

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
RAPID RESPONSE
FLOOD 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Tapan Mishra

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An After Action Review was carried out on 20 June, chaired by the RC a.i. as the RC was away on mission. All recipient agencies were represented at the AAR and their observations have been reflected in the report.

- 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

In DPRK, INGOs are not allowed to be implementing partners by Government regulations. While the implementation of the grant itself, as well as the development of the application, has been widely consulted with the Sectors and the HCT, the final report has primarily been developed within the context of UNCT.

- 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 actors.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 24,980,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,054,519
	COUNTRY-BASED POOL FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	5,231,571
	TOTAL	10,286,090

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 20/09/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-025	Agriculture	593,443
UNFPA	16-RR-FPA-045	Health	248,384
UNICEF	16-RR-CEF-109	Nutrition	462,882
UNICEF	16-RR-CEF-110	Water, Sanitation and Hygiene	1,208,351
WFP	16-RR-WFP-063	Food Aid	999,744
WFP	16-RR-WFP-064	Nutrition	789,986
WHO	16-RR-WHO-042	Health	751,729
TOTAL			5,054,519

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,054,519
Funds forwarded to NGOs for implementation	-
Funds forwarded to government partners	-
TOTAL	5,054,519

HUMANITARIAN NEEDS

The remnants of Typhoon Lionrock passed DPRK on 29 August 2016, merging with a low pressure front in the northeast causing heavy rains over the northern part of the country. Over the three days, 208 mm of rain deluged Hoeryong City. Between 30 and 31 August, the Tumen River rose between 6-12 metres, breaking its banks. Six counties of North Hamgyong province were impacted by the floods, of which three were severely affected. Representatives of the Government of DPRK (GoDPRK) and the Humanitarian Country Team (HCT) carried out a joint mission to the affected areas on 6-9 September to assess initial damage.

The floods in North Hamgyong exacerbated the protracted crisis in the country, where 18 million people (70 per cent of the population) are dependent on the Public Distribution System for rations of basic foodstuffs, and serious challenges related to nutrition; food security; health; and water, sanitation and hygiene. According to the Government, 138 people were killed, 400 missing¹ and around 69,000 were temporarily displaced. Additionally, 140,000 people were estimated to have been severely affected, with up to 600,000 requiring some form of assistance. According to the Government, the flooding destroyed more than 18,500 houses and damaged more than 11,200. Some 27,500 hectares of agricultural land were inundated, destroying crops that were almost ready to harvest, killing livestock and washing away kitchen gardens. An estimated 600,000 people in more than six counties were affected by the interruption of water supply systems.

The GoDPRK initially invited international organizations based in Pyongyang to support the response by the release of in-country emergency stockpiles. It soon became apparent that this would be insufficient. In addition to the CERF RR application, it was eventually agreed that agencies would also be allowed to appeal internationally and an Emergency Response Plan was launched on 19 September 2017, requesting US\$ 28.9 million to provide humanitarian assistance to 600,000 people in food security, nutrition, health, shelter, WASH and education.

Given the underlying humanitarian situation in the country, as outlined in the Needs and Priorities 2016 document, women (particularly pregnant and lactating) as well as under-five children and the elderly, were identified as being at particular risk of illness and death from the flood emergency, as a consequence of already compromised health and compounded by issues of contaminated water and a lack of food, sanitation and health services.

II. FOCUS AREAS AND PRIORITIZATION

The joint GoDPRK-HCT initial assessment mission confirmed that Musan, Onsong, Kyongwon, Kyonghung, Yonsa counties and Hoeryong City in North Hamgyong Province were the areas most impacted by the floods. These areas represent a total population of almost 670,000 people. Out of these six counties, Musan, Yonsa and Hoeryong City were identified as the most severely affected. Total population of these three areas is 331,577.

A series of additional assessments were carried out as roads were cleared and access improved, confirming urgent needs in the four sectors traditionally included in appeals for DPRK: Health; Nutrition; Food & Agriculture; Water, Sanitation and Hygiene (WASH). Additional needs were identified in Shelter/NFI and Education, for which dedicated sector working groups (SWGs) were also established for the duration of the emergency. A joint Emergency Response Plan (ERP) was developed outlining support for 600,000 people in the six most affected counties in North Hamgyong Province for the 3-6 months, focusing on life-saving activities in shelter; food and agriculture; health; nutrition; water, sanitation and hygiene; and education.

While the ERP covers all six counties, it was agreed that the CERF proposal would prioritize the three most severely affected counties and focus on food security, nutrition, health and WASH. Projects in the CERF application were developed taking into consideration the following criteria:

- a) needs identified by the assessment mission;

¹ The number of missing was never updated by the Government.

- b) life-saving criteria;
- c) support requested by the Government; and
- d) consideration of what can realistically be implemented within the necessary timeframe in view of the ongoing sanctions regime.

Projects were further developed with a view of the added value and previous track record of each agency with similar interventions in the DPRK context.

III. CERF PROCESS

Following the initial assessment mission, under the leadership of the Resident Coordinator (RC), the HCT and sectors met to determine key priorities for the response in line with needs identified and taking into consideration capacities and priorities of both the GoDPRK and the implementing agencies. The HCT met on a regular basis throughout the response, with an increased frequency during the initial weeks. Based on initial information provided by Government and the assessment mission to affected areas that were accessible at the time it was decided, and agreed by the Government, that the HCT would develop an Emergency Response Plan to mobilize funds for the response.

In developing the ERP, agencies relied on the joint needs assessment and updated information as it was being supplied by GoDPRK as well as the 2016 Needs and Priorities, which remains the overall framework for humanitarian action in DPRK. The rationale for the selection of projects was based on the need to target the population in the areas most seriously affected by the flooding, with a focus on women of reproductive age and children under five. Projects were developed based on interventions carried out by the agencies in other parts of the country which were deemed relevant to the response and have proven effective in the past. These projects have also shown to successfully work within the specific restraints of the DPRK context (eg. sanctions) and therefore would be able to be successfully implemented within the CERF timeframes.

