1. Provide nutritious food assistance to 2.4 million children, pregnant and breast-feeding women and food insecure people to reduce hunger and under-nutrition and improve dietary diversity. Concurrently, provision of agricultural inputs (seeds, fertilizer and plastic sheets) must be sustained to increase protein rich soybean and nutrient rich vegetable production and to minimise the food gap between demand and supply.

2. Ensure timely availability of the most life-saving essential supplies to avoid any acute crisis of vaccines (for Tuberculosis, Tetanus, Measles, Hepatitis B, and Polio) and essential medicines to offer the minimum basic health services for children and women.

3. Ensure timely availability of essential supplies for management of severe acute malnutrition and the micronutrient supplementation to offer the minimal basic services to children and women without interrupting the contribution to the children’s growth and development.

4. Reduce mortality rate from common life-threatening conditions and obstetric complications of the most vulnerable mothers or pregnant women through improved access to quality care. This includes the basic maternal care at county hospitals and r-clinics to reduce maternal and newborn mortality, and morbidity during pregnancy, delivery and post-natal periods.

5. Provide access to clean water, proper sanitation and hygiene education to prevent malnutrition and to reduce incidence of diarrhoea and other diseases, especially among children in rural areas affected by malnutrition and in institutions, such as nurseries, kindergartens, orphanages and health facilities.

### Overview of Funding Needs Per Sector in 2013 (incl. carry-overs from 2012)

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<td>6,420,000</td>
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<td>Education</td>
<td>1,070,000</td>
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<td>5.3</td>
</tr>
<tr>
<td><strong>Total (US$)</strong></td>
<td><strong>150,090,000</strong></td>
<td><strong>97,920,341</strong></td>
<td><strong>34.8</strong></td>
</tr>
</tbody>
</table>

### Humanitarian Profile

- **24.62 million** Total population
- **Approximately 16 million** Chronic food insecure
- **2.4 million** Estimated number of people in need of food assistance
- **27.9%** Global Chronic Malnutrition (stunting)
- **4%** Global Acute Malnutrition (wasting)
- **33/1,000** live births Under-five mortality rate
- **81/100,000** live births Maternal Mortality rate
- **69.3 years** Average life expectancy - (men: 65.6 years and women: 72.7 years)
Democratic People’s Republic of Korea: Situation Overview and Strategic Objectives

SITUATION OVERVIEW

Although the overall humanitarian situation has improved slightly over the last 12 months, the structural causes of people’s vulnerability persist. External assistance is needed and continues to play a vital role in safeguarding and promoting the well-being of millions whose food security, nutritional status and general health would otherwise be seriously compromised.

A round 2.4 million people among children, pregnant and lactating women and elderly in the most food insecure provinces need regular food assistance. Serious gaps remain between recommended and actual nutrient intake. Lack of agricultural inputs (seeds, fertilizer and plastic sheets) remains the main challenge for food production. The cereal deficit for the marketing year 2012/13 is estimated at 507,000 metric tons. Despite this being the narrowest gap in many years, around 16 million people remain chronically food insecure and highly vulnerable to production gaps (CFSAM 2012).

Malnutrition rates continue to be of great concern despite a modest improvement, with a chronic malnutrition (stunting) rate among children under five at 27.9 percent and 4 percent acutely malnourished (wasting) according to the 2012 National Nutrition Survey. Chronic under-nutrition is a public health problem and is one of the major underlying causes of maternal and child mortality. Without proper nutritional care to improve their low proteins, vitamins and minerals intake, both stunted and wasted children will continue to have delayed growth and challenged development.

GLOBAL ACUTE MALNUTRITION

% of total population

MAJOR FOODCROPS TIMELINE


CEREAL DEFICIT IN METRIC TONS

STRATEGIC OBJECTIVES

Support lifesaving humanitarian assistance in food, nutrition, health, agriculture, water, sanitation and hygiene, while providing essential support to address underlying developmental drivers of the chronic challenges that increase vulnerabilities.

