

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
RAPID RESPONSE
DROUGHT 2017**

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 AAR was conducted in Pyongyang on February 21st, 2018, with participation of the heads or senior representatives of each of the recipient agencies chaired by the Resident Coordinator.

- 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

The report was shared with UNCT, which includes all participating UN agencies as well as UNDP. NGOs are not implementing partners in DPRKorea.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$31.8 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,351,013
	COUNTRY-BASED POOL FUND (if applicable)	\$0
	OTHER (bilateral/multilateral)	\$1,145,524
	TOTAL	\$7,496,537

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 08/08/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-023	Agriculture	209,951
UNFPA	17-RR-FPA-041	Health	225,024
UNICEF	17-RR-CEF-081	Health	515,917
UNICEF	17-RR-CEF-082	Nutrition	2,295,592
WFP	17-RR-WFP-046	Nutrition	2,499,922
WHO	17-RR-WHO-032	Health	428,640
WHO	17-RR-WHO-033	Water, Sanitation and Hygiene	175,967
TOTAL			6,351,013

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	\$6,351,013
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	\$0
Funds forwarded to government partners	\$0
TOTAL	6,351,013

HUMANITARIAN NEEDS

Malnutrition seriously compromises a person's immune system, making them more susceptible to infectious diseases and preventable death. The situation has been further exacerbated by a period of drought in key food producing provinces in south western DPRKorea (North and South Hwanghae, North and South Pyongan, and Nampo City), putting at risk the lives of 782,000 children under five and 313,629 pregnant and lactating women (PLW). On 26 June, the Government of DPRKorea urgently called representatives of the DPRKorea HCT to a meeting to inform them that parts of the country were undergoing a drought and that a national emergency had been declared. During the meeting the Government also shared meteorological data and

defined the severity and scale of drought as beyond the national capacity. Agencies were invited to carry out a joint assessment of some of the affected areas the following day.

Mission members observed first-hand evidence of drought including dried out paddy fields, wilting crops and decimated water reservoirs. Crops fed by rivers and mountain streams were coping better but are still affected. In many areas in the province it was reported through discussions that between 9-16 per cent of crops have been affected with some crops expected to see a 30-50 per cent decrease in yield from last year. These areas, according to the Government, have seen anywhere from 30-80 per cent decrease in rainfall compared to the norm. A reservoir visited in Anak County was only at 45 per cent capacity, which is both a critical source for communities' water supply and for irrigation. A hospital visited also in Anak reported 20 per cent of their patients presented with diarrhoea and of their patients 60 per cent are children. It was also revealed that in many counties, the pipe borne water has dried up, and water for human consumption is being provided by water tankers. It was informed that the hospital (a secondary hospital) water supply also has been severely affected and the hospital is currently functioning without running water.

According to data provided by the DPRKorea Government (analysis of Government data below), five provinces have been affected: North and South Hwanghae, North and South Pyongan, and Nampo City, traditionally known as the country's rice basket. As of 23 June 2017, a total of 50,018 hectares (29,903 ha under rice and 20,115 ha under maize) has been affected by drought in the five provinces. This constitutes about 3.5 per cent of farm cultivated area. A FAO-EU Global Information and Early Warning System (GIEWS) alert dated 20 July estimates total losses at 30 per cent of the early season crops. As a consequence, the average cereal ration of the Public Distribution System has been reduced from 400 grams (g) in June to 300 g in July 2017. This is well under target (573 g) and can provide a mere 30 per cent to 40 per cent of daily energy requirement of PLW, depending on the proportion of early crops (potato, rice and maize) received per person.

Most significantly, the drought has exacerbated the already alarming malnutrition rates of children and PLW. Compared with data from 2016, there is an increase in trend in both cases of U5 children being treated for malnutrition (4 per cent to 19 per cent) and cases of diarrhoea (15 per cent to 32 per cent) in the drought-affected provinces. The deterioration was noted by the joint Government-HCT assessment. A visit to the Anak Up county hospital, South Hwanghae province further confirmed that the number of patients admitted with diarrhoea had increased over the past month and that the availability of clean water for drinking and hygiene had been severely compromised. Compared with data during the same period in 2016, an 18 per cent increase in the number of children with severe acute malnutrition (SAM), (i.e. 56,038 children based on the rate of admission for diarrhoea), has been recorded in these drought-affected provinces. If the dry spell continues, these figures will rise rapidly. Twenty-three counties in three drought-affected provinces have been identified as particularly in need of assistance, i.e. they show the highest impact of the drought with significant rates of Global Acute Malnutrition (GAM) including both SAM (Severe) and MAM (Moderate) Acute Malnutrition and diarrhoea.

II. FOCUS AREAS AND PRIORITIZATION

According to data provided by the DPRKorea Government (analysis of Government data below), five provinces have been affected: North and South Hwanghae, North and South Pyongan, and Nampo City, traditionally known as the country's rice basket. As of 23 June 2017, a total of 50,018 hectares (29,903 ha under rice and 20,115 ha under maize) has been affected by drought in the five provinces. This constitutes about 3.5 per cent of farm cultivated area. A FAO-EU Global Information and Early Warning System (GIEWS) alert dated 20 July estimates total losses at 30 per cent of the early season crops. As a consequence, the average cereal ration of the Public Distribution System has been reduced from 400 grams (g) in June to 300 g in July 2017. This is well under target (573 g) and can provide a mere 30 per cent to 40 per cent of daily energy requirement of PLW, depending on the proportion of early crops (potato, rice and maize) received per person. Most significantly, the drought has exacerbated the already alarming malnutrition rates of children and PLW. Compared with data from 2016, there is an increase in trend in both cases of U5 children being treated for malnutrition (4 per cent to 19 per cent) and cases of diarrhoea (15 per cent to 32 per cent) in the drought-affected provinces. The deterioration was noted by the joint Government-HCT assessment.

In order to address these alarming signs and mitigate against any further deterioration stemming from the onset of drought, this CERF proposal will focus on addressing the most immediate life-threatening needs particularly for 185,227 U5 children and 44,785 PLW in the most drought affected counties in North and South Hwanghae and South Pyongan provinces. Complementary interventions in Health, WASH and Food Security have been added to ensure the availability of appropriate care and hygienic conditions for the target groups and their families and immediate environment. The total reach of these interventions is estimated to cover 2.4 million beneficiaries over a period up to 5 months.

The strategic objective of this CERF request is to minimize the humanitarian impact of the recent drought conditions in south western DPRKorea and to reduce the death of infants, children under five (U5) and pregnant and lactating women (PLW) from preventable causes.

Through consistent in-country presence and relationship-building with Government counterparts, UNCT agencies have managed to gain greater humanitarian access in recent years which has led to a scaling up in community management of acute malnutrition (CMAM) programme coverage. This improved access will support the implementation of the CERF Rapid Response plan.

The intervention will directly target:

- 185,227 U5 children and 44,785 PLW with activities to prevent and treat malnutrition through the provision of therapeutic food and micronutrient supplementation and life-saving health and WASH interventions in 23 counties identified as particularly vulnerable for a period of up to 5 months;

- at least 813,000 million people will benefit from restocking of essential medicines in 20 county hospitals in the target areas; and
- some 28,446 cooperative farm families will also receive agricultural inputs (seeds, fertilizers, pesticides) to help protect essential crops and ensure food security.

Interventions will be focussed on the 23 most affected counties in three of the most affected provinces of South Hwanghae, North Hwanghae and South Pyongan provinces as agreed with the Government. These counties are ones that show the highest impact of the drought and significant rates of GAM (both SAM and MAM) and diarrhoea.

III. CERF PROCESS

A UNCT and HCT meeting was convened immediately upon the return from the initial joint assessment mission with the Government of DPRKorea to discuss findings and steps forward. While INGOs are not in a position to participate as implementing partners (due to Government restrictions), it was agreed that UN agencies would prepare a CERF RR application while other partners would act to seek additional funds and/or adjust planned programmes to bring forward delivery of essential support items. Technical Sector Working Groups were requested to further review and discuss what response actions would be required in each of the key sectors and support the development of appropriate projects.

Projects were developed based on

- needs identified by the assessment mission and confirmed by subsequent data;
- life-saving criteria;
- support requested by the Government; and
- 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 DPRKorea context and are aligned with the strategy agreed in the 2017 Needs and Priorities plan.

Following a formal request by Government of DPRKorea (on 10 July), it was agreed to focus on 23 counties in 3 provinces particularly affected by the drought. It is expected that this will maximize the impact of joint action and also facilitate joint monitoring.

A realistic and resource-maximising complementary division of labour was designed for UNICEF, UNFPA and WHO to prop up the inadequate health services at different levels of the health system in a coordinated manner to meet the rise in diarrhoea and other infectious diseases as well to prevent mortality and morbidities among vulnerable groups such as PLWs, resulting from the drought situation. WHO, UNICEF and UNFPA planned to complement activities in the same geographical area: WHO providing the Essential Medicine Kits at the County Hospitals level, whereas, UNICEF equipping the household doctors to cover basic needs at community level distributing Oral Rehydration Salt (ORS) at all levels from community to County Hospitals and UNFPA providing Emergency Reproductive Health kits to health facilities of the drought affected areas to ensure uninterrupted services to PLWs and maternity packs to pregnant women in their third trimester of the drought affected areas.

