

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF
KOREA
UNDERFUNDED EMERGENCY ROUND I 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Tapan Mishra

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.
The After Action Review was conducted on 9 March 2016, facilitated by the RC and attended by the RC Office, OCHA, UNICEF, WHO, FAO and WFP.
- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.
YES NO
- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?
YES NO
This report was shared with the UNCT, which includes all participating UN agencies as well as other non-participating agencies. NGOs are not implementing partners in DPRK.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 111 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,000,285
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	31,435,644
	TOTAL	33,435,929

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17-Feb-15			
Agency	Project code	Cluster/Sector	Amount
FAO	15-UF-FAO-006	Agriculture	300,000
WHO	15-UF-WHO-003	Nutrition	380,034
WFP	15-UF-WFP-011	Nutrition	800,000
UNICEF	15-UF-CEF-011	Nutrition	520,251
TOTAL			2,000,285

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,000,285
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	
TOTAL	2,000,285

HUMANITARIAN NEEDS

DPRK is both a forgotten and underfunded situation where chronic food insecurity and undernutrition among women and young children persists, compounded by frequent natural disasters. There are protracted and serious needs that remain to be addressed. External assistance continues to play a vital role in safeguarding the lives of millions. The causes of undernutrition are related to food inadequacy and a serious lack of food diversity to meet nutritional requirements for healthy growth. Food production is hampered by a lack of agricultural inputs, such as soybean seeds, fertilizer and plastic sheets, increasing the reliance on supplementary food. In addition to the lack of adequately diversified nutritious foods, deteriorated health and WASH services further exacerbate malnutrition particularly among women and children, and make them more susceptible to common life-threatening conditions.

Agriculture is the backbone of the DPRK economy; however the fragility of the agriculture sector and its susceptibility to new shocks renders the entire national economy vulnerable. The country's difficulty in securing sufficient resources to meet increasing demand for food production or for forest conversion into agricultural land, combined with a weak infrastructure and logistical capacity and the inability to introduce new technologies has led to the erosion of peoples' coping mechanisms. These weaknesses, and the various sanctions imposed on the country, mean the economy is unstable and highly susceptible to humanitarian crises.

Furthermore, health infrastructure does not adequately respond to basic health needs, particularly in maternal and child health. Limited funding is made available to provide basic equipment and essential medicines to treat people. A lack of access to essential supplies and services, such as essential drugs, vaccines and life-saving equipment, raises the risk of women and children succumbing to common and preventable life-threatening conditions. Pregnancy related complications and post-operative complications without appropriate resources can lead to disability and death if not treated. Furthermore, with a lack of access to safe water and sanitation services contribute to high instances of water borne diseases, with diarrhoea and pneumonia among the top killers of children.

Of a total population of 25 million: 18 million people are chronically food insecure and lack nutritional diversity; six million people do not have access to essential health services, including vaccines and other medicines; and seven million people cannot access clean water and proper sanitation. Pregnant and lactating women as well as under-five children (2.4 million people) are especially vulnerable to undernutrition and a lack of basic health services.

II. FOCUS AREAS AND PRIORITIZATION

According to the most recent food security surveys, over 18 million are chronically food insecure and highly vulnerable to shortages in food production. Prior to 2013, WFP and FAO conducted annual Crop and Food Security Assessment Missions (CFSAMs) however in 2014 the government conducted a Crop Production and Food Security Assessment (CPFSA), with no input from the UN. Whilst key nutritional information was not included, it reported that there was 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 the Government's import plan, increases in consumption patterns, as well as the need to use cereals for seed and livestock feed. As a result the shortfall of cereal increased from 40,000 MT in 2013 to 891,508 MT in 2014.

Compounding the high levels of food insecurity is the lack of diversity of nutritious food. 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. 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 chronic malnutrition (stunting) rate among under-five children is 27.9 per cent while acutely malnourished (wasting) affects four per cent of children under-five. Essential supplies are required to treat and prevent Severe Acute Malnutrition (SAM), including micronutrient supplementation to pregnant and lactating women and 6-23 months old children.

DPRK also faces significant health challenges, particularly in areas of maternal, child and reproductive health, with illness and undernutrition leading to delivery of low-birth weight new-borns, under-nutrition, and high morbidity and mortality. According to WHO, the probability of maternal death is estimated at 87 per 100,000 live births, while child mortality is estimated as 33 per 1,000 live births. More than 1.7 million children under-five are at risk from malnutrition and deadly childhood diseases, such as diarrhoea and pneumonia.