- Support dialogue with all partners to analyse and advise on policies that impact long-term vulnerabilities.
- Improve operational conditions and infrastructure to harmonise and widen the access for UN agencies.
- Strengthen policy support and assistance to collection, analysis and dissemination of credible data for evidence-based targeting of interventions.
- Maintain a standing capacity to support national response to natural disasters.

FUNDING RECEIVED AND SHORTFALL

Total Funds Needed 2013: 150m
Humanitarian Funding June 2013: 45m
Percentage Funding June 2013: 35%

Other Agencies operating within DPRK: UNDP, Première Urgence - Aide Médicale Internationale, Save the Children International, Concern Worldwide, Deutsche Welthungerhilfe, Triangle Génération Humanitaire, Handicap International, Italian Development Cooperation Office, Swiss Development Cooperation, IFRC and ICRC.
1. Introduction

In June 2012, the United Nations (UN) agencies working in the Democratic People’s Republic of Korea (DPR Korea) presented an update of the ‘Overview Funding Document’ (OFD) first produced in 2011. The document highlighted humanitarian needs and the strategic efforts being made to improve living conditions of the most vulnerable people in DPR Korea. The OFD in 2011 was a first attempt to present a consolidated humanitarian document on the chronic situation in DPR Korea since the last Consolidated Appeals Process (CAP) launched in 2004.

There were plans to update this document annually, providing the international community with a substantive overview of humanitarian needs, response strategy and funding required by UN agencies to respond to these needs. However, the tense evolving political situation during the first quarter of 2013, combined with a change of the leadership across the UN Country Team in DPR Korea, led to a decision to roll-over the OFD into 2013, with a mid-term review to be undertaken during June 2013. This ‘advocacy’ paper is the result of this mid-term review and describes the critical humanitarian needs of the most vulnerable, and priority actions of UN agencies for last six months of 2013.

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 be seriously compromised. Without sustained humanitarian support, the gains made in improving food security and overall health and nutrition status of vulnerable people (children, pregnant and lactating mothers) in the past 10 years could be quickly reversed.

As at 15 June 2013, programmes being implemented by UN agencies in DPR Korea remain drastically underfunded. A total of US$ 150,090,000 is needed for 2013, of which only 21.2 per cent has been received so far. With carry-over of funds from 2012, the current funding status stands at 34.8 per cent.

New contributions in 2013 (US$)

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Total requirement</th>
<th>Funding registered (in-Country)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFP*</td>
<td>96,000,000</td>
<td>19,942,464</td>
<td>20.8%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>22,790,000</td>
<td>9,536,218</td>
<td>41.8%</td>
</tr>
<tr>
<td>WHO</td>
<td>17,000,000</td>
<td>950,002</td>
<td>5.6%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1,300,000</td>
<td>699,427</td>
<td>53.8%</td>
</tr>
<tr>
<td>FAO</td>
<td>13,000,000</td>
<td>697,935</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150,090,000</strong></td>
<td><strong>31,826,046</strong></td>
<td><strong>21.2%</strong></td>
</tr>
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*The figures for WFP include the PRRO (20114) that was implemented in the period 1 July 2012 - 30 June 2013, which is no longer fundraised for by WFP. WFP’s new programme in DPRK (1 July 2013 - 30 June 2015) aims to support up to 2.4 million people. This requires a budget of $200 million over two years.

2. Humanitarian situation

The humanitarian situation improved slightly over the last 12 months. According to the Crop and Food Security Assessment Mission (CFSAM) conducted in October 2012, timely imports of food and provision of agricultural inputs averted a food crisis. The cereal deficit was more than halved over the past two years from 1,086,000 metric tons to 507,000 metric tons. The National Nutrition Survey conducted in October 2012, showed a slight improvement in overall malnutrition rates despite great variances between provinces. The average chronic malnutrition (stunting) rate among children under five is 27.9 per cent (down from 32.4 per cent recorded by the 2009 Indicator Cluster Survey - MICS), while 4 per cent are acutely malnourished (wasting) (down from 5.2% according to MICS 2009). Anaemia prevalence is very high in children (29 per cent) and women (31 per cent).