CERF funding was planned to be used to reinforce the already fragile existing health care system to avert the excess of morbidity and mortality as a result of the dry spell external shock. UNICEF planned to supply ORS and essential medicines, consumables and basic equipment to Household Doctors (Household Doctors Kits) in the health facilities in the affected counties.

The programme aimed at distributing ORS at RI clinics, RI hospitals and County Hospital level with health staff receiving hands-on training to assess dehydration status and ORS preparation and administration. About 1600 Household doctors, the link between the community and the health facilities, each of them covering 130 households were planned to be supplied with essential medicines, consumables and basic equipment. WHO planned to complement the UNICEF intervention through inputs for 20 county hospitals in the same geographical area but with provision of Essential Medicines to Provincial hospitals.

As a whole, with CERF funding, UNICEF planned to ensure that around 265, 857 children under 5 years of age and 68,892 pregnant and lactating women will have access to ORS and essential medicines for the management of pneumonia and diarrhoea.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 1,525,870									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total

Agriculture	11,040	3,680	14,720	10,295	3,431	13,726	21,335	7,111	28,446
Health	194,893	505,066	699,959	198,037	430,241	628,278	392,930	935,307	1,328,237
Nutrition	93,453	46,464	139,917	90,651		90,651	184,104	46,464	230,568
Water, Sanitation and Hygiene	194,893	505,066	699,959	198,037	430,241	628,278	392,930	935,307	1,328,237

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	288,346	815,844	1,104,190
Male	288,688	430,241	718,929
Total individuals (Female and male)	577,034	949,085	1,526,119

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.

In Nutrition, a total of 230,568 people were reached through:

- WFP providing food assistance for a four-month period to 140,104 children and 46,464 pregnant and breastfeeding women reaching a total of 186,568 people; and
- UNICEF providing a full set of therapeutic nutrition services in 23 CMAM service delivery sites reaching a total of 44,000 under-five children.

In Nutrition, an additional 556 people were reached from the number of people targeted in the original proposal by WFP.

In Health, a total of 823,171 people were reached through:

- UNFPA by providing life-saving emergency reproductive health services to 10,600 pregnant women;
- WHO procurement of critical life-saving equipment /basic essential medicines and delivery to 392,930 children and 505,066 women and 424,600 men, reaching a total of 1,328,237 people; and
- UNICEF providing access to ORS and essential medicines for the management of pneumonia and diarrhoea, reaching for 196,695 children and 68,892 women, reaching a total of 265,857 people.

In Health, an addition 10,072 people were reached from the number of people targeted in the original proposal by WHO.

In Agriculture, a total of 28,446 people were reached through:

- FAO providing irrigation and water-saving agricultural technologies for 21,335 children, 6,680 women and 3,431 men, reaching a total of 28,446 people.

In WASH, a total of 1,328,237 were reached through:

- WHO supporting the establishment of an adequate, safe, high quality running water supply in the 20 targeted hospitals covering 392,930 children and 505,066 women and 424,600 men, reaching a total of 1,328,237 people.

In WASH, an addition 10,072 people were reached from the number of people targeted in the original proposal by WHO.

To avoid double-counting and overlaps (see Table 5), for under 18 years old (both male and female) the total figure is an aggregate of WFP, WHO (Health) and UNICEF (Nutrition) beneficiaries. For women, 20% of UNICEF's beneficiaries have been added to WHO (Health). For men, reached are taken from WHO (Health).

CERF RESULTS

Agriculture

- With FAO support, 23 cooperative farms produced 3,722 tonnes of rice, 2,025 tonnes of maize, 60 tonnes of soybean, and 441 tonnes of vegetables. The average yield of crops in farms that received CERF support was 6.16 t/ha for rice; 5.48 t/ha for maize; 2.37 t/ha for soybean, and 26.79 t/ha for vegetables. Project-supported farms achieved yields higher than average county-level yields by 12.85 percent in rice, 18.12 percent in maize, and 20 percent in vegetables. Yield of soybean in project-supported farms averaged at 2.37 tonnes/ha was slightly lower than county-level yield at 2.42 tonnes/ha, mainly due to drought. Farmers didn't irrigate soybean crop thinking soybean is more resistant to drought than rice, maize and vegetable crops. Of the total beneficiaries of 28,446; 14,720 were women (11,040 adults and 3,680 children) and 13,726 male (boys – 3,431 and adult – 10,295).

Nutrition

- WFP prevented deterioration in the nutritional status of U5 children (boys and girls) and pregnant and lactating women by provision of fortified food and support of production in five local factories that supplied required rations. 140,104 U5 children and 46,464 pregnant and lactating women have received fortified cereals and biscuits during four months period in the 23 drought-affected counties in North and South Hwanghae and South Pyongan provinces.
- UNICEF supported screening, early referral to treatment facilities of the identified 44,000 wasted children in the CMAM programme in the hospitals of targeted counties through provision of therapeutic nutrition supplies and related CMAM medicines (antibiotics, rehydration solutions including intravenous fluids, medicines for SAM and MAM treatment and micronutrients supplements. The programme also provided 300 hospital beds and bed sheets along with winter clothes to prevent hypothermia in counties' hospitals and three provincial hospitals during the harsh winter conditions.

Health

- The WHO's primary focus was secondary and tertiary prevention of common illnesses in the drought affected areas by timely diagnosis and providing appropriate treatment for patients seeking care at county hospitals. The target was the general patient population with special consideration given to vulnerable groups such as pregnant women, children under five years of age. WHO focused on county hospitals as these health care facilities are the first link in the referral chain where most critical patients would be referred by primary health care workers. The patients who sought health care at the targeted hospitals during a period of 5 months of project implementation were considered as beneficiaries. The beneficiaries reached during the project period was slightly higher than the targeted for population (0.6% - under 18 years, 0.8% % - over 18 years and 0.8% overall). Among these patients, respiratory tract infections, diarrhoea diseases and skin infections comprised 4%, 3% and 1% respectively. In contrast to medicines which were estimated for a range of 3-6 months, essential medical equipment continues to deliver benefits to beneficiaries for a long period beyond the project period prospectively. Therefore, the actual number of beneficiaries of the CERF support to these health facilities will be several folds higher than what is reported in this report and the equipment provided are a long term investment from the CERF funds with concrete health dividends.
- UNFPA prevented maternal deaths and morbidities among 10,600 pregnant women in their third trimester in the 23 drought-affected counties across three provinces. This was achieved by ensuring uninterrupted provision of life-saving reproductive health services in the drought affected counties. Awareness of over 10,000 pregnant women increased on the importance of ante-natal and post-natal care through awareness programmes, including the distribution of pictorial instructions on the use of individual Clean Delivery Kits translated into Korean language during their visits to health facilities across 23 drought-affected counties. 74 health personnel from 28 health facilities were trained on infection prevention practices in emergency obstetric care during disaster settings through orientation workshops at central and provincial levels.
- With UNICEF support, more than 196,965 children under five years of age and 68,892 pregnant and lactating women were able to access the basic life-saving healthcare services during the emergency. Each child under five years of age received two sachets of ORS for prevention of severe dehydration. The approach empowered the caretakers to immediately initiate treatment of diarrhoea with ORS at home before they could attend the healthcare facilities and receive additional treatment if required. The intervention contributed to the prevention of diarrhoea related morbidity and mortality among the children and pregnant women. Similarly, the household doctors equipped with the household doctor's kit were able to apply the IMNCI regular programme recommendations for assessment and timely treatment of children with pneumonia and diarrhoea thereby preventing the deaths due to pneumonia and respiratory tract infections among children under five.

Water, Sanitation and Hygiene

- Proper sanitation and hygiene is key to all health care settings. To reduce the incidence of hospital acquired waterborne diseases, as well as hospital acquired infections transmitted by airborne and contact mechanisms, WHO provided access to safe quality running water (including potable drinking water) and hand washing facilities at 20 county hospitals in the three selected provinces. The targeted population include in-door and out-door patients of all 20 counties who sought health care at the 20 county hospitals in the three drought-affected provinces. The outcome of the intervention was that 1,328,237 patients had access to safe water and hand washing facilities. Judging by global and available DPRKorea epidemiological parameters of effectiveness of hand washing, the estimate for the prevented number of secondary hospital acquired ARI cases from the primary ARI cases admitted to these hospitals as a result of hand washing is around 32,000 cases per 5 months (6,400 cases/month) in these targeted hospitals. In the same way, the estimated number of hospital-acquired diarrhoea cases prevented by frequent hand washing during a period of five months is around 24,000 cases (4800cases /month). The estimated number of

hospital-acquired diarrhoea cases prevented by the supply of safe water at 20 county hospitals for 5 months was 45,000 (9,000/month). The estimate of all hospital acquired infections prevented by WASH interventions at 20 hospitals per a month was 20,200 cases.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The quick transfer of CERF funds facilitated the immediate procurement of life-saving supplies which were made available at the field level to the drought affected population. Hence CERF funding facilitated fast delivery of life saving assistance which would otherwise have been a challenge. In the current scenario of shrinking pool of donors and availability of limited resources where the fund-raising opportunities for programmes in DPR Korea are already minimal, the CERF funds provided a highly needed resources for initiating the procurement and ensured the fast delivery of assistance to the affected population i.e. children and women.

