around 16 million people – out of a population of 24.7 million – are considered chronically food insecure. 84% of households fall below acceptable food consumption standards and an estimated 10 % of the population are in need of food assistance due to the shortfalls in production according to the UN. Chronic under-nutrition and micronutrient deficiencies is a public health problem and is among the major underlying causes of maternal and child mortality in DPRK, with Global Chronic Malnutrition (stunting) at 27.9% and Global Acute Malnutrition at 4%. Although some modest improvements have been seen in levels of malnutrition and stunting in recent years, food security and nutrition continue to be priority areas. The underlying structural vulnerabilities remain, signifying that this trend quickly could take a turn for the worse. All households in the DPRK are strikingly vulnerable to food insecurity in the face of large scale natural disaster affecting food production. However, it is the urban areas and in counties with low food production that the most vulnerable parts of the population can be found; they are highly dependent on the PDS system with limited abilities to produce sufficient food whilst the transportation and accessibility of food make it challenging to respond to food shortages. Worst affected are the North and East counties Ryangang, Chagang, North Hamgyong, South Hamgyong and Kangwon.
**Health / WASH:** There is very little information available, yet the overall assessment is that needs within the health and WASH (water, sanitation and hygiene) sectors are substantial. Health structures are generally in need of repair and maintenance in order to be able to meet even very basic health care needs of people – including the provision of essential drugs. Basic equipment and medicines for life threatening conditions and adequate therapeutic feeding for severe acute malnutrition is very limited, especially in rural areas. The structural deterioration is also affecting access and the quality of WASH-facilities. According to the 2008 DPRK census report, 22 % of the population fetch water from sources other than piped water in their dwelling, the majority of which are women and girls. Almost all households have access to some form of sanitation facility, but observations suggest that latrines, particularly in rural areas, are predominantly rudimentary and therefore remain ineffective in preventing faecal materials from entering into the human environment. The inadequate access to safe drinking water, poor sanitation and malnutrition coupled with poor hygiene practises are major contributing factors to the high incidences of water borne diseases seen in the DPRK. Furthermore, most health and education facilities do not have functioning water systems, which increases hospital infection rates and further spread infectious diseases in premises lacking both heating and WASH facilities. Under-five mortality rate is as at 27 / 1000 live births, having declined 37 % between 1990 and 2013. Approximately 55% of all deaths amongst children under five are classified as being neonatal (live-born infant dies within 28 days after birth) whilst pneumonia is the cause of 14 % and diarrhoea 5 % of deaths within the same age category. Pregnancy related complications, post-operative complications and untreated cases of multi-drug resistant TB are also considered to be of concern. The most vulnerable groups are pregnant women, new-borns and children under 5-years old in rural and semi-urban areas.

### 1.2 Risks and threats

Limited access to data and limited access to population in need are the main factors hampering operations in the DPRK (not insecurity as in many other crises). In 2005, the government declared an end to all international humanitarian assistance and consolidated appeals (apart from major natural disasters such as floods in 2007 and 2013) on the basis that the state of famine was declared over. This lack of consolidated appeals makes it difficult to show gaps and needs, and also hampers the ability to attract financial resources for humanitarian operations. Since the removal of the appeals, the funding picture in the DPRK has been one of chronic and severe underfunding. Furthermore, the DPRK is a country subject to a number of sanctions, which in 2014 led to a complete stop in cash transfer to DPRK banks, something which makes the general running of activities challenging at times.

A generic risk in all countries with humanitarian needs is the risk of corruption. With general challenges in all societal pillars including law, order, stability and justice - the area of checks and balances also becomes fragile. North Korea ranks on number 174 on Transparency Internationals Index for 2014.

Lastly, due to the current Ebola epidemic, the DPRK is enforcing a 21 day medical surveillance on persons that enter into the country. Though no implications have yet been reported, a long lasting quarantine could have future risks in relation to humanitarian activities, filling international positions, or quickly scaling up interventions, should the need arise.

### 1.3 Strategic objectives identified in the Strategic Response Plan

No strategic response for the DPRK exists and the key reference document for UN agencies is the strategic framework for cooperation between the UN and the government of the DPRK 2011-2015, but it contains minimal operational details. The CERF review was made more substantial in regard to operating conditions and past financing, but it does not give an overview of needs and prioritised sectors. The most recent humanitarian strategy is the UN document “Overview of Needs and Funds” most recently updated in 2013. It outlined needs of 150 MUSD (funded to 42%) to be divided between UN agencies. The requested amounts included 73% for food security and agriculture, 16% for health, 6% for nutrition, 4% for WASH and 0.6% for education. Looking to organisations individual needs assessments and situation analysis health, WASH, nutrition and food security are repeatedly appearing as prioritised areas. During 2014, Sida decided to stay in line with the strategic direction of the previous year and focus its support on health and WASH as needs remain large in these areas and the funding limited.

### 2. IN COUNTRY HUMANITARIAN CAPACITIES

#### 2.1 National and local capacities and constraints

According to the CERF review 2014 the DPRK has the civilian structure to respond to rapid onset crises, but it is untested. A Bureau of Disaster Management was set up in 2012, but it is unclear how effective its systems are or how high priority it is given as local authorities tend to bear the brunt of frontline responses. There are also disaster management working groups on provincial level working alongside representatives of government departments. The DPRK Red Cross Society has the mandate for disaster management as the only non-governmental organisation (NGO) auxiliary to the government for disaster response, but they operate on fairly small scale.
2.2 International operational capacities and constraints

International humanitarian partners in the DPRK are limited and include six UN agencies: Food and Agriculture Organization of the UN (FAO), UN Development Programme (UNDP), UN Populations Fund (UNFPA), UN International Children's Fund (UNICEF), UN World Food Programme (WFP), World Health Organization (WHO) and an UN Resident Coordinator (RC). Six so called European Union Programme Support Units are also present in DPRK (Première Urgence, Save the Children, Concern Worldwide, Welthungerhilfe, Triangle and Handicap International) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and, to a smaller extent, the International Committee of the Red Cross (ICRC). There are also a number of International Non-Governmental Organisations (INGOs) and UN agencies active through offices outside of the DPRK. Every resident and non-resident agency is assigned a dedicated Government counterpart under the Ministry of Foreign Affairs. For the UN this counterpart is the National Coordination Community (NCC) and for EUPS-units it is the Korean European Cooperation Coordination Agency (KECCA).