This modest improvement is, however, very vulnerable to shocks. Sustainability would require much greater commitment and resources to address the root causes in the areas of food security, health, nutrition, water, sanitation and hygiene. Meanwhile, sustained provision of humanitarian assistance targeting the most vulnerable people is required. A disruption in the provision of services, of which some are vital (such as food, vaccines, essential medicines and micronutrient supplementation) as a result of discontinuation or reduction of humanitarian funds, can quickly affect the humanitarian stability and challenge the gains made so far.

Malnutrition rates continue to be of concern in DPR Korea. Chronic under-nutrition is a public health problem, and serious gaps remain between recommended and actual nutrient intake. And while the food gap is the narrowest in many years, the majority of people remain chronically food insecure and highly vulnerable to natural disasters, such as floods, drought and production shocks. Around 16 million people (68 per cent of the total population) depend on the Public Distribution System (PDS)
and are therefore considered chronically food insecure to varying degrees. Children under-five and pregnant and lactating women are largely dependent on external supply of essential drugs and vaccines.

Under-nutrition is one of the major underlying causes of maternal and child mortality. The Maternal Mortality Ratio (MMR) remains high – estimated at 81 per 100,000 live births\(^2\). The Infant Mortality Rate (IMR) is 26/1,000 live births 2007 and Neonatal Mortality Rate (NMR) is 18/1,000 live births. In spite of the efforts, the MMR, IMR and NMR are declining at a slow pace and are unlikely to achieve the Millennium Development Goals (MDG) by the end of 2015, unless international support is stepped up and sustained.

**Overview of funding needs per sector in 2013 (incl. carry-overs from 2012)**

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Health service delivery is insufficient and in dire need of repair and maintenance in order to meet adequate and very basic health care needs of the people. Diarrhoea and pneumonia are still the two main killers among children under-five representing respectively 13.8 per cent and 15 per cent of the deaths in this population\(^3\). Children above-five, adolescents, women and men are also vulnerable to pneumonia and diarrheal diseases, pregnancy related complications, post-operative complications, untreated cases of multi drug resistant (MDR) tuberculosis and other conditions leading to disability and death\(^4\). The country has very limited financial resources for provision of basic equipment and medicines to treat people in life threatening conditions, and adequate therapeutic feeding for severe acute malnutrition. This shortage exists particularly at primary level health facilities in the rural areas where the children and pregnant and lactating women are most vulnerable compared to urban areas.

Deterioration of the water infrastructure, lack of resources to replace dilapidated facilities and constant power supply shortages continue to be fundamental problems in DPR Korea. Malnutrition, inadequate access to safe drinking water and poor sanitation services, coupled with poor hygiene, are the key factors contributing to the high incidence of water borne diseases. Most health and educational institutions do not have functioning water systems which increases hospital infection rates and furthers the spread of infectious diseases in unheated premises with limited water, hygiene and sanitation facilities.

Based on information provided by local authorities to WFP


\(^{3}\) Progress report on “A promise Renewed” published in September 2012, MICS 2009 for the 13.8 percent.

\(^{4}\) The Global Disease Burden (GBD) estimates for 2011 have shown that prevalence of pneumonia in DPR Korea is 230/100,000 and prevalence of diarrhoea - as 177/1000 with global ranking of the country at 42 place among all countries worldwide.
Food and Agriculture Organisation (FAO)
FAO aims to improve food and nutrition security by enhancing agricultural productivity, advancing sustainable food production systems and promoting innovative modern appropriate technologies. FAO works with approximately 90 cooperative farms in the Southern part of the country (“Cereal Bowl” region), where most of the food production takes place. The Country Programming Framework 2012-2015 between FAO and the Government defines the priorities for reaching immediate and long term solutions in agriculture.