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

YES PARTIALLY NO

Through CERF funds, service providers had access to life-saving equipment and related essential supplies to help them to respond swiftly to the time critical needs in a resource constraint environment. The CERF funding provided opportunities for programmes to start the procurement process immediately after receipt of funds for most needed critical assistance for the people (children and women) in need and implementing the planned activities.

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

YES PARTIALLY NO

Agencies felt that CERF can help to some degree by providing a kickstart to funds, but resource mobilization remains a challenge. In particular, CERF funds can help with mobilising internal funds. CERF funds allowed some agencies to reallocate and leverage its regular core resources in negotiating with the Government of DPR Korea to invest its own resources for the transportation and supplies to the affected population. CERF funding remained almost the only resource for responding to health needs of the affected population. Due to the existing geopolitical scenario in the Korean peninsula, the CERF funding did not succeed in leveraging the funding from other potential donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding proved to be a very effective channel for coordination amongst the humanitarian community as it provided a forum to discuss progress, challenges and way forward for the humanitarian situation. Also, CERF funding further strengthened the coordination with Government of DPR Korea who were consulted and updated throughout the CERF funding process. The CERF funding further enhanced the coordination among the UN humanitarian actors working in the same areas. The funding provided yet another platform for coordinated planning, implementation and monitoring of the health interventions in field. The coordinated efforts enhanced the programme effectiveness preventing duplication of the inputs.

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

¹Time-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.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
Given a very small number of bilateral donors willing to provide assistance to DPRKorea, CERF may consider coordinating with donors that supported DPRKorea in the past. Because of sanctions, they would feel less constrained to supporting DPRKorea via channeling resources through CERF	Make a point of recognizing CERF donors both at local and capital level whenever there is an opportunity	CERF Secretariat + agencies
CERF-UFE contributions are particularly necessary in DPRKorea as it constitutes an important part of overall contributions, certainly in current embargo context.	Continue assisting DPRKorea UN agencies with CERF-UFE, certainly in these difficult circumstances.	CERF-HQ, NY

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
CERF grants can encourage internal mechanisms to release additional funding, but do not always lead to more external funding	Agency HQs should be held accountable to develop matching resource mobilization strategies for CERF funded emergencies	Agency HQs
Given the sanctions regime, taking pre-emptive action to address bottlenecks is essential for timely delivery of humanitarian assistance to targeted population.	Securing approval from the UN Sanctions Committee on a case by case basis ahead of the procurement process	All agencies, RC/O, OCHA
Timely receipt of data and information from the Government on priority vulnerable populations is essential for better planning and targeting of the health sector response.	Continue to strengthen information and data system	UNCT
Not always a clear picture of the emergency situation in the wake of natural disasters emerges in assessment of preliminary assistance	In joint monitoring teams for assessment of the impact of floods, droughts and other disasters, representatives from all humanitarian agencies should be included	All agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	17/08/2017 - 16/02/2018		
2. CERF project code:	17-RR-CEF-081		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving interventions to reduce preventable mortality and morbidity among U5 children and pregnant and lactating women					
7. Funding	a. Total funding requirements ² :	US\$ 2,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 515,917	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 515,917	▪ Government Partners:		US\$ 0	
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 (< 18)	100,873	96,092	196,965	100,873	96,092	196,965
Adults (≥ 18)	68,892		68,892	68,892		68,892
Total	169,765	96,092	265,857	169,765	96,092	265,857
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs			0			
Host population			0			
Other affected people			265,857		265,857	
Total (same as in 8a)			265,857		265,857	
<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>	N/A					

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To reduce preventable and avoidable mortality and morbidity through life-saving interventions among U5 children and pregnant and lactating women		
10. Outcome statement			
11. Outputs			
Output 1	Delivery of Oral Rehydration Solution (ORS) in 23 counties in three provinces for treatment of diarrhoea for under five children and PLWs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of diarrhoea cases treated with ORS in 23 counties	>90% (60,000 cases in 6 months)	122,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure 3,500 cartons of ORS for 23 counties in three provinces	UNICEF	UNICEF
Activity 1.2	Distribute the procured ORS to intended sites	MOPH and UNICEF	MOPH and UNICEF
Activity 1.3	Provide Supportive supervision and monitoring activities	UNICEF and MOPH	UNICEF and MOPH
Output 2	Delivery of household doctors' kits and refills in 23 counties in three provinces for supporting diagnosis of diseases and their management in under-five children and pregnant and lactating women.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Children under 5 and pregnant & lactating women having access to health care services through equipped household doctors	100% (265,857)	265,857
Indicator 2.2	Availability of HHD kits for HHDs in the 23 counties of the three provinces	1,600 kits	1,600 kits
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure 1,600 HHD kits (including backpack) for HHDs in the 23 counties of the three provinces and 1600 kit refills for	UNICEF	UNICEF
Activity 2.2	Distribution of the HHD kits and refills to the HHDs in the 23 counties.	MOPH and UNICEF	MOPH and UNICEF
Activity 2.3	Provide Supportive supervision and monitoring activities	UNICEF and MOPH	UNICEF and 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:

There was no significant discrepancy between the planned and actual outputs and activities and the programme successfully delivered the planned inputs to the target populations.

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

implementation and monitoring:	
<p>The health section designed the proposal jointly with WHO in consultation with National Coordination Committee (NCC), Ministry of Public Health (MoPH) and Peoples' Committees in the affected counties taking into account the needs of the affected population through a consultative process. The interventions in the response were delivered through the already existing MoPH health service delivery network on the ground. The service delivery process was coordinated and monitored by the local Peoples' Committees with technical oversight by MoPH and UNICEF.</p> <p>The service delivery process was directly observed by UNICEF international staff during the planned field monitoring and supportive supervision visits to the intervention areas. The field observations and weaknesses identified were immediately shared with the MoPH for taking corrective action. These field visits helped ensure that the supplies were delivered to the intended project sites and were used in accordance to the IMNCI protocols and guidelines.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The evaluation plans are established by UNICEF for its programmes based on specific thresholds of expenditure and the present project does not meet the minimum requirements for evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	18/08/2017 - 17/02/2018		
2. CERF project code:	17-RR-CEF-082		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving treatment of acute undernutrition among U5 children					
7. Funding	a. Total funding requirements ⁴ :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 2,295,592	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 2,295,592	▪ Government Partners:		US\$ 0	
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 (< 18)	22,000	22,000	44,000	22,000	22,000	44,000
Adults (≥ 18)				00	00	00
Total	22,000	22,000	44,000	22,000	22,000	44,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				00		
IDPs				00		
Host population				00		
Other affected people	44,000			44,000		
Total (same as in 8a)	44,000			44,000		
<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>	There was no significant discrepancy; the programme was implemented as planned.					

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reduce excess mortality among U5 children with increased vulnerability caused by drought by supporting 23 service delivery sites to treat SAM and MAM affected U5 children in 23 counties in three most affected provinces with high prevalence of diarrhoea and acute undernutrition.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Support provision of therapeutic nutrition services in 23 CMAM service delivery sites in the counties' general hospitals and three provincial paediatric hospitals to provide treatment and prevention of SAM with and without complications and MAM with medical complications along with nutrition education		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 SAM children (with and without complications) admitted and treated in the 23 CMAM sites	12,000 (including est. 3,000 SAM children with medical complications who will require in-patient treatment)	12,000
Indicator 1.2	Number of U5 MAM children with medical complications admitted and treated in the 23 CMAM sites	32,000	32,000
Indicator 1.3	No. of supported CMAM sites in the 23 targeted counties' hospitals and three provincial hospitals to address the surge in SAM and MAM affected children)	23	23
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, medicines for SAM and MAM treatment, micronutrients supplements, beds and bed sheets along with winter clothes to prevent hypothermia in 23 counties' hospitals and three provincial hospitals.	UNICEF, MOPH and ICN (No partnerships with NGOs)	UNICEF
Activity 1.2	Facilitation of in-country logistics to ensure availability of the stated above therapeutic supplies and related CMAM medicines and hospital beds (antibiotics, rehydration solutions including i.v fluids, micronutrients, beds and clothes) 6.	UNICEF and MoPH	UNICEF and MOPH
Activity 1.3	Supportive supervision, end-user monitoring field visits and on-the-job training and technical support.	MOPH, ICN and UNICEF	MOPH, ICN and UNICEF
Activity 1.3	Screening and referral of SAM and MAM children	MOPH and ICN	MOPH and ICN

⁶Given the limited space of warehouses in MoPH, and the needed lead-time of 8-10 weeks to receive new orders against CERF funds, UNICEF will do first round of distribution in August from its own pre-positioned emergency nutrition stocks to the 33 hospitals and will replenish its pre-positioned stock in due course. While the second distribution round will be October upon arrival of CERF supplies)