The UNCT prioritized CERF funding to support those interventions that assist in preventing and addressing malnutrition and undernutrition and related health effects in the most vulnerable geographic locations in DPRK. The geographic prioritisation was based on data from the 2012 Nutrition Survey as well as agency monitoring reports that showed significant variations in the prevalence of undernutrition, with the four north-eastern provinces (Ryanggang, North Hamgyong, South Hamgyong and Kangwon) as having the highest prevalence of undernutrition. In addition, it was felt important to improve food production in nutrient-rich products, such as soybean, to ensure greater diversity of food, which would focus on those agricultural areas with the largest potential for high crop yields, and with the most vulnerable farming families, who also were found to have high undernutrition. Interventions supported by CERF sought to improve the food and nutritional security of 393,574 of the most malnourished people, with particular focus on women and children.

The objectives of CERF funding were to:

1. address the immediate causes, prevent and treat under-nutrition through the provision of life-saving therapeutic foods, micronutrient supplementation and therapeutic/treatment services in the four worst affected provinces of Kangwon, North and South Hamgyong and Ryanggang; and
2. improve production of protein-rich food in key cereal production areas of North and South Pyongan, North and South Hwanghae Provinces to make more nutritious food available to both cooperative farmers and to be distributed to provinces targeted by UNICEF, WFP and WHO.

III. CERF PROCESS

After the announcement for the 2015 UFE Round I DPRK allocation, the UN Resident Coordinator convened a UNCT meeting to agree on the most urgent priorities and gaps unmet by current funding. While the UNCT has not been able to conduct assessments as the Government has not allowed access, a mid-term review conducted on WFP's programme in mid-2014 confirmed that household food insecurity situation. In particular, the mid-term review showed that low dietary diversity is a key driver of malnutrition in the country. Furthermore, data from the National Nutrition survey identified the highest levels of undernutrition in the north western provinces, which were therefore selected for CERF funding. FAO's project supporting production of soybean in the four cereal bowl provinces to boost production of nutritious food was prioritised in addition to the therapeutic and health interventions managing undernutrition and its effects supported by other agencies. The geographic scope was different as the agro-climatic factors are not suitable in the four northeast provinces where malnutrition is highest and other agencies' projects were focused. Therefore, those provinces selected for FAO's intervention was based both on agricultural potential as well as malnutrition rates.

While there are six international NGOs present in the DPRK they are required to operate as "European Union Programme Support" (EUPS) units. While the Government counterpart for UN agencies is the National Coordination Council (NCC), EUPS units work through the Korean European Cooperation Coordination Agency (KECCA). These arrangements mean that partnerships cannot function in the way they do in most other contexts and the UN is unable to work with NGOs as implementing partners. Nonetheless, UN agencies, EUPS Units and other partners including IFRC, ICRC and the Swiss Agency for Development and Cooperation participated in weekly Inter-Agency Meetings and regular sector meetings in order to share information, coordinate activities and ensure there is no overlap or duplication of interventions.

Given there has been chronic underfunding in DPRK for more than a decade, largely driven by external and political factors, the gaps that are unmet by funding are significant. Therefore, it was agreed by the UNCT that prioritization would target CERF support to a limited number of the most urgent life-saving humanitarian projects related to improving the nutrition situation of pregnant and lactating women, new-borns and children under-five through directly addressing malnutrition in four provinces with the highest malnutrition rates and through support to food production in the four provinces with the highest cereal production. The 2015 Needs and Priorities document provided the initial scope of sectoral activities followed by a focus on nutrition and agriculture. The UNCT, in consultation with the relevant Government departments then agreed on the geographic and beneficiary targeting parameters.

Once agreement was reached on the strategic priorities and gaps to be filled by CERF funding, the nutrition and food security sectors met to agree at the technical level on the integration of the different interventions within the agreed geographic scope. The nutrition sector agreed to work together in the four identified provinces to deliver nutrition-specific interventions in line with the 1,000 days approach, with an additional focus on under-five children. Common target groups and geographical areas were identified and activities were to be coordinated to avoid duplication. FAO, through the food security sector targeted its life-saving nutritious food production in the four identified provinces, ensuring no overlap with food security interventions outside the scope of CERF funding.

WHO, UNICEF and WFP, in close collaboration with the NCC and the UN Resident Coordinator's Office identified the four north eastern provinces as having limited access to food, nutrition and health care services, identified through previous assessment, mid-term reviews and other monitoring that has been possible. Out of 84 counties, access was possible only to 47 counties, where WFP is operational. For the CERF proposal, WHO and UNICEF followed WFP's approach to harmonize the food package with nutrition and life-saving health interventions for the most vulnerable pregnant and lactating women (PLW) and their children. The agencies allocated other regular resources to fully achieve the project objectives outlined in 2015 Needs and Priorities document in relation to the Nutrition, Health and WASH sectors such as, capacity development of health workers to deliver quality services, promotion of optimum infant and young child feeding (IYCF) practices and implementation of selected WASH interventions that were out of the scope of CERF funding (either through eligibility or prioritisation).