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 and basic equipment for maternal care, and training of service providers at primary and secondary level of health care. UNFPA also supports development of national reproductive policy and programme development, and implements 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 that can guide humanitarian preparedness and assistance efforts and help plan for health service delivery.

United Nations Children’s Fund (UNICEF)
UNICEF’s assistance aims to ensure the provision of lifesaving services in child and maternal health, nutrition, water, sanitation, hygiene promotion and education for children and women to contribute to the reduction of child and maternal malnutrition and mortality. UNICEF supports service providers to maintain a minimum quality of these basic social services and assists technical counterparts to identify new sustainable and low cost approaches adapted to the country’s conditions, to increase policy and strategy dialogue, and facilitate improved coordination and monitoring mechanisms.

World Food Programme (WFP)
WFP’s operation does not seek to address the food gap in DPR Korea, but focuses on addressing the nutrition needs and deficiencies among the most vulnerable children, and pregnant and breastfeeding mothers. The operation also includes a more structured approach towards prevention and treatment of acute malnourished children and women. On 6 June, WFP’s new Protracted Relief and Recovery Operation (PRRO) “Nutrition support for Children and Women” was approved by its Executive Board to commence 1 July 2013. WFP needs $200 million to be able to target 2.4 million people over a two-year period.

World Health Organization (WHO)
WHO’s programmes seek to support a range of public health priorities to prevent and control communicable and non-communicable diseases. Operations respond to humanitarian needs of people, particularly women and children, through support to service delivery to improve maternal and child survival and nutrition. The focus on rehabilitation of key lifesaving units at county hospitals enhances health system responsiveness to basic health needs of vulnerable people, women, children and elderly. Provision of essential drugs and lifesaving equipment for emergency care, dedicated to low birth weight newborns and child survival, extends vital assistance to manage early response and recovery, including support for surveillance, prevention and control of disease outbreaks.

UN agencies persistently struggle with funding deficits for humanitarian activities in DPR Korea. However, the latest political developments which resulted in further sanctions on DPR Korea, have created additional constraints for providing vital assistance. The severe under-funded situation has forced UN agencies to reprioritise and suspend certain programme activities affecting the most vulnerable people, whose health, nutritional and food security status depend largely on international humanitarian assistance. For example, as of May 2013, WFP has been forced to reduce food assistance significantly. Five of the seven factories making fortified biscuits have suspended production due to lack of ingredients, which means about 500,000 school children have not received high-energy biscuits since June 2013.
visits, effective programme delivery, in-country capacity building programmes, and general operating expenditures, such as office rental and utility payments (fuel, telecommunication, staff salaries, maintenance, etc). These in turn affect availability and access to essential services and lifesaving interventions.

Apart from the political circumstances, UN agencies are faced with a number of other operational constraints, especially in relation to data collection. Data provided by the Government is often incomplete. UN agencies are not always provided with the opportunity to verify data due to limitations on access. While the necessity for addressing the challenges remain, further improvements in availability of data have been made with the Census in 2008 and with the CFSAM and National Nutrition Survey exercises in 2012. This has helped strengthening the Results and Resources Framework (RRF) to the UN Strategic Framework 2011-15 (UNSF) with regard to baseline data, indicators and relevant outputs. The revised RRF forms the basis and framework for improved monitoring and evaluation of outputs and outcomes of the UNSF.

Despite these critical constraints to UN operations, key interventions such as immunization, de-worming, and the provision of essential lifesaving drugs continues, but on a limited scale compared to 2012. Vaccines procured to date will cover 175,000 children under the age of one and 180,000 pregnant women, which is only half of the yearly requirement. With regards to lifesaving essential medicines only what corresponds to 30 per cent of the yearly requirement have been possible to procure.