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:	
<p>UNICEF nutrition programme responded to the drought situation in the 23 most affected counties of North Hwanghae, South Hwanghae and South Pyongan provinces using CERF funds. The funding met the increased demand of life-saving nutrition rehabilitation services (screening and treatment) of acute malnutrition through CMAM.</p> <p>The nutrition programme maximized coverage by conducting extensive screening and treatment in all the targeted 23 counties' hospitals under this project which allowed the treatment of affected children in the CMAM programme: based on supplies provided, the CMAM programme treated more than 12,000 SAM children and about 32,000 MAM children with concurrent illness with a reported recovery rate of 90 per cent.</p> <p>Provision of RUTF and Therapeutic milk: UNICEF provided 21,900 cartons of RUTF, 4,150 cartons of therapeutic milk and other CMAM medicines using CERF funds to ensure effectiveness of CMAM services in the 23 counties under CERF project.</p> <p>To prevent hypothermia during the harsh winter season, UNICEF procured 3,000 set of hospital clothes and 300 hospital beds and mattresses for children wards in order to increase child survival chances.</p> <p>During implementation of this project, all children identified with Severe Acute Malnutrition (SAM) with medical complications and Moderate Acute Malnutrition (MAM) with concurrent illnesses were treated in inpatients with specialised care under close medical supervision to accelerate recovery and give them a chance to cope with infections and prevent further deterioration of their nutrition status. while SAM children without medical complication were treated in the outpatient care.</p> <p>To improve quality CMAM services, the programme delivered on the job training to 122 health workers during supportive supervision and end-user monitoring visits by UNICEF nutrition team.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The project proposal was designed in consultation with MoPH and ICN, and the final version of the proposal was endorsed by partners before submission to the CERF Secretariat. During this process, UNICEF consulted all partners in the Nutrition Sectoral Working Group, especially WFP, to ensure harmony and complementarity with interventions supported by other partners. Furthermore, the nutrition emergency response was delivered through the government health facilities with MoPH and ICN giving technical oversight. The People's Committees in the counties were responsible for the day to day implementation of the CMAM services and coordinating the response.</p> <p>During the reporting period, UNICEF conducted 23 monitoring field visits to 12 counties affected by drought and 2 provincial hospitals. During these visits, the nutrition team delivered technical assistance to health workers with special focus on efficient use of supplies and to achieve quality outcomes in the CMAM treatment. The nutrition team also trained the health workers on promotion of optimum IYCF practices to ensure quick recovery and to prevent relapse. Through these visits, the UNICEF nutrition team ensured that health workers are familiar with the technical standards of CMAM and IYCF protocols and are using programme supplies properly and efficiently. Specific check-lists to monitor a selected set of quantity and quality indicators were used during all field visits. In total, 122 health workers were spoken to, and for the majority of them, their technical skills were found to be adequate. Those with inadequate skills were given on-the-job training.</p> <p>A well-trained pediatrician from ICN accompanied these visits and provided technical guidance to the service providers, as well as bringing back technical feedback to the national-level programme management teams in MoPH and ICN.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>In 2017, UNICEF contracted Action Against Hunger to conduct an external evaluation, with independent expertise, of the UNICEF-supported CMAM programme implementation nationwide over the last three years (2015–2017) according to OECD-DAC/UN Evaluation Group Criteria. The evaluation looked at the relevance, efficiency, effectiveness, quality and coverage of the CMAM programme. The consultant undertook two missions to DPRKorea, during which he established technical working groups and data collection teams to undertake systematic data collection during fieldwork. The main objectives of the evaluation were:</p> <p>a) To examine CMAM programme performance in a representative sample from the currently operational 189 counties using the standard OECD/DAC criteria of programme relevance, appropriateness, efficiency and quality of services, effectiveness, impact (potential) and sustainability, in addition to equity.</p> <p>b) To examine the effectiveness of related cross-cutting issues such as coordination and</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

management, gender and other forms of equity, capacity development, advocacy, policy development and information/data management.

- c) To document good practices and generate evidence-based lessons and recommendations to strengthen ongoing efforts towards the expansion of CMAM coverage in DPRKorea,
- d) To identify gaps, key lessons learned and main challenges; provide recommendations on how to address these challenges and pursue opportunities; and recommend key practices that should be incorporated into future programming.

The evaluator used the Lot Quality Assurance Sampling method to examine the accessibility of CMAM treatment based on a prior hypothesis about case coverage. This technique is taken from the Semi Quantitative Evaluation of Access and Coverage methodology used widely for the evaluation of CMAM programmes and for the purposive sampling and testing of hypotheses about coverage.

The final report will be disseminated by end of June 2018. After the report is disseminated, UNICEF will work with partners to develop a specific workplan to address the evaluation's recommendations through its tracked evaluation management response mechanism.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	21/08/2017 - 28/02/2018		
2. CERF project code:	17-RR-FAO-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			x <input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency support to alleviate the impact of the drought on the agricultural sector in Unryul and Anak counties of South Hwanghae province of the DPR Korea					
7. Funding	a. Total funding requirements ⁷ :	US\$ 10,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 209,951	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0.00	
	c. Amount received from CERF:	US\$ 209,951	▪ <i>Government Partners:</i>		US\$ 0.00	
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 (< 18)</i>	11,040	10,295	21,335	11,040	10,295	21,335
<i>Adults (≥ 18)</i>	3,680	3,431	7,111	3,680	3,431	7,111
Total	14,720	13,726	28,446	14,720	13,726	28,446
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>			0			
<i>IDPs</i>			0			
<i>Host population</i>			0			
<i>Other affected people</i>	28,446		28,446			
Total (same as in 8a)	28,446		28,446			
<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>	There was no discrepancy.					

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Save essential standing crops and increase production and productivity to protect food availability and nutrition status of vulnerable farming families through improving locally suitable irrigation systems and water conservation practices for 23 cooperative farmers in Unryul and Anak counties of South Hwanghae province.		
10. Outcome statement	Drought-affected people including children under five and lactating mothers most at risk of food and nutrition insecurity have access to adequate nutritious food.		
11. Outputs			
Output 1	Total 28,446 beneficiaries; 14,720 females (girls – 3,680 and adult – 11,040) and 13,726 male (boys – 3,431 and adult – 10,295) have access to adequate nutritious food.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of hectares of drought-affected crops that produce crops critical for food and nutrition security in drought-affected areas protected with crop life-saving irrigation and other inputs.	At least 40,000 ha of drought-affected cropped areas brought under irrigation and water conservation assistance	37,923 ha
Indicator 1.2	Number of tonnes/hectare of staple crops (rice and maize), soybean and vegetables produced to support food and nutritional security of vulnerable people in drought-affected areas	Paddy rice 5.4 t/ha, maize 4.0 t/ha and fresh vegetables 12.3 t/ha. Total estimated production of soybean is 1,156 tonnes; vegetables 120,25 tonnes and green gram 310 tonnes. Per person availability of produced food is estimated at: paddy rice: 2.807 tonnes, (milled rice 2.116 tonnes), maize 0.632 tonnes, soybean 0.041 tonnes, vegetables 0.423 tonnes, and green gram 0.011 tonnes.	Rice: 6.16 t/ha; maize: 5.48 t/ha; Vegetables: 26.79 t/ha; Soybean: 2.37 t/ha Per person availability of produced food: Rice: 2.925 tonnes, Maize 0.750 tonnes; Soybean 0.050 tonnes and vegetables 0.850 tonnes
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 92 units of 8-inch diameter electric powered water pumps; 230 units petrol-fuelled 4-inch diameter portable water pumps; and 230 units of agricultural knap-sack sprayers.	FAO	FAO
Activity 1.2	Distribution of water pumps and agricultural knap-sack sprayers to beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture

Activity 1.3	Monitoring of project activities	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.4	Gather relevant data related to drought, crop and livestock situation from the field and share with Food and Agriculture Sector Working Group and members of inter-agency meeting. Carry out Monitoring & Evaluation of the project by an independent International Consultant and share lessons learned and recommendations with UNCT and CERF Secretariat	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture/FAO National Committee/FAO

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 amount of food produced included 3 722 tonnes of rice; 2,025 tonnes of maize, 60 tonnes of soybean; and 441 tonnes of vegetables. Most of the food produced was retained by producer households for consumption. A small portion was shared with kindergartens, orphanages and hospitals through the local authority at county level. Thus, the increase in supply of rice, maize and nutritionally rich soybean and vegetables by farm households contributed to strengthening their food and nutrition security. The project had a particular focus on benefitting women nutritionally by ensuring pregnant and breast-feeding women were included in the target beneficiary groups.

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

Type and amounts of inputs provided under the project to AAP was decided after consultation with management of selected beneficiary farms. All inputs were provided in scheduled timeframe. During field monitoring of project activities, the findings were discussed with farm management and the feedback was used to make changes in implementation of project activities.