FAO's emergency food security assistance projects have demonstrated that small-scale interventions in the form of seed and plastic sheets mini kits distribution, coupled with technical assistance and training has had a significant positive impact in improving household-level food and nutrition security and livelihoods of vulnerable farmers through increased production and ensuring seed supply for the consecutive years FAO's intervention will complemented the nutrition interventions carried out by WFP, UNICEF and WHO. Local production of nutritious crops such as soybean is a time-critical intervention to improve nutritional status of vulnerable households. Taking into account the main focus of CERF funding for 2015 as being immediate lifesaving nutrition intervention, this project is prioritized to ensure local nutritious food production and seed for the coming cropping seasons. Targeting of the 400 cooperative farms within the geographic scope was agreed with the Government.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 18 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	59,670	19,890	79,560	57,330	19,110	76,440	117,000	39,000	156,000
Nutrition	132,655	20,000	152,655	127,962		127,962	260,617	20,000	280,617

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

In the nutrition sector, WFP, UNICEF and WHO implemented projects. The targeted population groups were pregnant and lactating women, under-five children as well as healthcare workers associated with the programmes. The targeted beneficiaries were estimated as follows:

- 6,000 children under-five suffering from SAM will be identified and receive a full package of appropriate treatment to ensure their full recovery through county hospitals and baby homes (UNICEF)
- 3,000 children under-five suffering from Moderate Acute Malnutrition (MAM) will receive treatment in nurseries (WFP)
- 202,000 under-five children will receive Super Cereal fortified food with micronutrients and proteins for 2.5 months during the lean season. (WFP)
- 20,000 boys and girls aged 6-23 months will receive a full course of multi-micronutrient powder (sprinkles) for home fortification of semi-solid complementary foods for six months. (UNICEF)
- 20,000 pregnant and lactating women will receive a full course of multi-micronutrient tablets for six months to assist in stopping the cycle of under-nutrition from mothers to babies (UNICEF)
- 20,000 pregnant and lactating women will receive appropriate health care for diagnostic and treatment of life-threatening conditions (WHO)
- 20,000 newborns will receive appropriate health care for diagnostic and treatment life-threatening conditions and prevention of avoidable death. (WHO)
- Additionally 2,100 healthcare workers were trained to deliver care to malnourished children in Community Management of Acute Malnutrition (CMAM) programmes (2,000-UNICEF) as well as in critical care of mothers and their newborns (100-WHO)

All beneficiaries were identified either through hospitals, nurseries and/or baby homes which were identified jointly by the agencies in consultation with the government. This made it easier avoid double counting of assistance to beneficiaries.

In the agriculture sector, only FAO was implementing a project. The beneficiaries were targeted from 40 cooperative farms, from the four identified provinces, in consultation with the Ministry of Agriculture. The selected household are the members of work teams responsible for production of soybean in the cooperative farms. The average family size in DPRK is four. The estimated beneficiary numbers from the 40 cooperative farms was estimated at 80,000 beneficiaries, including:

- 40,800 women (30,600 adults and 10,200 children); and
- 39,200 men (29,400 adults and 9,800 children).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Male	185,292	19,110	204,402
Female	192,325	39,890	232,215
Total individuals	377,617	59,000	436,617

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

The nutrition programme supported by UNICEF used CERF funds to procure therapeutic nutrition supplies for the treatment of SAM affected children in the targeted four provinces, in addition to multi-micronutrient tablets for PLW and multi-micronutrient powder (Sprinkles) for 6-23 months old children. In total, 46,000 individuals were reached through this project. More specifically, UNICEF procured 6,420 cartons of essential life-saving Ready to Use Therapeutic Food (Plumpy nut) to ensure recovery and treatment of 6,000 SAM affected children with and without medical complications. Utilising its own resources, UNICEF procured therapeutic milk and CMAM medicines and related supplies (iv fluids, antibiotics and feeding tubes) for the treatment of SAM cases with medical complications to complement the CERF-UFE grant provided supplies. During the reporting period, UNICEF facilitated treatment of approximately 6,000 SAM children with recovery rate of more than 92 per cent, a relapse rate of about seven per cent and a case fatality rate of less than one percent. UNICEF also procured multi-micronutrient tablets (3,600 bottles) sufficient to cover the needs of the targeted 20,000 pregnant and lactating women for six months to contribute to the reduction of under-nutrition among their offspring, as well as 90,000 packs of multi-micronutrient powder (sprinkles) for home fortification of complementary foods sufficient to cover the needs of the targeted 20,000 children aged 6-23 months old for a period of six months. UNICEF utilised its own resources to facilitate all in-country logistics to ensure uninterrupted and timely distribution, with two rounds of distribution over the reporting period in 2015. Routine supportive supervision and monitoring field visits to the CMAM project sites were conducted to ensure availability of project supplies, proper utilisation of resources and to provide on-the-job training to the service providers and health workers in order to upgrade the quality of CMAM services. Additionally, UNICEF used its own resources to support capacity development of health workers and service providers in the targeted CMAM counties in the four provinces and facilitated capacity development of the same service providers on promotion of optimum infant and young child feeding practices.