An additional 10,000 severely acute malnourished children were treated between January and June from the estimated at 15,000 expected. In addition, close to 1.8 million women, including 684,000 pregnant or lactating women, received iron and folic acid or multi-micronutrients supplementation. However, due to the lack of funding, the supplementation on micronutrients for women will be limited in 2013. From January to June 2013, it is estimated that only 175,000 pregnant or lactating women received micronutrient supplements rather the projected 720,000. Iron and folic acid for the 2.5 million women of reproductive age could not procured due to lack of funding. Multi-micronutrients powder for the supplementation of children have been procured for only 300,000 children aged 6-23 months instead of the expected 528,000 recipients.

Provision of safe drinking water supply through water purification (point-of-use treatment) and safe storage have continued along with hygiene education and sanitation promotion to increase awareness of the linkage between hygiene behaviours and contamination of drinking water sources and health.

Food Security

With a chronic deficit of an average 1 million metric tons of cereals every year (a significant gap that cannot be met under the current agricultural practices), food assistance is still - and will remain - needed for the most vulnerable people together with agricultural inputs, such as fertilizers and plastic sheeting.

Continued provision of targeted nutrition support by WFP is therefore vital. Lack of assistance is expected to lead to reductions in the nutrition and health status’ of young children and their mothers. Only 27 per cent of pregnant women receive multi-micronutrient supplementation for the entire recommended pregnancy period. Provision of Super Cereals is far from enough to ensure that nutritional status of the most vulnerable segments of the population is maintained. Provision of Super Cereals and nutritious biscuits help ensure access to fundamental vitamins and micronutrients, which, depending on the target group, cover between 50-100 per cent of daily nutrient needs. Therefore, the main priority of WFP is to improve dietary diversity by providing nutritional support to 2.4 million children, pregnant and breastfeeding mothers and food insecure people, to reduce hunger and under-nutrition among children.
The cause of under-nutrition is not only inadequacy of food, but equally important, rooted in the quality of food with required diversity to meet the dietary requirement for a healthy body. Despite better production of rice and maize in 2012, the production of the main protein source for the people, soybean, has reduced by 35 percent compared to 2011. In addition, the limited production of vegetables has further contributed to inadequacy in food diversity. FAO’s priorities are therefore to provide vegetable and legumes seeds, and fertilizer to increase protein rich soybean and nutrient rich vegetable production and quality. Another priority is also to establish plastic tunnels for vegetable production to encourage production augmentation of nutrient rich food items such as vegetables for enhancing dietary diversity. Not only are these inputs fundamental for meeting the dietary requirements, failure to support the agricultural sector will also result in a widening of next year’s food gap and thereby maintain a dependency on food import and assistance.

Treatment of life-threatening diseases
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 an expanded programme on immunization (for instance, the BCG$^3$ vaccine against tuberculosis, tetanus, and other vaccine preventable diseases). Support for integrated management of childhood illness is combined with targeted health care to vulnerable mothers and children. The essential drugs supplied by UNICEF, WHO, UNFPA and the International Federation of Red Cross and Red Crescent (IFRC) are sufficient to only cover about 40 per cent of the actual needs of the country. The lifesaving vaccines and essential medicines are vital to prevent death and disability from major infectious diseases including Multi-Drug Resistant (MDR) tuberculosis, diarrhoea and pneumonia as well as maternal morbidity and mortality.

Improved access to quality care is imperative to reduce maternal and child mortality from other common life threatening conditions (such as malaria, influenza, viral hepatitis B, viral hepatitis C). This includes improved access to essential primary care. The county hospitals that provide basic health care services need to be strengthened to reduce disease burden, mortality and morbidity from life threatening conditions.

The funding gap directly impacts child and maternal mortality in DPR Korea. About 350,000 children under-one and 360,000 pregnant women (the most vulnerable group) need immediate vaccinations. About 832,270 children under-five will be at risk for major child-killer diseases such as diarrhoea and pneumonia, and 360,000 pregnant women will be at risk due to a lack of lifesaving essential medicines. Funding is therefore urgently required to enable agencies to procure the essential lifesaving vaccines and medicines needed to avoid acute crises and maintain children and women’s access to basic health services.