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

EVALUATION CARRIED OUT

No formal evaluation was carried out. However, project activities were closely monitored and evaluated by the Deputy FAO Representative, International Consultant – Field Officer, and other national staff members.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	18/08/2017 - 17/02/2018		
2. CERF project code:	17-RR-FPA-041		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving interventions to reduce preventable mortality and morbidity among pregnant women in the drought affected counties of three provinces of DPR Korea.					
7. Funding	a. Total funding requirements ⁹ :	US\$ 745,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 225,024	▪ NGO partners and Red Cross/Crescent:		US\$ n/a	
	c. Amount received from CERF:	US\$ 225,024	▪ Government Partners:		US\$ 0	
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
Children (< 18)						
Adults (≥ 18)	10,600		10,600	10,600		10,600
Total	10,600		10,600	10,600		10,600
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	10,600		10,600			
Total (same as in 8a)	10,600		10,600			
<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>						

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reduce maternal & neonatal mortality and morbidity by providing life-saving emergency reproductive health services to pregnant women in the 23 drought affected counties of the North and South Hwanghae and South Pyongan Provinces.		
10. Outcome statement	Availability and access to life-saving Emergency Reproductive Health services in order to prevent maternal & neonatal mortality and morbidity among the drought affected population		
11. Outputs			
Output 1	Hygienic safe deliveries ensured in drought affected counties		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of individual Clean Delivery Kits (CDKs) distributed to visibly pregnant women in target areas	6,000	3,000
Indicator 1.2	Number of women who received Maternity Packs in target areas	10,600	10,600
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of CDKs & Maternity Pack	UNFPA	UNFPA
Activity 1.2	Basic orientation of service providers on usage of CDKs & Maternity Packs at central level	UNFPA	UNFPA
Activity 1.3	Translation and printing of pictorial instruction sheet of CDKs in Korean	UNFPA	UNFPA
Activity 1.4	Distribution of CDKs & Maternity Pack at Provincial level	MoPH	MoPH
Output 2	Emergency Obstetric & Neonatal Care (EmONC) restored in hospitals in drought affected counties/Provinces		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of health facilities equipped and have capacity to provide EmONC services in targeted area	15	15
Indicator 2.2	Number of Health Care Service providers oriented on correct usage of Clinical Delivery Assistance Kits at Central Level	15	28
Indicator 2.3	Number of Health Care Service providers oriented on correct usage of Clinical Delivery Assistance Kits at Provincial level	45i	46
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of Clinical Assistance Delivery kits (kit 6 A&B)	UNFPA	UNFPA
Activity 2.2	Distribution of Clinical Assistance Delivery kits (kit 6 A&B) at the Provincial level	MoPH	MoPH
Activity 2.3	Orientation on correct use of Clinical Assistance Delivery kits (kit 6 A&B) at Central level	UNFPA	UNFPA
Activity 2.4	Orientation on correct use of Clinical Assistance Delivery kits (kit 6 A&B) at Provincial level	MoPH	MoPH

Activity 2.5	Provision of EmONC services to women in drought affected areas	MoPH	MoPH
Output 3	Basic Infection Prevention Protocols ensured in hospitals of drought affected counties/provinces		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of health care providers oriented on basic Infection Prevention Protocols at Central level	30	28
Indicator 3.2	Number of health care service providers oriented on basic infection prevention protocols at Provincial level	45ii	46
Indicator 3.3	Number of health care facilities maintaining basic Infection Prevention Protocols	15	28
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Orientation workshop on basic Infection Prevention Protocols at Central level	UNFPA	UNFPA
Activity 3.2	Orientation workshop/s on basic Infection Prevention Protocols at Provincial levels	MoPH	MoPH
Output 4	Monitoring of Project Activities & Achievements		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of Monitoring Visits by UNFPA staff to drought affected population	2	3
Indicator 4.2	Number of Monitoring Visits by UNFPA staff jointly with other UN partners (WHO and UNICEF)	2	0
Indicator 4.3	Number of joint reviews with WHO, UNICEF and MoPH	3	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 of CDKs and Maternity packs, utilization of emergency RH kits 6 A & B and to ensure basic Infection prevention protocols are maintained	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	Joint missions could not be undertaken, however joint review meetings with WHO, UNICEF and MoPH were held as mentioned below
Activity 4.3	Organise joint review meetings with UNICEF, WHO and MoPH	UNFPA, UNICEF, WHO, MOPH	UNFPA, UNICEF, WHO, MoPH
Activity 4.4	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:

- The funding was used to support lifesaving SRH interventions in line with the CERF criteria. The project has significantly contributed to reducing preventable mortality and morbidity among pregnant women in the drought-affected counties across three provinces by ensuring uninterrupted provision of life-saving reproductive health services through provision of emergency reproductive health kits, by enhancing awareness of pregnant women and by strengthening capacity of health personnel.
- Only 3,000 visibly pregnant women could be reached with individual Clean Delivery Kits (ERH Kit 2A) instead of original 6,000 due to the unplanned increase of freight cost resulting from the change of supplier, as a consequence of stricter enforcement of sanctions by the Chinese Customs. Supplies were not allowed to be airlifted from Shanghai, the original destination of departure, to Pyongyang, and therefore after immediate discussion with Government and PSB, the order was placed again to the supplier in Netherlands to meet the urgent humanitarian need. The quantity of kits had to be reduced in order to accommodate the increased freight cost. However, the assistance to the affected population was immediate and life-saving.
- With the sanctions currently imposed on the DPRKorea, the procurement of ERH Kit 6A also became a challenge because of one of its items, the Sterilizer, is made from aluminium. The same ERH Kits 6A which were being procured under another project were held in custody by Dalian Customs for months. Since the nature of this rapid response project is to provide life-saving services to the people affected by the drought as well as anticipating the upcoming winter, after consultations with the Government counterpart, the UNFPA Country Office decided to use the budget line for ERH Kit 6A to augment the Maternity Packs with baby blankets given to visibly pregnant women.

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

- The accountability to affected populations [AAP] was ensured from the inception of this emergency lifesaving project by ensuring it is based on data/evidence. UNFPA used the population data to find out the number of affected population. UNFPA then consulted the project with WHO and UNICEF in order to triangulate the information regarding the number of population affected, availability of SRH services during the drought period, as well as coordinated with the Ministry of Public Health [MoPH].
- During the implementation of the project, UNFPA conducted regular monitoring visits to the project areas to ensure that activities were carried out as planned so that the supplies reached beneficiaries. UNFPA also trained the health personnel in order to better utilise the emergency RH kits; as well as translated the pictorial instruction of the Individual Clean Delivery into Korean so that the affected pregnant women would be able to correctly use the kits.
- 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 although joint field visits could not be conducted.

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

EVALUATION CARRIED OUT

There was no formal evaluation exercise conducted for this project. UNFPA focus was on the delivery of the life-saving SRH services including closely following up with the international procurement of SRH supplies. The current sanctions for the DPRKorea resulted in the delay of the international procurement

EVALUATION PENDING

UNFPA, however, through regular monitoring visits ensured the timely implementation of the project and analysed the interventions according to the basic humanitarian principles as well as impacts of the CERF under-funded projects.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	21/08/2017 - 20/02/2018		
2. CERF project code:	17-RR-WFP-046		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 drought-affected counties in North and South Hwanghae and South Pyongan					
7. Funding	a. Total funding requirements ¹¹ :	US\$ 13,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 2,499,922	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 2,499,922	▪ Government Partners:		US\$ 0	
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
Children (< 18)	72,026	69,201	141,227	71,453	68,651	140,104
Adults (≥ 18)	44,785		44,785	46,464	0	46,464
Total	116,811	69,201	186,012	11,7917	68,651	186,568
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				0		
IDPs				0		
Host population				0		
Other affected people	186,012			186,568		
Total (same as in 8a)	186,012			186,568		
<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>	There is a slight increase (> 500 people) of actual beneficiary numbers. Actual number of beneficiaries is provided based on the final data reported by the local authorities.					

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

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 fortified supplementary foods as life-saving intervention for four months period.		
10. Outcome statement	Under-five children attending child institutions and pregnant and lactating women are provided with fortified food to prevent deterioration of nutrition status.		
11. Outputs			
Output 1	WFP provided fortified cereals and fortified biscuits to 140,104 under-five children and only fortified cereals to 46,464 pregnant and breastfeeding women in the 23 drought-affected counties in North and South Hwanghae and South Pyongan provinces.		
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	141,227	140,104
Indicator 1.2	Number of pregnant and lactating women who receive fortified blended foods	44,785	46,464
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of fortified foods to the drought-affected counties	WFP, NCC, Provincial and County Food Administration Officials	WFP, NCC, Provincial and County Food Administration Officials
Activity 1.2	Meetings with County Officials on food security and nutrition situation where women participate as members of the Peoples Committee	WFP	WFP
Activity 1.3	Monitoring visits to institutions and beneficiary households	WFP	WFP
Output 2	Fortified cereals and fortified biscuits production sustained efficiently in 5 local factories in South Pyongan, Pyongyang City and South Hwanghae provinces to supply the monthly ration of fortified cereals and fortified biscuits to U5 children and fortified cereals to PLW for four months.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of monthly production requirement achieved by product	100% (2,374 MT fortified foods)	100%
Indicator 2.2	Number of local factories supported by product	5	5
Indicator 2.3	Proportion of women engaged/employed in local factories	≥50%	≥70%
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, NCC with participation of People's Committee at Province Level

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 assistance supported by WFP in response to the prolonged dry spell in the rice-producing areas in DPR Korea was in line with the priority for the first 1,000 days of life of a child to protect their well-being particularly during shocks. CERF contribution enabled WFP to extend nutritional support to affected women and young children in 23 counties, including 14 counties, which were additional to WFP's regular operational areas.

All CERF assisted activities were successfully completed as planned, including reaching the planned number of beneficiaries. As planned, reduced rations (the minimum to have a nutritional impact) were distributed among all beneficiaries.

Continuous funding constraints attributed to WFP's decision on reducing food rations, in order to assure uninterrupted assistance throughout the year. The minimum amount of rations for PLW was reduced from 200 grams to 132 grams/day/person of fortified blended cereals. For children under-five, ration for fortified blended cereal was reduced from 100 grams to 66 grams and ration for fortified biscuits - from 60 grams to 40 grams /day/child. This decision was in line with WFP's DPR Korea operation's prioritization strategy that provides technical guidance in such circumstances and in consultation with the national counterpart. The same strategy was applied for all CERF supported counties to maintain the equal distribution of food rations for all beneficiaries.