For WHO, funding ensured a continuation and sustaining of basic healthcare provision through essential medicines being available in the life-saving units of 47 county hospitals in the four target provinces. Similarly, WHO was able to provide essential medicines to increase the survivability of women and their newborns in most critical time-during pregnancy, delivery and first days of their lives. CERF support enabled prevention of premature delivery and covered most critical needs of premature and low-birth weight newborns. 20,000 pregnant and lactating women will receive appropriate health care for diagnostic and treatment of life-threatening conditions and 20,000 newborns (9,800 boys and 10,200 girls) will receive appropriate health care for diagnostic and treatment life-threatening conditions and prevention of avoidable death. These beneficiaries were the same as supported by the UNICEF interventions to ensure more holistic support in ensuring maximised health and nutrition outcomes. Overall 111,108 women indirectly benefited from the project through improved access to life-saving facilities, strengthened with CERF support. Over 3.5 million men, women, boys and girls of 47 counties indirectly benefited from the project as life-saving equipment, procured for county hospitals: oxygen concentrators, anaesthetic and surgical kits contributed to improved access to life-saving interventions for each individual. Moreover, the project contributed to sustained access to life-saving facilities of 47 county hospitals for nearest few years.

For WFP, children under five were provided with 100 grams FBF through institutional feeding, while children who received Moderate Acute Malnutrition (MAM) treatment were provided with monthly take home rations of three kilograms, on top of the institutional feeding. Nursery Staff observed that within 2-3 months, children recovered from MAM. The actual beneficiary number for children treated for MAM was lower than the planned figure, with an overall improvement of the current nutrition status of nursery children in WFP-supported areas. The MAM treatment pilot achieved good results, reaching 2,088 under-five children identified with moderate acute malnutrition. MAM treatment reports were submitted to WFP by the county officials in the areas of implementation. FBF distributed for institutional feeding of under-five children were produced in WFP-assisted local factories in partnership with the Government. Raw materials were provided by WFP,

while the Government contributed to the project by covering the cost of the factories, warehouses, staff, electrical power and maintenance. Using the CERF contribution, a total of 1,275 mt of cereals and sugar were purchased. In addition, 69 mt of sugar was purchased with the remaining funding balances due to savings that incurred from lower than planned commodity price rates for cereals. Wheat and maize purchased were sufficient to produce 1,229 mt of FBF after it was mixed with other ingredients like oil, soybeans, and dried milk. The FBF was used to cover the needs of 234,617 under-five children for a total of two months, which was higher than the planned figure of 202,000. The proposal submitted did not have a plan to purchase rice; however, at the time of contribution confirmation, rice had to be purchased as WFP's operation was in urgent need of rice for the production of rice milk blend. Therefore 225 mt of rice was purchased that benefited under-five children in baby homes, who are totally dependent on food rations provided by the child institutions. Equipment for child growth measurements was procured including 265 units of weighing scales, 530 units of height boards and 100 packs of Middle Upper-arm Circumference (MUAC) tapes. The equipment was used for conducting nutritional anthropometry measuring, measuring weight, height and MUAC of children between 6-59 months of age during the FSNA in October 2015. Equipment was handed over to the children's institutions through the Government counterpart for regular assessment of growth, which will assist to identify faltering growth which requires an immediate nutrition response or referral for treatment.

In October 2015 a Food Security and Nutrition Assessment in WFP-supported nurseries was conducted in coordination with the Central Bureau of Statistics and the National Coordinating Council. The assessment was conducted in WFP 85 operational areas in eight provinces in DPRK, which covers the children's nurseries assisted using the CERF contribution. The aim of the assessment was to generate updated information on the food security and nutritional status of WFP's primary beneficiary group in DPRK. On food consumption, the assessment found that food consumption of households with a child aged 6-23 months was limited in quantity and quality. The average household consumes below acceptable levels of food diversity on a regular basis and this has not changed significantly over the past five years. Diets are generally poorer in urban settings, where fewer households have access to "kitchen gardens" and rely more on support from relatives and friends in rural areas. Markets are becoming increasingly important for accessing food. The very low level of animal-based protein and fat consumption is of particular concern. This highlights the importance of a well-funded WFP programme, given the programme's focus on the provision of FBF which make up a high proportion of the nutritional deficit in young children and women.