Tuberculosis (TB) is a major public health challenge, with an estimated 2,500 people dying every year. Lack of treatment for about 3,900 cases of drug-resistant TB patients leads to unwarranted deaths and continued high transmission in the community, particularly among women who are care-givers and children as they are exposed to infected parents.

Treatment of malnutrition
The fight against stunting needs to be strengthened mainly in the period surrounding pregnancy and the two initial years of life while the management of severe acute malnutrition needs to continue. Poor foetal growth and stunting in the first two years of life lead to irreversible damage, including shorter adult height, lower attained schooling, reduced adult income, lower productivity and decreased offspring birth weight$^6$. This also has inter-generational impact exacerbated by under-nutrition and anaemia in women. The chronic malnutrition (stunting/growth retardation) and the acute malnutrition (wasting/thinness) are an important concern in DPR Korea.

To address under-nutrition, UNICEF intervenes on both curative and preventive aspects. These interventions are essential to
Humanitarian Needs and Priorities 2013

DPR Korea

prevent mortality and morbidity in children aged 0-59 months through the management of severe acute malnutrition as well as to promote optimal growth and development through the micronutrient supplementation and the promotion of optimal infant and child feeding practices (breastfeeding and complementary feeding). The priority is to ensure that the most essential supplies in 2013 are provided and not disrupt the offer of minimal basic services to children and women and maintain the contribution to the children’s growth and development. If support is not provided, about 195,000 pregnant or lactating women, 228,000 children aged 6-23 months and 2.5 million women of reproductive age will not benefit from multi-micronutrient supplementation.

Prevention of life-threatening diseases and malnutrition

Access to clean water, safe sanitation and hygiene education is necessary to prevent malnutrition and to reduce incidence of diarrhoea and other diseases, especially among children in rural areas affected by malnutrition and in institutions, such as nurseries, kindergartens, orphanages and health facilities.

Over the last couple of years, the Government of DPR Korea has more openly recognised humanitarian needs in the country, and increasingly shown an interest in working closer with the international community on addressing these needs - pertaining to chronic needs as well as those arising from natural disasters, such as floods. This has created opportunities for further policy dialogue and engagement with the Government related to the humanitarian agenda, such as regional and global partnership building and further support to strengthen both national and country team capacities on preparedness and risk reduction, collection of data to improve needs assessment, monitoring and evaluation, advocacy, communication and resource mobilisation.

A milestone in 2013 was reached when a workshop on Disaster Management and Risk Reduction was organised and facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) Regional Office in Bangkok and the UN Office for Disaster Risk Reduction (ISDR) in Geneva for Government officials and their partners in Pyongyang on 24-27 June, including joint contingency planning and disaster simulation exercises.

While UN (and non-UN) humanitarian assistance is having a tangible impact on the quality of life for the people of DPR Korea, there is mutual understanding that this needs to be communicated in a more strategic and transparent manner. To support this effort, a communication and advocacy strategy will be developed during the second half of 2013 to guide the UN Country Team further in this respect.

A mid-term review of the UN Strategic Framework (UNSF) 2011-2015 is planned with the Government in December 2013. While the Overview Funding Documents in 2011 and 2012 were produced with Government consent, no prior consultation took place during the process. The UNSF mid-term review will therefore provide a welcome opportunity to include consultation with the Government on the humanitarian agenda, including needs and priorities, which form the basis for formulation of a consolidated UN humanitarian action plan during 2014. The people of DPR Korea deserve no less.

For further information, please contact:
Ghulam Isaczai, UN Resident Coordinator in DPR Korea on unct.kp@one.un.org, or visit www.kp.one.un.org

This document has been prepared by the UN Country Team under the auspices of the UN Resident Coordinator’s Office (RCO) in DPR Korea and with technical support from the UN Office for the Coordination of Humanitarian Affairs (OCHA), Regional Office in Bangkok, Thailand.