WFP's DPR Korea operation required at least six months of lead time, i.e. from the time when food commodities were purchased internationally to when food reached the beneficiaries. Considering this circumstance, upon funding confirmation from CERF, WFP started food distribution on time utilizing food stock available in country. CERF funding was utilized to replenish commodities that were used to produce the required volume of fortified cereals and fortified biscuits distributed to the CERF beneficiaries during the months of August - November 2017. This enabled WFP to implement the project activities during the planned period. However, three and a half months extension was requested and approved to allow completion of payment processes.

All five WFP-supported factories met their production targets. WFP's target to engage women in the factories was exceeded and reached over 70%.

The monitoring activities in the targeted provinces continued in the counties previously supported by WFP and commenced immediately in the counties newly targeted with support of this grant.

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

The CERF rapid response project was designed within the scope of WFP's approved Protracted Relief and Recovery Operation (PRRO) 200907. The coverage and activities were also discussed and agreed among members of the Nutrition Sector Working Group.

WFP supervised the nutrition assistance activities throughout the supply chain and ensured WFP operations were progressing as per agreements and standards. Monitoring missions were conducted as per WFP's principle of "no access, no assistance" in DPR Korea for accountability and operational management purposes. WFP's field monitoring teams (including international monitoring specialists) conducted regular visits to households, child institutions, hospitals and public distribution centers, as well as interviews with county officials to obtain qualitative information on the food security and nutrition.

Interviews with beneficiaries and stakeholders also aimed at receiving feedback on the quality of the provided assistance. In each visit, monitors verified that accurate quantity of rations were received, stored and used correctly. All interviewed stakeholders reported having received the full ration (verified against the present stocks at the day of the visit). During the monitoring visits, all PLW reported that the quality of the WFP-supplied food commodities was good¹³; 99% of the interviewed women had not had problems with preparation of the WFP-supplied fortified commodities; almost all PLW (99%) affirmed that the food was consumed by them.

Monitoring also looked into usefulness of the information sharing with regards to the nutrition messages. Nutrition messages are included in the beneficiary ration cards handled by the PLW, as well as logbooks used by the staff of the child institutions and public distribution centres. Thus 43% of the PLW interviewed during the fourth quarter of 2017 reported that the nutrition messages were useful to better understand nutrition in the first 1,000 days, 9% - that messages related to good health and prevention of diarrhoea were particularly useful, and 46% - gained a better knowledge on both topics. Nutritional messages are critical for this targeting audience particularly in view of the unbalanced diet captured by the monitoring findings.

Local food production team and technical experts conducted regular monitoring visits to the five WFP-supported local factories that supplied the required rations. During the reporting period eleven monitoring visits were undertaken by the WFP's local food

¹³No infestation was found in WFP's food commodities during the monitoring visits.

production team to ensure quality checks and availability of the required ready to eat fortified food for timely dispatch and distribution. In addition, during each visit to the supported factory the monitoring teams comprised of supply chain specialists and an international food technologist, provide on-the-job training to the factory staff on quality and safety of the products.

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

EVALUATION CARRIED OUT

A separate evaluation was not planned for the CERF rapid response project.

Information from field monitoring showed 71 percent of children 6-59 months across WFP-supported counties were registered in targeted nurseries, which is in line with WFP's target (set at 70 percent). There is no data available to report on the prevalence of acute malnutrition among children aged 6-59 months in 2017. A Multiple Indicator Cluster Survey (MICS) took place in autumn 2017 and the results are expected to be published in the second quarter of 2018.

While changes in the level of food consumption cannot be directly attributed to the distribution of fortified commodities at the household level, Food Consumption Score (FCS) and Dietary Diversity Score (DDS) were measured based on the food groups that households consumed during the seven days preceding the interviews. Both the FCS and DDS were used as proxy indicators for food access.

During the period from September to December 2017, WFP conducted monitoring in all CERF-supported areas to collect information on the project implementation and progress.

Dietary diversity among visited households continues to be remarkably similar from household to household, mainly because of the centralized distribution of rations and similarity in household crop and vegetable production. The diet is mainly based on staple grains (rice and/or maize), with daily consumption of pickled vegetables (kimchi) and condiments (bean paste), but limited consumption of oil and fat. Protein-based food is poorly represented in the diet, with an average consumption frequency of two or three days per week.

WFP's monitoring data¹⁴ collected in WFP-supported areas (including CERF rapid response project areas) on households' FCS suggested no major change to people's food security outlook in the last quarter of 2017 compared to the same period in 2016. Although there was a slight increase in the percentage of households with poor FCS (from 5.6 percent in 2016 to 6.7 percent in 2017), the number of households with acceptable FCS levels in the last quarter of the year had increased by 12 percent compared to the same period in 2016 (from 44 to 56 percent) and was closer to the project target of 60 percent. In addition, average FCS among WFP-supported households between third and fourth quarters of 2017 remained in the acceptable level (where FCS in the third quarter was 53, and in the fourth quarter – 43).

Average DDS remained almost unchanged between the last quarter of 2017 (DDS = 5.5) and 2016 (DDS=5.4), as well as between the third and fourth quarters of 2017 (5.37 and 5.50 respectively).

EVALUATION PENDING

NO EVALUATION PLANNED

¹⁴Analysis is based on the overall sample of WFP-supported beneficiaries in 74 counties including the counties supported through CERF (419 households interviewed by WFP during the period from July to December 2017).

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	1/08/2017 - 28/02/2018		
2. CERF project code:	17-RR-WHO-032		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency response to the health impact of the drought in DPRKorea by providing essential medicines and critical lifesaving equipment in twenty counties in 3 targeted provinces (North and South Hwanghae and South Pyongan provinces)					
7. Funding	a. Total funding requirements ¹⁵ :	US\$ 1,575,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁶ :	US\$ 428,640	▪ NGO partners and Red Cross/Crescent:		US\$ None	
	c. Amount received from CERF:	US\$ 428,640	▪ Government Partners:		US\$ None	
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>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 (< 18)</i>	193,975	196,740	390,715	194,893	198,037	392,930
<i>Adults (≥ 18)</i>	502,850	424,600	927,450	505,066	430,241	935,307
Total	696,825	621,340	1,318,165	699,959	628,278	1,328,237
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>	1,318,165			1,328,237		
Total (same as in 8a)	1,318,165			1,328,237		
<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 beneficiaries reached during the project period was slightly higher than the targeted number of beneficiaries (0.6% - under 18 years, 0.8% - over 18 years and 0.8% overall). The reached beneficiaries are actual number of patients in each category who utilized the health services in targeted hospitals in targeted areas during the project period. These numbers of patients may include repeated visits by the same patient during the project implementation period. The numbers of patients who utilized services were reported by the Ministry of Public Health to the WHO.WHO has not been					

¹⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁶ This should include both funding received from CERF and from other donors.

	provided with the male and female breakdown of the beneficiaries
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CERF Result Framework			
9. Project objective	Ensure 2.4 million people in 3 drought affected provinces have access to life-saving critical health care and essential medicines through 20 selected county hospitals		
10. Outcome statement	Reduced incidence of common illnesses due to the effect of drought in 20 targeted county hospitals in three provinces		
11. Outputs			
Output 1	20 County Hospitals in drought affected areas have critical life-saving equipment and basic essential life-saving medicines to provide adequate health care for commonly occurring illnesses and diseases		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of county hospitals provided with critical life-saving equipment	20 county hospitals	20 county hospitals (100%)
Indicator 1.2	Number of county hospitals provided with basic essential medicines	20 county hospitals	20 county hospitals (100%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of critical life-saving hospital equipment to 20 county hospitals	WHO (procurement)	WHO
Activity 1.2	Delivery of critical life-saving hospital equipment to 20 county hospitals and training the staff on use of them	MOPH (delivery and training)	MoPH
Activity 1.3	Procurement of basic essential life-saving medicine to 20 county hospitals	WHO (procurement)	WHO
Activity 1.4	Delivery of basic essential life-saving medicine to 20 county hospitals	MOPH (delivery)	MOPH
Activity 1.5	Monitoring and supervisory visits to the targeted hospitals	WHO, UNICEF, OCHA and MoPH	WHO and 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:

WHO's response to the health impacts of the drought was built on the fact that there would be an increase in common illnesses such as respiratory diseases, diarrhoeal diseases, skin infections, dust related diseases etc. based on the past experience. Moreover, the situation analysis conducted using the data from the drought affected 5 provinces indicated an increase in some illnesses in the affected areas relative to the same period in 2016. In the context of the increased disease burden due to the health impact of the drought, WHO estimated that there could be an increased demand in essential medicines to treat the excessive case load due to the impact of the drought. Also taken in to consideration was the general, wide spread acute shortage of medicines that would be further aggravated by the increased demand of medicines as a result of the health impact of the drought. In addition to medicines, a set of critical medical equipment was identified for procurement and delivery as the most of these equipment in targeted health facilities were obsolete/outdated to manage common illnesses. The other factor that WHO considered in shaping the specific response was aligning it with the health project of UNICEF conducted in the same provinces with a view to mounting a response with synergistic effect. By implementing different interventions in the same communities to address common health effects of the drought, it was expected that the synergistic interventions of both agencies would be potentiated and more effective.