For FAO, the key objective of this project was to safeguard the nutritional status of vulnerable households by increasing the production of soybean during the 2015 main cropping season through the provision of soybean seed and plastic sheets. A total of 100 tonnes of soybean seeds and 1,550 rolls of plastic sheet were distributed to 78 cooperative farms, exceeding the target of 40 beneficiary farms enabling more than 20,000 vulnerable farming families (80,000 people) to improve their household-level food and nutrition security through enhanced production of soybean. Because the number of farms supported by CERF was almost doubled, the area covered by improved seed far exceeded the target 2,640 ha to approximately 5,000 ha. Average yield of soybean in 2014 under drought conditions was 1.25 tonnes/ha. Under almost similar drought conditions prevailing in 2015 the average yield of soybean at farms supported by the project was 1.980 tonnes/ha. While this was lower than the planned 2.5 tonnes/ha this was largely due to the ongoing drought conditions. There while lower than targeted it was a more productive yield than in 2014, which had similar climatic conditions. From cost-benefit analysis undertaken by FAO, it can be safely concluded that the investment of USD 1.00 in soybean production generated a net return of USD 8.88. This clearly demonstrates the value for the money invested through CERF funding in sustaining increased productivity and production of soybean in the backdrop of declining trend of soybean production in the country. Apart from direct monetary returns, the project contributed to combating undernutrition through enabling beneficiary households enhance consumption of nutritionally rich soybean in their diets. Timely procurement of inputs (seed, fertilizer, plastic sheet) and their distribution to farmers is critically important given a relatively short cropping season following prolonged cold winters and the need to take advantage of optimum sowing times. Furthermore, in view of considerable challenges in mobilizing adequate domestic resources for investment in the agriculture sector, support from CERF will continue to retain its relevance and urgency in providing farms with critical inputs for producing diverse nutritionally rich food crops.

CERF's ADDED VALUE (one page)

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

All agencies agreed that the CERF funding allowed agencies to continue carrying out essential life-saving projects, without which many would have had to be reduced meaning some beneficiaries' needs would not have been met. In the Nutrition sector, the CERF contribution ensured that WFP could provide assistance to the most vulnerable young children during the lean season, reaching these children would not have been possible without the CERF contribution which enabled WFP to timely procure the needed food commodities. For UNICEF, funds enabled the kick-starting of additional CMAM sites in areas with some of the highest malnutrition rates among under five children in the country with increasing coverage and higher access and utilization of life-saving CMAM services. For WHO, funding ensured a continuation of basic healthcare provision through essential medicines being available in the hospitals and clinics in the four target provinces. In the Agriculture sector, the quick disbursement of funds allowed FAO to procure and distribute soybean seed and plastic sheet in time for the planting season ensuring the best possible crop yield outcomes. Once the project was approved by CERF Secretariat, FAO HQ approved procurement of inputs immediately even without waiting for transfer of money from CERF to FAO.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

Given the critical and persistent level of underfunding in the DPRK, CERF funds support the most critical programmes that seek to respond to the most acute needs in the country. CERF funding ensured that programmes focusing on these population groups have been able to continue without significant interruption for as far as the funding allowed. In nutrition, WFP provided assistance, for two months without interruption, to the most vulnerable children in the counties with the highest food insecurity and malnutrition rates. UNICEF was able to build on its existing funds to expand critical CMAM programmes that seek to provide therapeutic support to severely malnourished under-five children, from 16 per cent pre-2015 to about 60 per cent by end of 2015. Similarly, WHO was able to provide essential medicines to increase the survivability of newborns. In agriculture, FAO could support farmers to successfully produce soybean which is a critical nutritious food in a country where 70 percent of the population do not consume an adequately diverse diet. Assistance with inputs helped beneficiary cooperative farmers increase considerably the yield of soybean as opposed to average national yields that resulted in increased supply and guaranteed adequate consumption of soybean and soybean-based products by vulnerable households.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

In general, resource mobilisation efforts were considered unsuccessful largely due to the geopolitical environment, which is out of the control of humanitarian agencies. However, CERF funds did impact on Government cooperation, who as implementing partners, contributed in some instances up to 30 percent in kind to project through support to logistics and human resources. Furthermore, CERF funds have enabled critical projects to continue and which the evidence of results of these interventions can provide a strong evidence base of the effectiveness of humanitarian operations in DPRK and can contribute to resource mobilisation efforts.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

While joint projects helped optimize the response, full coordination was difficult to achieve. Agencies suggested to further improve inter-agency coordination, through: joint assessment and monitoring missions, more frequent inter-agency meetings to discuss updates, challenges and strategies, joint meetings with government counterparts, greater sharing of information and data received. However, improved coordination between agencies is partly contingent on more flexibility on the part of the Government, who often discourage such initiatives. The allocation process of the CERF contribution also contributed and bolstered discussions on the 2016 Needs and Priorities document that was being developed simultaneously. Discussions around prioritisation and focus on life-saving activities as part of the