Given the challenging resource mobilization environment with limited donor interest in DPRK, it was agreed that UN agencies would pursue a CERF Rapid Response request aligned with the ERP and in consultation with non-UN HCT and sector partners. While there has been significant progress in recognizing the importance of coordination and inclusivity in humanitarian response, including the two joint GoDPRK-HCT missions to the affected areas in which both UN and INGO/Red Cross partners were invited to participate, INGOs are not yet allowed to work as implementing partners in DPRK. Nevertheless, activities carried out within the context of this grant were closely coordinated with all partners within the SWGs to avoid overlap and ensure an effective response. In their meetings, sectors also discussed availability and procurements for stockpiles, as well as human and financial capacity. While developing the overall sector responses, SWGs also exchanged plans for comments by relevant related Groups to ensure appropriate alignment. In this context, in particular WASH, health and nutrition interventions have been developed to complement each other in a holistic manner.

Resource mobilization for DPRK remains difficult, particularly following the recent increase in geopolitical tensions. Donor funding regularly falls well below established needs (normally around 30 per cent). Consequently, CERF continues to be a critical source of funding. Switzerland, Sweden, Germany and European Union also provide regular humanitarian funding on a modest scale, while RoK has discontinued any support since the breakdown of relations between the two countries in 2015. Other key humanitarian donors such as US and UK have also been largely absent for political reasons. The RC and UNCT/HCT engage with donors and Member States at various levels to mobilize resources, including through donor briefings, press releases and dissemination of advocacy materials and infographics. For the North Hamgyong floods, the OCHA Regional Office in Bangkok helped develop an initial snapshot with information and updates on the emergency as well as a series of updates on the progress of the Emergency Response Plan.

In the end, US\$ 10.3 million (36 per cent) was received against the North Hamgyong flood response, including significant internal agency funds, the Start Fund and several long-standing donors to DPRK. It also included US\$ 1 million from the US, which can be considered a breakthrough as it is first US contribution to DPRK since 2010.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 600,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Agriculture	15,800	47,402	63,202	15,181	45,543	60,724	30,981	92,945	123,926
Food Aid	18,275	54,824	73,099	17,558	52,673	70,231	35,833	107,497	143,300
Health	50,812	121,935	172,747	49,725	109,105	158,830	100,537	231,040	331,577
Nutrition	19,492	9,481	28,973	18,404	-	18,404	37,896	9,481	47,377
Water, Sanitation and Hygiene	20,958	71,354	92,312	21,805	61,910	83,715	42,763	133,264	176,027

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

BENEFICIARY ESTIMATION

Projects were developed in a collaborative manner and in close collaboration within and between sectors. Every effort was made to ensure that f.ex. UNICEF and WFP's nutrition activities were complementary while targeting different caseloads. Cross sectoral coordination (Nutrition and Health) allowed partners working with different constituencies in hospitals to ensure complementarity of programming while also facilitating monitoring. Households targeted for WASH support were primarily those with malnourished children, linking Nutrition and WASH.

In Nutrition, UNICEF responded to the flood emergency by expanding treatment of wasting (SAM and MAM) through Community Management of Acute Malnutrition (CMAM) and promotion of optimal Infant and Young Child Feeding (IYCF) practices for a total of 16,559 children. In a complementary intervention, WFP distributed fortified supplementary foods to 30,818 under-five children and pregnant and breastfeeding women in flood affected areas. UNICEF activities were primarily carried out through hospitals, while WFP worked primarily through children's nurseries. Both agencies worked closely together on case identification and referral of children for proper treatment and rehabilitation under the CMAM framework.

WFP also provided direct food aid to 35,750 households engaged in community and agricultural reconstruction projects to improve the nutrient gap and dietary diversity of the most affected populations of the floods. FAO worked through cooperatives farms providing support for flood affected farmers and their families; a total of 123,926 beneficiaries.

In the Health sector, UNFPA specifically targeted women of reproductive age (35,000 people), while WHO focused its support on temporarily replacing and/or replenishing clinics which had been damaged by the floods through the provision of essential medicines and equipment along with technical and logistical support. As WHO's efforts focused on disease surveillance, basic health and preventive care and access to essential medicine, it benefited the total population of the targeted areas (i.e. 331,577 people). The UNFPA beneficiaries are thus a subset of this total figure,

In WASH, UNICEF responded to urgent water supply, sanitation and hygiene needs of 16,000 households (176,027 people) in the flood affected areas.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	50,812	121,935	172,747
Male	49,725	109,105	158,830
Total individuals (Female and male)	100,537	231,040	331,577

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 rapid approval and disbursement of the CERF grant helped kick-start an initial emergency response in the three counties most severely impacted by the floods in North Hamgyong province focusing on life-saving interventions to ensure access to health, water, food and nutrition services.

In WASH, UNICEF provided supplies to improve the quality and quantity of water and sanitation for 176,027 people. Additional activities were carried out to ensure the rapid restoration of the water supply system targeting 100,100 people, particularly focusing on families that have children with severe acute malnutrition and pregnant and lactating women. Savings made in the implementation phase made it possible to expand the number of beneficiaries by more than 70,000 from the original target of 106,000 people.

In Nutrition, WFP extended its operations in DPRK focusing on prevention of undernutrition through distribution of fortified foods to a total of 21,337 under-five children aged 6-59 months in child institutions and 9,481 pregnant and lactating women (PLW) through supplemental feeding, particularly fortified biscuits and fortified blended foods. Fortified foods distributed were processed in local factories supported by WFP in North Hamgyong province, which facilitated timely distribution to beneficiaries. While the total number reached was lower than originally planned figure, due to lack of access to actual beneficiary numbers at the planning stage, it allowed WFP to increase the rations it provided to actual beneficiaries from 66 to 100 per cent. Complementing these efforts, UNICEF expanded its support for the 16 Community Management of Acute Malnutrition (CMAM) centres established in North Hamgyong to address the increase in the number of SAM and MAM children. The programme treated more children (from 11,000 planned to 16,559 reached) than projected due to the high incidence of diarrheal diseases faced during implementation period.

In Food Security sector: FAO supported vegetable cultivation in winter months through provision of vegetable seeds, plastic sheeting and ready-to-install greenhouses. A total of 108,054 kg of Chinese cabbage, spinach, pepper, cucumber and tomato was produced on the project, contributing to the nutritional security of 123,926 people beneficiaries on 24 cooperatives farms affected by the floods.