The WHO's primary focus was secondary and tertiary prevention of common illnesses in the drought affected areas by timely diagnosis and providing appropriate treatment for patients seeking care at county hospitals. The target was the general patient population. However, special consideration was given to vulnerable groups such as pregnant women, children under five years of age. WHO focused on county hospitals as these primary health care facilities are the first link in the referral chain where most critical patients would be referred by primary health care workers and also self-referrals would be made. Therefore, the county hospital settings were identified as the environmental enabler of initial life-saving rapid response in contributing to reduction of morbidity, mortality and disability in targeted communities in the context of the drought. Along this line, WHO prioritized following activities under the CERF support: 20 county hospitals in target areas have access to (1) essential and life-saving medical equipment, (2) basic essential and lifesaving medicines. The strategic approaches used to implement above activities were (1) procurement and delivery of medicines, (2) procurement and delivery of medical equipment and (c) a small-scale hand on training for the hospital staff on using newly procured medical equipment.

Provision of essential medicines and essential medical equipment: WHO identified 17 pharmaceutical items that are essential but in shortage in the targeted 20 county hospitals. Items were identified from the WHO recommended essential medicines package recommended for the county hospitals. In discussion with the ministry of public health, items that are in shortage were identified and prioritized for the CERF project proposal. The stocks were calculated for a period of 3-5 months depending upon the best and worst-case scenario of excessive case load due to the effect of the drought expected in targeted hospitals. In the same manner, using the recommended list of medical equipment for county hospitals, medical equipment to be procured was prioritized. The patients who sought health care at the targeted hospitals during a period of 5 months of project implementation were considered as beneficiaries. The beneficiaries reached during the project period was slightly higher than the targeted for population (0.6% - under 18 years, 0.8% %- over 18 years and 0.8% overall). Among these patients, respiratory tract infections, diarrhoea diseases and skin infections comprised 4%, 3% and 1% respectively. In contrast to medicines which were estimated for a range of 3-6 months, essential medical equipment continues to deliver benefits to beneficiaries for a long period beyond the project period prospectively. Therefore, the actual number of beneficiaries of the CERF support to these health facilities will be several folds higher than what is reported in this report and the equipment provided are a long term investment from the CERF funds with concrete health dividends.

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

Output 1: WHO decided the package of essential life-saving medicines and basic lifesaving equipment for county hospitals using the standard package identified based on the WHO standard list recommended for primary health care institutes and agreed upon with the MOPH. Transparency, accountability and maximum value for expenditure for procurement was ensured by procurement of items through WHO global and regional procurement services. All procurement processes were subject to WHO financial and auditing processes. Where applicable, contract review committee (CRC) of the Regional Office reviewed procurements. WHO country team, Health emergency team of the WHO regional office and the global procurement team intensively monitored and supervised the procurement process, liaised with the Chinese customs, shippers and airlines to ensure that all items were delivered to the country as early as possible and issues related to customs rules and regulations were sorted out. To expedite the delivery process, medical equipment was directly procured from China by the WHO's regional procurement and supply unit in close collaboration with the WHO country office. WHO country office appointed a national officer to exclusively work on the project under the supervision of the WHO representative and the International Medical Officer

responsible for the CERF project. This national officer oversaw the custom clearance of supplies in Pyongyang, receipt at the central medical warehouse, handing over to the ministry of public health (MOPH) and liaised with the MOPH to ensure that the items were delivered to target hospitals. The international MO inspected the supplies at the central medical warehouse and also inspected the availability and use of equipment during the field monitoring visits. To ensure the accountability to affected populations in terms of the targeted beneficiaries reached, the national officer in charge of the project liaised with targeted hospitals to obtain the number of patients in project categories that utilised the services strengthened by the project.

To ensure accountability to the affected populations, WHO closely liaised with the MOPH to ensure delivery of medicines and equipment to target hospitals. WHO supported the delivery cost through the direct financial corporation (DFC) mechanism through an agreement between the MOPH and WHO. The MOPH provided financial statements and DFC report certifying the successful delivery of items to targeted hospitals. WHO was/is involved in validating availability and utilization of medical equipment at target hospitals during its routine field monitoring visits.

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

EVALUATION CARRIED OUT

The project evaluation was confined to (a) process and (b) output evaluation. This was in-built in the project monitoring and supervision.

EVALUATION PENDING

Process evaluation: The process evaluation consisted of monitoring (1) timely procurement and delivery of a pre-identified package of essential life-saving medicines, (2) timely procurement and delivery of a set of basic life-saving equipment and (3) delivery of procured items to target hospitals. The first two components of the process evaluation were conducted at the WHO country office and WHO global/regional procurement level. Using a monitoring and tracking sheet, WHO country team ensured that procurement process was on time and supplies were facilitated to be delivered to the country. WHO country team liaised with the global /, regional procurement teams to ensure all issues related to supply bottlenecks were sorted out from the point of purchase to the delivery in Pyongyang. In terms of the delivery of items, WHO ensured that the MOPH as the responsible agency delivered the items under a binding DFC agreement with clear deliverables. Monitoring visits are and will be carried out by 2 medical officers of the WHO as a part of the project and is/will be monitored by the WHO representative. These visits are to the county hospitals that MOPH informed WHO as having delivered the medical equipment. Validation at target hospitals will be completed before the end of 2018 to ensure that the medical equipment continue to provide the intended benefits beyond the project period.

NO EVALUATION PLANNED

Output evaluation: Output evaluation was carried out by WHO using the 2 indicators in the CERF results framework highlighted above. WHO designated one national officer to regularly liaise with the MOPH and targeted health facilities to collect data pertinent to two indicators. Spreadsheets were developed and provided to the MOPH to collect data and the national officer compiled data and quantified data to calculate the indicators. In addition to the three indicators, evaluation consisted of collecting data on patients relevant to the project who utilized services at the targeted hospitals in 3 provinces to quantify the actual beneficiaries.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	21/08/2017 - 20/02/2018		
2. CERF project code:	17-RR-WHO-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	WASH emergency response to address the health impacts of the drought in DPRKorea					
7. Funding	a. Total funding requirements ¹⁷ :	US\$ 306,250	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁸ :	US\$ 200,967	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 175,967	▪ Government Partners:		US\$ 0	
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
Children (< 18)	193,975	196,740	390,715	194,893	198,037	392,930
Adults (≥ 18)	502,850	424,600	927,450	505,066	430,241	935,307
Total	696,825	621,340	1,318,165	699,959	628,278	1,328,237
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	1,318,165			1,328,237		
Total (same as in 8a)	1,318,165			1,328,237		
<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 beneficiaries reached during the project period was slightly higher than the targeted number of beneficiaries (0.6% - under 18 years, 0.8% %- over 18 years and 0.8% overall). The reached beneficiaries are actual number of patients who visited targeted hospitals in targeted areas during the project period. Thus, they utilized the WASH services/interventions provided through the present project. These numbers of patients may include repeated visits by the same patient during the project implementation period. The numbers of patients who visited the target hospitals were reported by the Ministry of Public Health to the WHO. WHO has not been provided with the male and female breakdown of the beneficiaries				

¹⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁸This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Ensure 2.4 million target beneficiaries accessing 20 county hospitals in 3 drought-affected provinces have access to adequate, safe, quality running water and hand washing facilities		
10. Outcome statement	Reduced incidence of hospital acquired (1) water borne diseases as well as (2) hospital acquired infections transmitted by airborne and contact mechanisms in the targeted PHC facilities in three provinces		
11. Outputs			
Output 1	Running water in targeted hospitals is tested for water quality, purified and safely stored for consumption		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of hospitals where running water is systematically tested for water quality as per WHO standards	20 (100%)	20 (100%)
Indicator 1.2	Number of hospitals with purified and safely stored running water	20 (100%)	20(100%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of water testing kits and water purifying tablets	WHO	WHO
Activity 1.2	Procurement of water storage tanks and water pumps	WHO	WHO
Activity 1.3	Distribution and installation of the water storage tanks and the water pumps	MoPH and respective county hospitals	MoPH and 20 county hospitals in South Hwanghae (14) ,North Hwanghae (5) and South Pyongan (1) provinces
Activity 1.4	Testing of running water quality at 20 county hospitals and printing forms for recording test results	County Hygiene and Anti Epidemic Institute- MoPH	County Hygiene and Anti Epidemic Institute- MoPH
Output 2	Target hospitals have wash basins for hand hygiene and sanitation of staff and in-ward patients		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of hospitals that established at least one new wash basin with water supply for hand hygiene of patients and staff	20 (100%)	20(100%)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of wash basins and accessories for ensuring hand hygiene	WHO	WHO
Activity 2.2	Distribution and installation of wash basins and accessories	MoPH and respective county hospitals	County health committees and county hospitals

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 past experience of droughts in DPRKorea have demonstrated that there would be an increased incidence of waterborne diseases such as diarrhoea as well as water related diseases of the calibre of skin infections due to lack of water. Depriving hand washing opportunity for patients and the health staff at health facilities due to lack of water increases hospital acquired infections transmissible via air –borne and contact mechanisms. In the situational analysis conducted using data provided by the Ministry of Public Health indicated an increase in the cases of diarrhoea in drought affected provinces (up 15% in Nampo and 32% in South Hwanghae) in a period of six months preceding the assessment in 2017 relative to the corresponding period in 2016. The on-site situational analysis conducted at the Anak Up county hospital in the South Hwanghae province further confirmed that the number of patients hospitalized with diarrhoea had increased in months preceding the assessment relative to the same period in the previous year. Among vulnerable groups, pregnant women who admit to health facilities were at risk of maternal and perinatal/neonatal morbidity and mortality due to poor hygiene as a result of lack of water. The analysis confirmed that during the drought, lack of water, water contaminated with pathogens and resultant poor sanitation practices could further aggravate the diarrhoeal diseases which have a high background rate in DPRKorea even during normal periods.