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF allocation process assisted in refining agencies' thinking around their broader humanitarian programmes for that year.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF is one of the most consistent donors to humanitarian needs in the DPRK, and enables UN agencies to meet the critical and protracted needs in the country, and enables the UN to maintain a presence in DPRK. CERF's example of de-politicisation of aid, which is a constant challenge in DPRK, has supported agencies in continuing to highlight the large humanitarian needs. This consistent support displays the UN's commitment to confront and aid humanitarian needs and to ensure that the gains of the past decades are not lost.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The CERF contribution was very instrumental to supporting agencies in continuing life-saving and time critical interventions.	Timely release of funds and clear processes to follow need to be sustained.	CERF Secretariat
Flexibility in CERF criteria in activities	A challenge in successfully implementating CERF funded activities was reliant on adequate technical support, training and capacity building of government partners. Agencies felt CERF criteria that did not allow for inclusion of training and capacity building in project proposals was too stringent. More flexibility would increase the absorptive capacity for the utilisation of the funds.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>There is a need to further strengthen coordination particularly between implementing agencies.</p> <p>Improved coordination between agencies is contingent on more flexibility on the part of the Government, who often discourage such initiatives.</p>	<p>Some suggestions, some of which require Government support include:</p> <ul style="list-style-type: none"> a. Joint assessment missions b. Joint monitoring missions c. Formulating aligned indicators where possible d. More frequent inter-agency meetings to discuss updates, challenges and strategies e. Common meetings with government counterparts f. Sharing of information and data received 	UNCT
	The RC along with heads of agency should advocate with Government counterparts to make coordination and joint missions possible.	RC/UNCT
CERF funds aided resource mobilization through the building of an evidence base but further opportunities to should be sought given the funding environment in DPRK.	Further explore how to position CERF funds to showcase the need for funding.	UNCT
In implementation the main challenge encountered were very low levels of institutional and human resource capacity. This required intensive monitoring and supportive visits. The extensive human resource and institutional capacity building required for successful	Investigate alternative ways to building capacity within implementing partners (government) to optimise successful implementation.	UNCT

implementation calls for creative approaches.		
The technical support offered to the National CMAM technical team in MOPH and Institute of Child Nutrition was instrumental to achieve the planned results.	Continue collaboration with MOPH and Institute of Child Nutrition to further expand the CMAM services in 2016.	UNICEF
Sustaining Nutrition-specific interventions at scale in 2016 was very instrumental in convincing the Government to; a) integrating Mid-Upper Arm Circumference (MUAC) screening into the Child Health Days activities, b) endorsing revision of the national nutrition strategy and action plan in 2016, c) develop 'new' integrated technical guidelines on complementary feeding and Early Childhood Development for service providers in nurseries and d) recognizing the need to expand micronutrient supplementation to PLW and 6-23 months old children.	The collaboration with MOPH need to be further strengthened in 2016 to scale-up the geographical expansion. This support needs to continue to ensure continued improvement to provide quality services.	UNICEF
WFP produced an internal monthly monitoring wrap up and weekly monitoring highlights during the lean season. The monthly and weekly monitoring reports provided timely information on food security, nutrition, natural disasters, field observations, monitoring challenges and recommendations. The rapid feedback has helped WFP to understand the operation's latest progress, challenges and the situation in the field.	To continue this exercise in the forthcoming lean season.	WFP
To achieve the maximum impact of the nutrition programme, WFP needs to institute discussions and operational engagement with technical line agencies on food security and nutrition sectors.	WFP will continue pursuing technical support from functional line agencies, such as: the Ministry of Public Health, Central Bureau of Statistics and Food Administration.	WFP

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	16/03/2015-31/12/2015		
2. CERF project code:	15-UF-FAO-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency support to increase soybean production during the main cropping season 2015					
7. Funding	a. Total project budget:	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 300,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 300,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and ae).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	30,600	29,400	60,000	59,670	57,330	117,000
<i>Adults (above 18)</i>	10,200	9,800	20,000	19,890	19,110	39,000
Total	40,800	39,200	80,000	79,560	76,440	156,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>	80,000		156,000			
<i>Other affected people</i>						
Total (same as in 8a)	80,000		156,000			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project in its design envisaged selection of 40 cooperative farms in four provinces (80,000 beneficiaries). Due to the impact of ongoing dry spell and lower than average soybean yield the MoA requested FAO to consider changing the list of beneficiary cooperative farms to increase the number of farms to 78 (156,000 beneficiaries).					
CERF Result Framework						
9. Project objective	The key objective of the project is to safeguard the nutritional status of vulnerable households by increasing the production of soybean during the 2015 main cropping season through the provision soybean seed and plastic sheets.					
10. Outcome statement	Household nutrition improved by the increase of soybean production.					