WFP provided protein-rich foods, tools and some non-food items to 35,833 flood-affected households which were engaged in community and agricultural reconstruction projects. The projects approved for food assistance were embankments along the river that were heavily damaged and located close to residences.

In Health, WHO provided essential medicines and equipment to 35 primary health facilities in the affected areas and supported the deployment of 10 MoPH health teams with material, logistical and technical support to manage possible outbreaks of diarrhoea and ARIs. The establishment of mobile health teams and training the team members to respond to emergency needs and early recognition and response to communicable diseases will be beneficial in any future public health emergencies as well. The beneficiaries of WHO's interventions are thus the total population of the affected area, 331,577 people. UNFPA supported the Government of DPRK with the provision of dignity kits, RH and midwifery kits and training health workers on Minimal Initial Service Package (MISP) for Sexual and Reproductive Health in emergencies. The project ensured that at least 35,000 women in reproductive age had access to adequate

reproductive health services following the disaster. Interventions were implemented in coordination with UNICEF and WHO to ensure complementarity and avoid duplication and included joint monitoring of the programme.

While it is difficult to directly attribute CERF funding to changes in the humanitarian situation of those affected, monitoring and feedback during the After-Action Review on the overall response show that the response was effective in addressing people's immediate needs. In most sectors, funding – much of which was mobilized following CERF's commitment – ensured that the majority of people targeted by the response were reached. As a consequence of the interventions people have largely returned to their pre-flooding situation with nutrition and health issues going back to pre-existing levels, with spikes caused by the flooding (such as diarrhoea and malnutrition) effectively addressed through support to health clinics and malnutrition management interventions. For nutrition, while supplementary feeding will go back to pre-flood levels, in UNICEF supported CMAM programme, the newly established treatment sites in the villages were transformed to undertake intensive screening and referral of undernourished children to the CMAM service delivery sites in the county hospitals. Updated data on the overall nutrition situation is presently lacking but an ongoing Multiple Indicator Cluster Survey will provide more information in the coming months. In food security and agriculture, interventions were able to support production of critical foodstuffs over winter months and increase rations to cover increased food insecurity due to losses in agricultural crops from the flood, overall reaching more than the 143,000 people targeted by the response. Due to extensive soil damage, it will take some time to re-establish original agricultural conditions. In WASH, 100,100 people were provided with access to safe drinking water during winter months in six flood affected counties. The long term rehabilitation of damaged water supply systems are ongoing in flood affected counties using government as well as other resources.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding was crucial in allowing for the rapid release of stockpiles to the worst affected areas with the assurance that they could be replenished. For example, normal procurement time for WFP is four months, but with the assurance of CERF funding the agency could release additional food to the flood-affected areas without negatively impacting on overall programming for the country.

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

Yes, see response a).

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

YES PARTIALLY NO

CERF funding sends a signal about the seriousness of a crisis and, in some cases, triggers the release of additional funding from agencies' regional or HQ emergency response mechanisms. This was the case for FAO, UNFPA and WHO. In addition, early action facilitated by CERF funding encouraged previously inactive donors such as Canada, US and Lichtenstein to provide funding or in-kind donations as well, bringing total funding of the response to almost double the value of the CERF grant.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The quick and positive response from the CERF Secretariat helped support coordination through the joint preparation project proposals and complementary programming.

² 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.).

This benefit stretched beyond the international humanitarian community as the understanding of CERF requirements further encouraged the participation of national stakeholders in the joint assessments. The added visibility afforded to the response through the CERF grant also encouraged non-resident actors in the response to reach out and coordinate their assistance through the RCO and SWGs.

Also CERF funding further strengthened the coordination with Government of DPRK who were consulted and updated throughout the CERF funding process.

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

Throughout the AAR, agencies underlined the importance of the CERF as one of the most consistent donors to the humanitarian situation in the DPRK, which is critical to allowing UN agencies to stay in the country and deliver humanitarian assistance. Using CERF as a trigger to activate internal emergency response mechanisms, FAO managed to increase both speed and duration of its activities in North Hamgyong. Moreover, the number and frequency of CERF RR grants to DPRK over the past years allowed the FAO CO to request the deployment of a technical expert to build capacity on DRR in agriculture with a specific focus on floods and drought. CERF funding further helped agencies leverage access to do comprehensive monitoring.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
n/a	n/a	n/a

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Access to detailed and up to date data remains a challenge. In particular, the Health sector did not manage to provide sufficient data in time to feed into the grant proposal	Stronger health component/questionnaire to be developed for future joint assessments.	Health Sector Working Group (SWG)
In order to avoid delay of supplies reaching the affected areas and population, regular follow-up with the Govt is required after supplies have been handed over to the government and delivered to the govt warehouse	Close monitoring and regular follow-up with the government/warehouse until supplies reach the affected areas and population.	UNFPA, Ministry of Public Health (MoPH)
Stockpiling plays a critical role in ensuring immediate response to a crisis.	Develop a plan, including a budget for replenishment of contingency stocks for emergencies.	UNFPA

NB. A joint After Action Review of the North Hamgyong flood response was carried out in May 2017 and is attached to this report. While the AAR refers to the whole response, the recommendations and lessons learned are highly relevant to this report as CERF remained a key component of the response.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	09-30-2016 - 03-29-2017		
2. CERF project code:	16-RR-FAO-025		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency assistance for nutritional security in flood-affected areas of DPRK					
7. Funding	a. Total project budget:	US\$ 6,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,093,443	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 593,443	▪ <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 age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	15,800	15,181	30,981	15,800	15,181	30,981
<i>Adults (above 18)</i>	47,402	45,543	92,945	47,402	45,543	92,945
Total	63,202	60,724	123,926	63,202	60,724	123,926
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>	123,926			123,926		
Total (same as in 8a)	123,926			123,926		
<i>In case of significant discrepancy between planned and reached</i>	N/A					