The main coordination structure is the UN country team. Humanitarian structures such as the Humanitarian Country Team and clusters are activated in response to major disasters such as the 2013 floods, but only short term. This different set up is due to nation specific regulations in regards to coordination.

Difficulties affecting humanitarian actors operating in the DPRK include the lack of reliable data and major restrictions in humanitarian access, which pose challenges for needs assessments and efficient monitoring. Monitoring is especially difficult, in particular at outcome and impact level and in relation to overall trends in any given sector. The monitoring of results at an aggregated level is to a large extent relying on observations and anecdotal evidence. In addition, there are very limited opportunities for monitoring and follow up of long term results. At a more disaggregated level organisations can, however, manage to follow up on results, for instance in relation to the results at output level.

2.3 International and Regional assistance

The DPRK has very few international donors, with a funding picture indicating ten years of chronic underfunding. Since 2007 DPRK has received CERF funding – notably from the Underfunded Emergencies envelope which since 2009 has consecutively represented the largest humanitarian donor in the DPRK, and constituted a quarter of all humanitarian funding in 2013. Looking back, also the allocation of unearmarked funds by UN agencies has scored a high percentage of the total funding, further highlighting the severe underfunding of the DPRK. Apart from the CERF, the Republic of Korea, Switzerland and Sweden are listed as the most consistent donors to the DPRK in the CERF review. Other significant funding sources include the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund for Aids, Tuberculosis and Malaria (GFATM), which has agreed almost 70 MUSD over five years through UNICEF. Levels of funding from non-DAC donors, such as China are very difficult to track but estimated to be significant.

The top humanitarian bilateral donors to the DPRK has varied substantially in recent years, one contributing factor is the broadened donor base with the number of donor countries providing humanitarian support to the DPRK increasing from nine to nineteen from 2010 to 2011. According to FTS, this number is down to eight in 2014. Major international donors, such as the USA and Japan, do not currently fund activities directly in the DPRK, nor does the UK (DFID) or ECHO. Sida has been in contact with other major donors for the DPRK ahead of the 2015 allocations in order to get a clear overview of funding priorities.

3. SIDA’s HUMANITARIAN RESPONSE PLAN

3.1. Sida´s role

Sweden/Sida is an important humanitarian donor to partners in the DPRK, both in terms of volume of funding and continuity, having provided 680 MSEK in humanitarian funding since 1996 (the last five years averaging around 40 MSEK per year). Without the Swedish support, several of the organisations would have had to significantly reduce their activities in the country. Sida has in recent years focused on interventions in health, including WASH, since there has been clear humanitarian needs and limited funding available from the international community within these areas as the majority of donors historically has focused on food security.

Results stemming from Sida funding 2013/2014 include greatly improved access to adequate WASH facilities for vulnerable populations (households, hospitals, schools), improved access to physical rehabilitation for persons with disabilities, improved nutrition among children through provision of green houses, rehabilitation of hospital structures (for instance repair of broken windows to make structures less cold in winter months), tree planting, and provision of essential medicines and vital micronutrients.
3.2. Response Priorities 2015
To ensure continuity of programmes and partners, Sida proposes to continue with the current focus on health and WASH. Needs continue to be large in these areas and especially WASH is flagged as an area of concern in conversations with international representatives. Through interventions in WASH, nutritional issues will in extension also be targeted. Community Based Disaster Risk Reduction (CBDRR) is being addressed through several of the proposed partners, another important area in addressing underlying vulnerabilities. Following a long period of dry weather during 2014 the water levels are lower than usual, and without extensive rains during the winter months this is likely to have an impact on harvests for 2015. Developments should be kept under surveillance.

3.3. Partners
Sida currently has on-going agreements with nine partners in the DPRK. However, Sida has been trying to streamline the portfolio over the past few years by reducing the number of partners and will reduce even further this year. Sida proposes to continue with seven partners, as there is an added value in working with different organisations in the DPRK, given their different geographical and sectoral accesses.

It is suggested to continue to support the Swedish Red Cross/International Federation of Red Cross and Red Crescent Societies, Save the Children, UNICEF, Première Urgence, Handicap International, Concern and the Regional Office for Asia Pacific, ROAP.

There is no gender advisor present in the DPRK, and gender studies available are dated. A gender marker is not used and gender is a difficult area to address strategically in the DPRK. Mainstreaming of gender into programming and budget lines poses difficulties, as it is considered an area to be handled by government policies. Gender is instead addressed in trying to reach both female and male beneficiaries in interventions, or taking special care of each gender’s different needs in programming.

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<th>SIDA’s HUMANITARIAN ASSISTANCE TO DPRK in 2015</th>
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<tr>
<td><strong>Recommended partner for Sida support</strong></td>
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<td>Swedish Red Cross / IFRC</td>
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<td>UNICEF</td>
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<td>ROAP</td>
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<td><strong>TOTAL:</strong></td>
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**SOURCES**
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