11. Outputs			
Output 1	80,000 vulnerable households have access to soybean products.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	132 MT of soybean seed planted	2,640 hectares	5,000 hectares
Indicator 1.2	Soybean yield increased by 45 percent compare to 2014, and 6,600 MT of soybean produced.	2.5 MT/ha	1.98 MT/ha
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 132 MT of soybean seed and 1550 rolls of plastic sheets	UN Agency	FAO
Activity 1.2	Selection of 40 beneficiary cooperative farms	UN Agency/Ministry of Agriculture	FAO, MoA
Activity 1.3	Distribution of soybean seed and plastic sheets to beneficiary cooperative farms	UN Agency/Ministry of Agriculture	FAO, MoA
Activity 1.4	Collection of harvest data	UN Agency/Ministry of Agriculture	MoA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project in its design envisaged selection of 40 cooperative farms in four provinces with 80,000 beneficiaries. During implementation, the number of beneficiary farms (78) and geographical coverage (8 provinces). Due to the impact of ongoing dry spell and lower than average soybean yield the MoA requested FAO to consider changing the list of beneficiary cooperative farms to increase the number of farms to 78. The initial 40 identified for CERF funding remained but was just increased to include other vulnerable farms using similar prioritisation. The average yield of soybean in cooperative farms that received CERF support was 1.980 tonnes/ha which fell short of the target yield 2.50 tonnes/ha by 0.52 tonnes/ha, which nonetheless was a commendable performance given that the country was hit by droughts in 2014 and 2015 consecutively.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Access to beneficiaries is tightly controlled and largely discouraged in DPRK, making the inclusion of beneficiaries in all aspects of the programme extremely difficult. During the project FAO, in coordination with the MoA undertakes capacity building to train new agricultural technologies through practical and hands-on training this is undertaken at the same time as monitoring project's activities and therefore provides an avenue to engage with the beneficiary farmers.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
The project was evaluated as part of mid-term review of FAO DPRK's current Country Programming Framework (2012–2016) conducted during November–December 2015. A desk review of the project was also conducted by an international consultant in December 2015.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO,WFP,UNICEF		5. CERF grant period:	WHO: 20/03/2015-31/12/2015 WFP: 20/03/2015-31/12/2015 UNICEF: 19/03/2015-31/12/2015		
2. CERF project code:	15-UF-WHO-003 15-UF-WFP-011 15-UF-CEF-011		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Nutrition					
4. Project title:	Establishing and delivering Nutrition-specific life-saving interventions and enhancing support for survival of low birth weight newborns and the most vulnerable women and children in the four north eastern provinces of the DPR Korea					
7. Funding	a. Total project budget:	US\$ 99,395,000	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received for the project:	US\$ 32,530,291				
	c. Amount received from CERF:	US\$ 1,700,285				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	148,803	144,771	293,574	132,655	127,962	260,617
<i>Adults (above 18)</i>	20,000		20,000	20,000		20,000
Total	168,803	144,771	313,574	152,655	127,962	280,617
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	U5 children affected by under-nutrition and PLW in the most vulnerable 4 provinces harbouring the highest burden of under-nutrition in DPRK			280,617		
Total (same as in 8a)	313,574			280,617		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			The majority of the discrepancy is between WHO and UNICEF (children U18) where the planned figure did not sufficiently account for double-counting. Actual reached beneficiaries for WHO were also reached under UNICEF's interventions and is accounted for above.			