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	Improving food security of 123,926 cooperative farmers and their families in the most flood affected counties (Musan, Yonsa and Hoeryong) through support to agricultural production in a six-month time frame		
10. Outcome statement	Flood affected cooperative farmers and their families have improved access to sufficient and nutritious food		
11. Outputs			
Output 1	30,982 vulnerable households including 30,812 pregnant/lactating women and 9,914 under-five children have access to nutritious food		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	120 kg of vegetable seeds are planted under plastic tunnels and greenhouses	About 600,000 m2 area brought under plastic tunnels and 72 greenhouses (approx.. 36,000 m2) installed	About 600,000 m2 area brought under plastic tunnels and 96 greenhouses (approx.. 42,000 m2) installed
Indicator 1.2	Vegetables (cabbage, red pepper, tomato, spinach, cucumber) are produced to support nutritional security of vulnerable people during winter months	30 kg/100 m2	257.27 kg/100 m2
Indicator 1.3	Number of people who will receive the entire food produced under protected cultivation	123,926 (30,982 households), including 63,202 women, (15,800 girls), 60,724 men (15,181 boys)	123,926 (30,982 households), including 63,202 women, (15,800 girls), 60,724 men (15,181 boys)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 120 kg of vegetable seed, 1,200 rolls of plastic sheet and 72 units of ready-to-install greenhouses	FAO	FAO
Activity 1.2	Selection of 24 beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.3	Distribution of seed, plastic sheet and greenhouses to beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.4	Monitoring of project activities	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.5	Collection of harvest data	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture

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 total production of five different vegetables (Chinese cabbage, spinach, pepper, cucumber and tomato) was 108 054 kg. This significantly contributed to improving nutritional security in flood-affected areas.

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

The project was designed with inputs gathered from field visit to flood-affected areas of North Hamgyong Province by the Joint Review Mission undertaken in the immediate aftermath of the flood. During project implementation, beneficiaries were consulted and their actual needs were considered during distribution of inputs

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

FAO final evaluation report noted that: "Production and yield data (kg/350 m2) of vegetables grown in greenhouses with a total protected space covering 42 000 m2 in 24 cooperative farms is shown in Annex 6. The total production of five different vegetables (Chinese cabbage, spinach, pepper, cucumber and tomato) was 108 054 kg. This was equivalent to 257.27 kg/100 m2 which far exceeded the target of 30 kg/100 m2. Average yield of vegetables was also quite high at 25.727 tonnes/ha ranging from 8.45 tonnes/ha in spinach to 48.0 tonnes/ha in tomato. Availability of vegetables grown over the winter and early spring was 3.49 kg or 872 g per person in beneficiary project farms. This significantly contributed to improving nutritional security in flood-affected areas. "

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	10-03-2016 - 04-02-2017		
2. CERF project code:	16-RR-FPA-045		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Life Saving Basic Medical and Sexual and Reproductive Health Care Services to populations affected by floods in North Hangmyong Province					
7. Funding	a. Total project budget:	US\$ 898,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 438,384	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 248,384	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>						
<i>Adults (above 18)</i>	35,000		35,000	35,000		35,000
Total	35,000		35,000	35,000		35,000
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	35,000			35,000		
Total (same as in 8a)	35,000			35,000		
<i>In case of significant discrepancy between planned and reached</i>						

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality by providing basic medical and sexual and reproductive health care services to people affected by flood in Hoeryong City, Musan County and Yonsa County of North Hamgyong Province.		
10. Outcome statement	Availability and access to life-saving sexual and reproductive health services in order to prevent maternal and neonatal mortality and morbidity amongst the affected population		
11. Outputs			
Output 1	MISP (Minimum Initial Service Package) for Reproductive Health in Emergencies implemented		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Health providers oriented on RH kits/MISP in target areas	45	23
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of essential RH kits and supplies	UNFPA	UNFPA
Activity 1.2	Distribution of essential RH kits and supplies	MoPH	MoPH
Activity 1.3	Orientation and sensitization of service providers on MISP and the use of RH kits.	UNFPA/MoPH	UNFPA/MoPH
Output 2	Fill in		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of health facilities with capacity to provide EMOG	100%(15 targeted health facilities in affected areas)	100%
Indicator 2.2	Number of women who received EMOG	50	150 ³
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of emergency obstetric care and other life-saving interventions.	MoPH	MoPH
Activity 2.2	Advocacy with MoPH to admit pregnant women to well-equipped health facilities well in advance and to identify emergency transportation in case of emergency obstetric care and services	UNFPA, MoPH	UNFPA, MoPH
Output 3	Basic emergency commodities and sexual and reproductive health care services to women of reproductive age affected by floods provided		
Output 3	Description	Target	Reached

³ • A minimum of 30 women benefited from 1 set of Kit 6 A&B.

Indicators			
Indicator 3.1	Number of women who received RH services	35,000	35,000
Indicator 3.2	Number of dignity kits distributed	18,000	15,500
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide basic RH services to affected women, including contraceptives/IUD kits and ante natal and post natal check ups	MoPH	MoPH
Activity 3.2	Procurement of dignity kits	UNFPA	UNFPA
Activity 3.3	Distribution of dignity kits	MoPH	MoPH
Output 4	Monitoring and Evaluation of Project Achievements		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of Monitoring Visits by UNFPA staff and jointly with other UN partners (WHO and UNICEF)	3	4
Indicator 4.2	Number of joint reviews with WHO, UNICEF and MoPH	3 Bi-monthly	3
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Conduct regular monitoring visits to health facilities to monitor the distribution, utilisation and storage of the drugs and supplies on the ground	UNFPA	UNFPA
Activity 4.2	Organise joint field monitoring with UNICEF and WHO to ensure efficient and cost effective utilisation of CERF resources	UNFPA, UNICEF, WHO	UNFPA, UNICEF & WHO
Activity 4.3	Organise joint review meetings with UNICEF, WHO and MOPH	UNFPA, UNICEF, WHO, MOPH	UNFPA, UNICEF, WHO & MoPH
Activity 4.3	Submit final project report	UNFPA	UNFPA

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:

- Due to the closure of the banking channel, activities that entailed local costs, in this case the MISP training could not be held until the banking channel was opened, which eventually happened in December 2016. Hence, only one central level training on MISP and RH kit Orientation could be conducted with the participation of 23 health professionals. Since it was already December and deep into winter the planned provincial level training programmes could not be conducted. But plans have been made to cover this shortfall in 2017.
- All 10,000 dignity kits procured through CERF funds were distributed. While the target was set at 18,000, 15,500 dignity kits were distributed to women from among the affected population who needed them.