Though the health sector and WHO are not regularly involved in WASH activities, as a sector/agency involved in timely detection and prevention of all cause, diarrhoea and other infectious diseases specific mortality, the above situation demanded the WHO to shape its response to the drought in terms of providing access to safe quality running water (including potable drinking water) and hand washing facilities at 20 county hospitals. This project objective was complementary to the other project WHO was implementing by providing access to essential, basic medicines for secondary prevention of the drought related illnesses in the same 20 county hospitals. It included anti-bacterial, anti-diarrhoeal medicines and oral re-hydration solution. Therefore, primary prevention of hospital acquired infections/diarrhoeal diseases through hospital-based WASH interventions potentiated the reduction of all cause and drought related illness specific morbidity/mortality/severity/disability in targeted 3 provinces. Further it complemented the field-based WASH activities implemented by the WASH sector in communities in the affected 3 provinces WHO's identified priority areas were as follows:

(1) Establishing a system to store water at hospitals, testing them for water quality, water purification and storage: WHO procured 20 high volume water storage tanks for safely storing running water. To ensure regular water supply to hospitals WHO provided 20 electric water pumps. WHO supported a systematically testing water quality as per WHO standards. In this regard, WHO procured water testing kits, water purification tablets and WHO recommended water filters. To monitor the water quality regularly WHO supported printing of water quality surveillance registries, labels for sending water samples to the laboratory for quality testing and water quality test reporting forms for the county Hygienic and Anti-Epidemic stations. water purification and water quality surveillance activities are expected to be continually supported as regular activities through the government and development partner funds including that of WHO beyond the project period.

(2) Establishing wash basins for hand hygiene and sanitation for health staff and in ward patients: WHO was guided by the evidence that hand washing is the most cost-effective intervention to prevent infections. Considering this WHO provided wash basins and accessories 5 each to all 20 hospitals. County hospitals and county health bureaus installed the wash basins and established hand washing stations. Beyond CERF funds, WHO using its funds from other sources developed two posters on hand-washing to be affixed to the hand washing stations to potentiate the effect of the intervention.

The outcome of the intervention was that the entire 2.4 million population in the catchment areas of these 20 county hospitals had access to adequate, safe quality running water and hand washing facilities if and when they utilize health services. During a period of five months of project implementation, 1,328,237 patients had access to safe water and hand washing facilities. Reflecting the effect of community and field-based interventions, only 3% of the patients who sought curative services at 20 hospitals were diarrhoeal patients. Additionally, there were 4% of patients due to acute respiratory infections (ARI). Hand washing facilities at the health institutions definitely contributed to prevention of hospital acquired infections from these ARI cases. Judging by global and available DPRKorea epidemiological parameters of effectiveness of hand washing, the estimate for the prevented number of secondary hospital acquired ARI cases from the primary ARI cases admitted to these hospitals as a result of hand washing is around 32000 cases per 5 months (6 400 cases/month) in these targeted hospitals. By global standards each US dollar spent on establishing hand washing facilities yield a dividend of 23 USD. This could be much higher in DPRKorea due to other factors such as malnutrition, shortage of essential medicines etc. In the same way, the estimated number of hospital acquired diarrhoea cases prevented by frequent hand washing during a period of five months is around 24 000 cases (4800cases /month). The estimated number of hospital acquired diarrhoea cases prevented by the supply of safe water at 20 county hospitals for 5 months was 45000 (9000/month). The estimate of all hospital acquired infections prevented by WASH interventions at 20 hospitals per a month was 20200 cases.

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

implementation and monitoring:

WHO consulted the relevant technical unit at the WHO regional office to ensure that WHO country office adhered to globally accepted standards in establishing the hospital based water quality surveillance system, management information system and relevant water quality standards and thresholds (chemical , microbiological) Transparency, accountability and maximum value for expenditure for procurement of water testing kits, water purifying kits was ensured by procuring these items through WHO global procurement system while the water pumps and storage tanks were procured from China by involvement of the WHO regional procurement services and the country office. All procurement processes were subject to WHO financial and auditing processes. Where applicable, contract review committee (CRC) of the Regional Office reviewed procurements. WHO country team, Health emergency team of the WHO regional office and the global procurement team intensively monitored and supervised the procurement process, liaised with the Chinese customs, shippers and airlines to ensure that all items were delivered to the country as early as possible and issues related to customs rules and regulations were sorted out. WHO country office appointed a national officer to exclusively work on the project under the supervision of the WHO representative and the International Medical Officer responsible for the CERF project. This national officer oversaw the custom clearance of supplies in Pyongyang, receipt at the central medical warehouse, handing over to the ministry of public health (MOPH) and liaised with the MOPH to ensure that the items were delivered to target hospitals. The international MO inspected the supplies at the central medical warehouse and also inspected the availability and use of equipment during the field monitoring visits. To ensure the accountability to affected populations in terms of the targeted beneficiaries reached, the national officer in charge of the project liaised with targeted hospitals to obtain the number of patients in project categories that utilised the services strengthened by the project.

To ensure accountability to the affected populations, WHO closely liaised with the MOPH to ensure delivery of items to target hospitals. WHO supported the delivery cost through the direct financial corporation (DFC) mechanism through an agreement between the MOPH and WHO. The MOPH provided financial statements and DFC report certifying the successful delivery of items to targeted hospitals. In order to add value by community involvement, county peoples' bureaus procured pipes and provided labour to install the tanks, running water systems and hand washing stations. WHO was/is involved in validating availability and utilization of medical equipment at target hospitals during its routine field monitoring visits.

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

Evaluation is partially conducted and the segment on validations of utilization of interventions by affected populations is ongoing. EVALUATION PENDING

The project evaluation was confined to (a) process and (b) output evaluation and (c) outcome evaluation. This was in-built in the project monitoring and supervision

Outcome evaluation: The lack of base line data and detailed morbidity and mortality data does not allow a real-life field-based outcome evaluation. However, WHO used the epidemiological approach to estimate the total number of diarrhoea cases prevented by providing access to safe water and also to estimate the number of hospital acquired infections prevented through established handwashing stations at target hospitals for a period of five months of project implementation. Estimates numbers are given in the section 12. The assumptions were based on global and available DPRKorea epidemiological parameters

Process evaluation: The process evaluation consisted of monitoring of (1) timely procurement and delivery of a pre-identified WASH items and (2) delivery of procured items to target hospitals. The first component of the process evaluation was conducted at the WHO country office and WHO global/regional procurement level. Using a monitoring and tracking sheet, WHO country team ensured that procurement process was on time and supplies were facilitated to be delivered to the country. WHO country team liaised with the global /, regional procurement teams to ensure all issues related to supply bottlenecks were sorted out from the point of purchase to the delivery in Pyongyang. In terms of the delivery of items, WHO ensured that the MOPH as the responsible agency delivered the items under a binding DFC agreement with clear deliverables. Monitoring visits are and will be carried out by 2 medical officers of the WHO as a part of the project and is/will be monitored by the WHO representative. These visits are to the county hospitals that MOPH

NO EVALUATION PLANNED

informed WHO as having delivered the WASH items and established running water systems and hand washing facilities. Validation at target hospitals will be completed before the end of 2018 to ensure that the interventions continue to provide the intended benefits beyond the project period.

Output evaluation: Output evaluation was carried out by WHO using 3 indicators in the CERF results framework highlighted above. WHO designated one national officer to regularly liaise with the MOPH and targeted health facilities to collect data pertinent to 3 indicators. Spreadsheets were developed and provided to the MOPH to collect data and the national officer compiled data and quantified data to calculate the indicators. In addition to the three indicators, evaluation consisted of collecting data on patients relevant to the project who utilized services at the targeted hospitals in 3 provinces to quantify the actual beneficiaries.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARI	Acute Respiratory Infection
CERF	Central Emergency Response Fund
CHD	Child Health Days
CMAM	Community Management of Acute Malnutrition
DDS	Dietary Diversity Score
DFC	Direct Financial Corporation
ERP	Emergency Response Plan
F-75	Fomular 75 (Therapeutic milk)
FCS	Food Consumption Score
F-100	Fomular 100 (Therapeutic milk)
HCT	Humanitarian Country Team
ICN	Institute for Child Nutrition
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
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
MICS	Multiple Indicator Cluster Survey
NCC	National Coordinating Committee
OECD DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
NFI	Non-Food Items
PHC	Primary Health Care
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
ORS	Oral Rehydration Solution
RUTF	Ready to Use Thearpeutic Food
SAM	Severe Acute Malnutrition
SRH	Sexual and Reproductive Health
SWG	Sector Working Group
WASH	Water, Sanitation and Hygiene
UNCT	UN Country Team
U5	Under-five

ⁱThree service providers in each hospital to be oriented on Clinical Delivery Assistance kit

ⁱⁱMinimum of three health care service providers from each health facility oriented on basic infection prevention protocols