CERF Result Framework			
9. Project objective	To institutionalise treatment and prevention services of under-nutrition among U5 children and among pregnant and lactating women living in 47 counties in the four north eastern provinces.		
10. Outcome statement	CMAM and multiple micronutrient supplementation services are established in 47 counties in the targeted four provinces		
11. Outputs			
Output 1	Establishment of 47 CMAM service delivery sites in the counties' hospitals for treatment of SAM with and without complications		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 SAM children enrolled and treated in the CMAM sites (47 counties' hospitals and fourteen baby homes).	6,000	6,000
Indicator 1.2	Proportion of health workers skilled to deliver in-patient and out-patient care to SAM affected children with and without complications respectively	2,000	2,000
Indicator 1.3	Number of U5 children received fortified Super Cereal	202,000	234,617
Indicator 1.4	Number of MAM children received treatment through nurseries	3,000	2,088
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Capacity building of service providers	MOPH, WHO and UNICEF	MOPH, WHO, UNICEF
Activity 1.2	Provision of therapeutic supplies and related CMAM medicines and ensuring availability of these supplies in all service delivery sites	UNICEF	UNICEF
Activity 1.3	Supportive supervision and monitoring activities	MOPH and UNICEF	MOPH, UNICEF
Activity 1.4	Provision of fortified Super Cereal/Screening equipment to designated child institutions	WFP, MOPH & NCC	WFP, NCC
Activity 1.5	Supportive supervision and monitoring activities	WFP, MOPH & NCC	WFP, NCC
Output 2	Promotion of multiple micronutrient supplementations to PLW and 6-23 months old children through provision of multi-micronutrient supplements to 20,000 PLW and 20,000 children aged 6-23 months.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of 6-23 months old children received full course (6 months) of micronutrient powder (Sprinkles) for home fortification of semi-solid complementary foods.	20,000	20,000
Indicator 2.2	Number of pregnant and lactating women received full course (6 months) of multi-micronutrient tablets.	20,000	20,000
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Provision and ensuring availability of Multi-micronutrient sprinkles at service delivery sites / health centres for home fortification of complementary foods to 6-23 months old children	MOPH and UNICEF	MOPH, UNICEF
Activity 2.2	Provision and ensuring availability of Multi-micronutrient tablets at service delivery sites / health centres to PLW.	MOPH and UNICEF	MOPH, UNICEF
Output 3	Prevention of delivery and death of low-birth-weight new-borns through diagnostics and treatment of life-threatening conditions in pregnant women and their infants		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of pregnant women received full course of treatment for prevention of LBW newborns	20,000	20,000
Indicator 3.2	Number of newborns received diagnostic and treatment of neonatal complications	20,000	20,000
Indicator 3.3	Number of health care providers trained for saving lives of mothers and new-borns	100	100
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of essential drugs and basic equipment to intensive care units of 47 hospitals	MOPH and WHO	MOPH, WHO
Activity 3.2	Support for training of health care providers in life saving interventions	MOPH and WHO	MOPH, WHO
Activity 3.3	Supportive supervision and monitoring activities	MOPH and WHO	MOPH, WHO
Activity 3.4	Logistic support to MoPH in transportation and distribution of life-saving drugs and equipment	MOPH and WHO	MOPH, WHO
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
WHO: Overall 111,108 women indirectly benefited from the project through improved access to life-saving facilities, strengthened with CERF support. Over 3.5 million men, women, boys and girls of 47 counties indirectly benefited from the project as life-saving equipment, procured for county hospitals: oxygen concentrators, anaesthetic and surgical kits contributed to improved access to life-saving interventions for each individual. Moreover, the project contributed to sustained access to life-saving facilities of 47 county hospitals for nearest few years.			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
Access to beneficiaries is tightly controlled and largely discouraged in DPRK, making the inclusion of beneficiaries in all aspects of the programme extremely difficult. Under WFP's monitoring system, staff, including international Korean-speaking monitors, was given access to the beneficiary institutions allowing WFP to verify food deliveries, and to interact with the beneficiaries to understand food utilization and acceptability. The nature and degree of WFP's access continued to underpin WFP's level of assurance that food reached its intended beneficiaries. WFP field monitoring visits to nurseries confirmed beneficiaries' appreciation of WFP's food assistance. Nursery staff interviewed during monitoring mentioned that the quality of WFP food was good and that it helped to improve nursery children's' nutritional status. In all nurseries, children were observed eating bread, pancakes and gruel cooked from WFP FBFs. For UNICEF and WHO they both have access to staff in the centres in which they work where they can ensure the effective implementation of the activities.			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
Please note that joint monitoring and/or evaluations are not allowed by the DPRK Government. Therefore, any evaluation of CERF-funded projects must be undertaken separately. As mentioned in previous sections the UNCT continues to advocate for the ability to undertake joint monitoring/evaluations for their operations.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input type="checkbox"/>	
WFP did not conduct an evaluation for this CERF supported project specifically however			

WFP conducted the end of project review for its entire operation in DPR Korea in November 2015. The Food Security and Nutrition Assessment was conducted in coordination with the Central Bureau of Statistics and the National Coordinating Council. The assessment was conducted in WFP 85 operational areas in eight provinces in DPRK, which covers the children's nurseries assisted using the CERF contribution. The aim of the assessment was to generate updated information on the food security and nutritional status of WFP's primary beneficiary group in DPRK. On food consumption, the assessment found that food consumption of households with a child aged 6-23 months was limited in quantity and quality. The average household consumes below acceptable levels of food diversity on a regular basis and this has not changed significantly over the past five years. Diets are generally poorer in urban settings, where fewer households have access to "kitchen gardens" and rely more on support from relatives and friends in rural areas. Markets are becoming increasingly important for accessing food. The very low level of animal-based protein and fat consumption is of particular concern. This highlights the importance of a well-funded WFP programme, given the programme's focus on the provision of FBF which make up a high proportion of the nutritional deficit in young children and women.

For WHO, as the funding for the project was small, there was not specific evaluation undertaken. However, WHO HQ evaluated the broader Maternal Child Health project in collaboration with Melbourne University which evaluated the long-term impact of WHO's humanitarian projects. The results were very positive but did not focus on this project.

For UNICEF, as this is part of a larger programme there are plans to undertake a CMAM evaluation study in 29 counties, hopefully by mid-year 2016.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
CPFSA	Crop Production and Food Security Assessment
DPRK	Democratic People's Republic of Korea
EUPS	European Union Programme Support units
FBF	Fortified Blended Foods
FSNA	Food Security and Nutrition Assessment
IYCF	Infant and Young Child Feeding
KECCA	Korean European Cooperation Coordination Agency
MAM	Moderate Acute Malnutrition
MoA	Ministry of Agriculture
MOPH	Ministry of Public Health
MUAC	Middle Upper Arm Circumference
NCC	National Coordinating Council
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
UNCT	United Nations Country Team
WASH	Water, sanitation and hygiene