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

Direct access to beneficiaries in DPRK context is limited therefore including beneficiaries in project design and implementation is not possible. Due to this reason, People's Committees in the affected counties were involved in the implementation and monitoring of the project. MoPH and Provincial Health Authorities in the affected region took responsibility to distribute and ensure effective utilization of UNFPA provided Emergency Reproductive Health Kits, Dignity kits and Midwifery kits. UNFPA staff conducted regular monitoring visits jointly with UNICEF and WHO to ensure effective utilization of distributed kits and supplies on the ground. Joint review meetings with UNICEF, WHO and MoPH were also conducted for effective coordination and to update each other on each agency's response, future plans and to avoid any duplication of activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Due to the short duration of the project, all resources were focused on delivery and provision of critical life-saving services, so a formal evaluation was not possible and hence not planned. All activities were regularly monitored by relevant stakeholders as explained under point 13 above..

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	09-09-2016 - 03-08-2017		
2. CERF project code:	16-RR-CEF-109		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life-saving nutrition interventions to vulnerable wasted/ undernourished children under five in the flood affected areas					
7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 570,882	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 462,882	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 5)</i>	1,500	1,500	3,000	1,325	1,224	2,549
<i>Children (above 5)</i>	4,000	4,000	8,000	7,285	6,725	14,010
<i>Adults (above 18)</i>						
Total	5,500	5,500	11,000	8,610	7,949	16,559
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	11,000			16,559		
Total (same as in 8a)	11,000			16,559		
<i>In case of significant discrepancy</i>	The programme treated more children than projected due to high incidence of					

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	diarrheal diseases caused by lack of clean water, sanitation and hygiene facilities which resulted in an increased incidence of malnutrition in flood-affected areas.
---	---

CERF Result Framework			
9. Project objective	Three Community Management of Acute Malnutrition (CMAM) service delivery sites are fully operational in three targeted counties to treat 11,000 SAM and MAM affected U5 children.		
10. Outcome statement	To reduce excess mortality among under five (U5) children		
11. Outputs			
Output 1	Expanding CMAM service coverage in the targeted three counties' general hospitals to treat and prevent acute undernutrition (wasting) with and without medical complications.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 SAM children (with and without complications) and MAM with medical complications enrolled and treated in the three CMAM sites	11,000 (3,000 SAM+8,000 MAM)	16,559 (2,549 SAM + 14,010 MAM)
Indicator 1.2	Number of health workers trained to deliver in-patient and out-patient care and treatment to SAM affected children with and without complications.	120	112
Indicator 1.3	Recovery rate (sphere standards)	Above 75%	90%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of therapeutic supplies and related CMAM medicines (antibiotics, rehydration solutions including i.v fluids and micronutrients.	UNICEF and MoPH only (No partnerships with NGOs)	UNICEF and MoPH only (no partnerships with NGOs)
Activity 1.2	Facilitation of in-country logistics to ensure availability of the stated above therapeutic supplies and related CMAM medicines (antibiotics, rehydration solutions including i.v fluids, micronutrients at the operational three service delivery sites.	UNICEF and MoPH only (No partnerships with NGOs)	UNICEF and MoPH only (No partnerships with NGOs)
Activity 1.3	Supportive supervision, monitoring field visits and on-the-job training.	UNICEF and MoPH only (No partnerships with NGOs)	In addition to UNICEF and MoPH there were inter-agency joint monitoring field visits by all UN agencies NGOs.

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 nutrition programme responded to the flood emergency by expanding screening and treatment of wasting (SAM and MAM) through Community Management of Acute Malnutrition (CMAM) and supporting promotion of optimal Infant and Young Child Feeding (IYFC) practices.

The programme provided therapeutic milk F-75 and F-100, RUTF and different CMAM medicines for treatment of 16,559 (2,549 SAM and 14,010 MAM children with medical complication) over six months.

To improve quality CMAM services delivery, the programme facilitated on the job training to 112 health workers along with intensive supportive supervision from UNICEF and MOPH partners by the nutrition team.

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

The proposal design was done in consultation with local authorities and final version was endorsed before submitting to the donor. Furthermore, the amount of funding achieved and the supplies availed for emergency response was shared with the local authorities at all levels. In addition, UNICEF conducted monitoring field visits during which the health workers were helped to understand the CMAM treatment and Young Child Feeding (IYCF) protocols in order to achieve quality services delivery. Through these visits, UNICEF ensured that health workers are familiar with the standard CMAM and IYCF protocols and they are utilizing programme supplies properly and efficiently. More than 100 health workers were talked too and their technical skills were found to be adequate. A well trained pediatrician from the Institute of Child Nutrition (ICN) accompanied these visits and provided technical feedback to service providers and to the national level programme managers in MoPH.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Due to the short duration of the project, all resources were focused on delivery of critical assistance and a formal evaluation was not possible. However, regular monitoring of activities was carried out as elaborated under point 13. The inter-agency joint review facilitated by the RC provided further opportunity for joint evaluation of the challenges and achievements of the projects.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	09-09-2016 - 03-08-2017		
2. CERF project code:	16-RR-CEF-110		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Response to emergency water, sanitation and hygiene (WASH) needs for flood affected population in DPR of Korea					
7. Funding	a. Total project budget:	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,802,005	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 1,208,351				
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 age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	16,244	15,896	32,140	20,958	21,805	42,763
<i>Adults (above 18)</i>	38,980	34,880	73,860	71,354	61,910	133,264
Total	55,224	50,776	106,000	92,312	83,715	176,027
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	40,000			113,517		
<i>Host population</i>						
<i>Other affected people</i>	66,000			62,510		
Total (same as in 8a)	106,000			176,027		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers</i>	There was an increase in the number of beneficiaries due to the procurement of a higher number of relief items than estimated and the support from the government on warehouse management and distribution which saved funding for additional procurement.					

or the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	Provision of emergency water supply, sanitation and hygiene materials to 106,000 number flood affected people for 6 months in Heoryong city, Yonsa and Musan counties.		
10. Outcome statement	Flood affected people including children and women have protected and reliable access to sufficient, clean drinking water and safe sanitation facilities.		
11. Outputs			
Output 1	Affected families have equitable access to sufficient quantity of clean drinking water.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# target population with equitable access to sufficient quantity of clean water for drinking and soap for hygiene (16.000 families with SAM/MAM children with complications who will have gone through CMAM treatment)	16,000 households (64,000 people)	16,000 households (62,510 people)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of water purification tablets and storage facilities and hygiene leaflets for families with SAM/MAM children with medical complications	UNICEF and Gov.	UNICEF and Gov.
Output 2	People have equitable access to safe sanitation and live in a non-contaminated environment		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of target population with equitable access to safe sanitation facilities (10.000 families will have access to household sanitation facilities)	10,000 Households (40,000 people)	10,000 households
Indicator 2.2	# of children in schools, kindergartens and nurseries in target locations with access to child-friendly sanitation facilities	15,000 (including hospitals)	8,075 children in institutions
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of emergency latrines slabs and materials for household sanitation facilities for most vulnerable households	UNICEF	UNICEF
Activity 2.2	Provision of emergency latrines slabs and materials for construction in schools, kindergartens and nurseries	UNICEF	UNICEF
Output 3	People have equitable and sustainable access to sufficient quantity of safe drinking and domestic water		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# target population with equitable access to sufficient quantity of clean water for drinking (16.500 families have access to drinking water through rehabilitation of damaged water supply schemes in Hoeryong City)	66,000	93,162 people (24,218 households)

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of spare parts and pipes (to repair washed away components) of pre-flood water supply system	UNICEF and Gov.	UNICEF & Govt.

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:

UNICEF responded to emergency with WASH emergency support items which had been pre-positioned in the country earlier. Being WASH lead agency, UNICEF coordinated response with other international agencies as well as with government partners at central and local level. UNICEF responded to the emergency in WASH sector with a well-coordinated and planned approach. The support reached more people in the community than estimated before mainly through rehabilitation of damaged water system in Hoeryong City. The total no. of targeted people including children in the institutions were reached through temporary sanitation facilities. This includes more than 8,000 children in schools, kindergarten and nurseries.

The support was not only extended to rapid response but has now been transitioned into rehabilitation of water systems in 4 county towns and 5 Ris in severely flood-affected areas of North Hamgyong Province through different funding provisions.

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

UNICEF has active consultation with government partner (MoCM) which was prepared as per needs assessment carried out by UNICEF staff together with government partners. UNICEF had close monitoring through international and national staff including national consultants. There was active coordination as well as monitoring by line ministry (MoCM) on regular basis. UNICEF has continuous field presence which is still ongoing. The provincial and local government had responsibility of warehouse management and distribution which was performed well. UNICEF WASH sector had an international consultant responsible for monitoring supplies, warehousing, distribution, implementation and field monitoring up to the level of beneficiary.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

There was regular field presence and internal monitoring by UNICEF and government partners. A joint interagency monitoring was also conducted which was headed by UN RC.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	09-30-2016 - 03-29-2017		
2. CERF project code:	16-RR-WFP-063		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Ensuring food security among flood-affected population in North Hamgyong					
7. Funding	a. Total project budget:	US\$ 4,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 999,744	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 999,744				
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 age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	18,232	17,518	35,750	18,275	17,558	35,833
Adults (above 18)	54,698	52,552	107,250	54,824	52,673	107,497
Total	72,930	70,070	143,000	73,099	70,231	143,300
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	143,000			143,330		
Total (same as in 8a)	143,000			143,330		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,						

please describe reasons:

CERF Result Framework			
9. Project objective	Enhance the quality of food and dietary diversity through the provision of protein rich food for 35,750 households (143,000 people) in Heoryong, Yonsa and Musan counties, North Hamgyong Provinces.		
10. Outcome statement	Improve the nutrient gap and dietary diversity of the most affected populations of the floods.		
11. Outputs			
Output 1	Food rations consisting of pulses are provided to flood-affected households for three months.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households that receive pulses	35,750	35,833
Indicator 1.2	Number of boys and girls, men and women who receive pulses, disaggregated by age and sex and type of food	143,000	143,330
Indicator 1.3	Proportion of women in leadership positions in the food distribution committee	>50%	64%
Indicator 1.4	Number of households where males and females together make decisions over the use of food	50%	100%
Indicator 1.5	Proportion of households where females make decisions over the use of food	30%	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of pulses to the flood-affected counties	WFP, NCC, Provincial and County Food Administration	WFP, NCC, Provincial and County Officials
Activity 1.2	Monitoring visits to assisted counties, institutions and households	WFP	WFP

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:

WFP provided high protein-rich food to the flood-affected households which were engaged in community and agricultural reconstruction projects. WFP's food transfers are based on work norms. In addition, some tools and non-food-items were distributed to the households to be utilized in the community and agricultural activities. On project sites, female participants received priority distribution of boots and gloves. Food assistance with the CERF contribution has improved food security in families, particularly for women, as women are normally the ones to consume less food whenever there is a food shortage at home. The projects approved for the food assistance were embankments along the river that were heavily damaged and located close to residences. They were identified as important to the communities to protect farmers' houses and farm land. Through focus group discussions with project participants, WFP found that women and men make decisions jointly regarding the use of food rations received from the projects. WFP and its partners have promoted gender equality throughout the project. Consequently, 67 per cent of leaders in the project management committees are women, and 61 per cent of project participants are women.

At WFP's request, a no cost extension until 10 May 2017 was granted by CERF Secretariat to ensure sufficient time to complete supplier payments. The extension did not affect the actual project implementation, and the project was completed as per the original approved timeline in the CERF proposal.

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

The county officials and engineers were involved in the project design and planning. The local community's opinions were sought directly by the county officials and engineers. WFP feasibility assessment team consulted local people and authorities, as well as the county technical people. WFP field monitors conducted both mid-term and final project assessments in all project sites. Focus groups were held with the project participants from the community during the mid-term project assessments to seek for their feedback and to find out issues related to project implementation, food distribution, quality of food, gender, organisation of the works and maintenance schedules. The appropriateness of the project and its design was then also discussed; no issues were revealed with the assisted projects. Monitoring visits during the project implementation found no indications of protection issues encountered by the beneficiaries while travelling to, from or at programme sites. Visits to households confirmed that women and men participating in WFP programmes were satisfied with the project and food received.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

WFP did not plan or carry out evaluation for the CERF supported food security project. However, regular monitoring of activities, mid-term and final assessments were conducted to ensure delivery of food to the intended beneficiaries. WFP also participated in the joint inter-agency implementation review mission held in November 2016, which produced a separate report circulated externally.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	09-30-2016 - 03-29-2017		
2. CERF project code:	16-RR-WFP-064		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving nutritional support for the most vulnerable children and women in the flood-affected counties in North Hamgyong					
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\$ 789,986	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 789,986	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	11,874	11,409	23,283	10,882	10,455	21,337
<i>Adults (above 18)</i>	22,217		22,217	9,481		9,481
Total	34,091	11,409	45,500	20,363	10,455	30,818
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	45,500			30,818		
Total (same as in 8a)	45,500			30,818		
<i>In case of significant discrepancy between planned and reached</i>	The number of beneficiaries reached was lower than the planned figure. The flood-affected areas were not among the 60 WFP operational areas; hence, the planned					

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	figures were based on estimates from the 2013 population data of children and women. Actual beneficiary numbers were provided by the Government based on enrolment in child institutions and list of Pregnant and Lactating Women (PLW), which turned out to be lower than the estimated number. As further explained in section 12, as a result, WFP was able to provide full nutrition ration to the beneficiaries instead of 66 per cent of ration planned in the project proposal.
---	--

CERF Result Framework			
9. Project objective	Prevent deterioration in the nutritional status of U5 children, boys and girls and pregnant and lactating women who are food insecure and vulnerable to undernutrition, by providing supplementary foods as life-saving intervention for a six-months period.		
10. Outcome statement	23,283 U5 children, boys and girls and 22,217 pregnant and breastfeeding women prevented deterioration of nutritional status by eating locally-produced fortified foods for a 6-months period.		
11. Outputs			
Output 1	Fortified supplementary foods distributed to 45,500 under-five children and pregnant and breastfeeding women in the three typhoon-affected counties in North Hamgyong.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 children who receive fortified cereals and fortified biscuits, disaggregated by age and sex and type of food	23,283	21,337
Indicator 1.2	Number of pregnant and lactating women who receive fortified blended foods	22,217	9,481
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of fortified foods to the flood-affected counties	WFP, NCC, Provincial and County Food Administration	WFP, NCC, Provincial and County Officials
Activity 1.2	Meetings with County Officials on food security and nutrition situation where women participate as member of the People's Committee	WFP	WFP
Activity 1.3	Monitoring visits to institutions and households	WFP	WFP
Output 2	Fortified cereals and fortified biscuits production sustained efficiently in 2 local factories in Chongjin to supply the monthly ration of fortified cereals and fortified biscuits to U5 children and fortified cereals to PLW, for six months.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of monthly production requirement achieved by product	100%	100%
Indicator 2.2	Number of local factories supported by product	2	2
Indicator 2.3	Proportion of women engaged/employed in local factories	≥50%	84%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure and import raw materials for local production of fortified cereals and fortified biscuits	WFP	WFP

Activity 2.2	Production of fortified cereals and fortified biscuits	WFP, NCC, local factories	WFP, NCC, local factories
Activity 2.3	Monitoring visits to local factories	WFP, People's Committee at Province Level	WFP, Provincial and County Officials

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:

In agreement with the Government, WFP's emergency nutrition response to the three flood-affected areas in North Hamgyong was implemented from October 2016 to March 2017 as an extension of the ongoing nutrition assistance in additional countries within the same Province. WFP's rapid response was enabled by its longstanding partnerships in the province, notably with a WFP-assisted factory in neighboring Chongjin city which produces fortified cereals and fortified biscuits.

It should be noted that based on the estimated beneficiary number in the project proposal, the CERF funding could only provide 66 per cent of the WFP-prescribed nutrition ration for undernutrition prevention among the targeted children and PLW, which is the minimum ration to have nutritional impact. However, the actual beneficiary number was lower than the planned caseload which has enabled WFP to deliver 100 per cent of the rations of fortified foods for a six-month period. As intended, the nutrition assistance from the CERF contribution provided the needed foods and nutrients to the children and women particularly during the harsh winter. Due to food commodity pipeline constraints, WFP had to cut the rations of some commodities for its regular nutrition operations from December 2016 until the time of this reporting. However, WFP prioritized this life-saving project and ensured full ration provided to the CERF project beneficiaries throughout the duration. At WFP's request, a no cost extension until 10 May 2017 was granted by the CERF Secretariat to complete supplier payments. The extension did not affect the actual project implementation, and the project was completed as per the original approved timeline in the CERF proposal.

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

Under a robust monitoring system consisting of national and international field monitors, including Korean-speaking international monitor, WFP was given access to the beneficiary institutions allowing WFP to verify food deliveries and interact with beneficiaries to understand the food security situation, particularly in preparation for the winter season. WFP continues to strengthen its high level of assurance that food reached its intended beneficiaries through active field monitoring visits to child institutions and households with pregnant and lactating women. Child nursery staff interviewed during monitoring confirmed that the quality of WFP food was acceptable and provided good nutrition to the targeted children. In all nurseries visited, children were observed eating meals provided by the Government while pancakes or gruel cooked from WFP fortified cereals and the fortified biscuits were used as snacks in between meals. Households of PLW were also visited in WFP monitoring activities and monitors were also able to highlight the importance of good health practices, food safety, the importance of healthy diets and general nutrition information as indicated in the PLW food ration card. The visits were also good opportunities for WFP to receive feedback from the beneficiaries, and to answer any questions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

WFP did not plan or carry out evaluation for the CERF supported nutrition assistance. However, regular monitoring of activities were conducted to ensure delivery of fortified foods to the intended beneficiaries. WFP also participated in the joint inter-agency implementation review mission held in November 2016, which produced a separate report circulated externally.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	09-05-2016 - 03-04-2017		
2. CERF project code:	16-RR-WHO-042		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Health emergency response for DPRK Flooding					
7. Funding	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 926,729	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 751,729	▪ <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 age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	50,812	49,725	100,537	50,812	49,725	100,537
<i>Adults (above 18)</i>	121,935	109,105	231,040	121,935	109,105	231,040
Total	172,747	158,830	331,577	172,747	158,830	331,557
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	64,175			64,175		
<i>Host population</i>						
<i>Other affected people</i>	267,402			267,402		
Total (same as in 8a)	331,577			331,577		

<p><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></p>	<p>The WHO activities were directed to the total target population (Disease surveillance in the affected areas, provision of basic health, preventive care and access to essential medicine to the displaced/target population. The services such as access to essential medicines and ricochet effects of availability of medicines and outbreak prevention effects likely to have spread to an approximate estimate of 204,238 additional beneficiaries who use the facilities in surrounding areas in addition to 331,557 people who were directly reached by the planned interventions.</p>
---	---

CERF Result Framework			
9. Project objective	Minimize avoidable mortality and morbidity in the three priority counties affected by floods and landslides		
10. Outcome statement	People in the flood-affected North Hamgyong Province have access to life-saving essential health services		
11. Outputs			
Output 1	Thirty-five primary health care facilities in the target areas resume or continue providing life-saving, essential primary health care services to disaster affected populations		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health facilities supported with essential life-saving medicines and equipment along with technical and logistical support	35 primary health facilities	All 35 primary health facilities
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of essential medicines and supplies to Health facilities that have been affected by the floods and landslides	WHO (MOPH)	WHO in collaboration with the Ministry of Public Health (MoPH)
Activity 1.2	Provision of essential WASH facilities at primary health care facilities in flood and landslide affected locations	WHO (MOPH)	WHO in collaboration with the Ministry of Public Health (MoPH)
Activity 1.3	Provision of health human resources to health posts through logistical & technical support to MOPH	WHO (MOPH)	WHO in collaboration with the Ministry of Public Health (MoPH)
Output 2	Support to MOPH health teams working in to provide healthcare to displaced populations		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of MOPH health teams fielded with material, logistical and technical support to manage possible outbreaks of diarrhoea and ARIs	10 health teams will be supported by WHO	10 health mobile teams with 300 members
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of health human resources to form mobile health teams through logistical & technical support to MOH	WHO (MOPH)	WHO with MoPH

Activity 2.2	Provision of essential supplies to health teams set up to respond to immediate health needs of IDPs	WHO (MOPH)	WHO with MoPH
Output 3	Support surveillance and outbreak prevention and response systems in three affected counties/areas		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Establishment of emergency early disease surveillance and response systems for the early detection and response to selected outbreaks of communicable diseases	three counties/areas	Early disease surveillance and warning system established in all affected communities in three targeted counties
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Strengthen emergency health surveillance early warning and response systems at county level in the three affected countries/areas	WHO (MOPH)	WHO in collaboration with the Ministry of Public Health (MoPH)
Activity 3.2	Social mobilization and targeted health education/promotion to prevent outbreaks of communicable disease	WHO (MOPH)	WHO in collaboration with the Ministry of Public Health (MoPH)

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:

Project has delivered additional outcome benefits. The establishment of mobile health teams and training the team members to respond to acute needs of the displaced population, early recognition and response to communicable diseases is a long-term investment to effectively respond to public health emergencies. Lessons learned from establishing and making functional the early warning and response system could be an opportunity strengthen the routine disease surveillance system in the North Hamgyong province.

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

In procurement of supplies and equipment, the project was subject to WHO's established accounting and financial regulations. WHO ensured accountability through rigorous monitoring that the supplies were received in good condition at the national and provincial warehouses and delivered to intended health facilities through its monitoring system. Regular joint monitoring visits were designed and implemented by WHO with MoPH to ensure that intended activities took place as planned and delivering benefits to the targeted beneficiaries.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The process and output evaluation was in-built with the project monitoring. The national professional officer focal point monitored processes and outputs through visits, verification of the delivery of life saving equipment, essential medicines, laboratory reagents and other materials related to surveillance, and stock taking of availability of WASH facilities, logistic and material support to the MoPH. The travel reports related to the project and reports related to conducting technical trainings, receipt of supplies and their delivery reports were also reviewed as a part of process/output evaluation.

EVALUATION PENDING

NO EVALUATION PLANNED

The Medical Officer /Communicable Diseases reviewed the status of reported outbreaks and sporadic cases of communicable diseases in affected areas through the notifications received through the established system of early warning and response to communicable diseases and existing national disease surveillance and reporting system that reports to the WHO on monthly basis as a part of outcome evaluation (Preventable morbidity and mortality).Since there was no system in place to measure the preventable morbidity and mortality due to non-infectious nature in the affected areas, special activity oriented secondary data generation efforts were essential. Such an effort was not made and a proxy outcome evaluation was made for this aspect assuming that achieving the output of resuming and continued provision of essential life-saving primary health care services contributed to reduced mortality and morbidity due to non-infectious factors as a result of the flood. Since the project was supported by CERF and SEARHEP, the evaluation was a combined effort for both support givers.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CHD	Child Health Days
CMAM	Community Management of Acute Malnutrition
ERP	Emergency Response Plan
F-75	Fomular 75 (Therapeutic milk)
F-100	Fomular 100 (Therapeutic milk)
GoDPRK	Government of DPR Korea
HCT	Humanitarian Country Team
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MNP	Multimicro Nutrient Powder (Sprinkles)
MNT	Multimicro Nutrient Tablets
MoPH	Ministry of Public Health
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Items
RUTF	Ready to Use Thearpeutic Food
SAM	Severe Acute Malnutrition
SWG	Sector Working Group
WASH	Water, Sanitation and Hygiene
UNCT	UN Country tea