RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA UNDERFUNDED EMERGENCIES ROUND 1 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 DPRK.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $114,000,000		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	5,996,745
	COUNTRY-BASED POOL FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	27,103,255
	TOTAL	**33,100,000**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 27/02/2017			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	17-UF-FAO-008	Agriculture	556,180
UNFPA	17-UF-FPA-006	Health	604,786
UNICEF	17-UF-CEF-016	Health	795,001
UNICEF	17-UF-CEF-017	Nutrition	1,179,986
WFP	17-UF-WFP-011	Nutrition	2,129,998
WHO	17-UF-WHO-005	Health	730,794
TOTAL			**5,996,745**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	5,996,745
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	
Funds forwarded to government partners	
TOTAL	**5,996,745**

HUMANITARIAN NEEDS

DPRK is in the midst of a protracted humanitarian situation and continues to suffer a chronic, yet largely overlooked and greatly underfunded crisis. Amidst political tensions, an estimated 10.3 million people (41 percent) across DPRK continue to suffer from food insecurity and undernutrition, as well as a lack of access to basic services. According to the last national nutrition survey, conducted in 2012, the chronic malnutrition (stunting) rate among under-five children was 27.9 per cent and the rate of acute malnutrition (wasting) was four per cent. In addition, 23.3 per cent of mothers were also malnourished. UNICEF field observations and Government data shows significant increase in demand for treatment of children affected by severe acute malnutrition over the past 18 months. Based on this it is estimated that some 60,000 SAM children treated in 2017. Dietary quality for many people in DPRK is poor, with limited consumption of foods that are rich in protein, fat and micronutrients.

Micronutrient deficiencies, particularly in iron, zinc, vitamin A and iodine are common.

Universal and free health care is guaranteed by law for all DPRK citizens, yet Government committed funds are not sufficient to cover basic health needs. The lack of qualified human resources, essential medicines and basic equipment remain major challenges for the provision of the essential health services and the quality of care and services in many health facilities still do not meet international standards. Access to clean water and appropriate sanitation remain similarly inadequate, affecting an estimated 20 per cent of the population. Additionally, hospitals are facing chronic shortages of sanitation and of drinking clean water increasing the risk of illness and infection. Coupled with high rates of undernutrition, inadequate access to safe drinking clean water and basic sanitation services are key factors contributing to high occurrence of respiratory and water borne diseases, with diarrhoea and pneumonia remaining the top killers of under five children.

Compounding existing vulnerabilities are frequent disasters that hit the country. Major floods hit the country in consecutively every year from 2010 to 2017. In addition to floods, droughts have become increasingly common over the past decade, destabilizing the prospects of the country's agricultural production and food security in the long term. Long dry spells recur in the period from March to June, which is a peak time for crop planting for several crops as well as rice transplanting.

An estimated 18 million people are in need of humanitarian assistance, with particularly vulnerable groups being children (particularly under 5 years old) and pregnant and breastfeeding women. Of the 18 million approximately 1.3 million are under-five children and 325,000 are pregnant and breastfeeding women.

In the DPRK, external assistance continues to play a vital role in safeguarding the lives of millions whose food security, nutritional status and essential health needs would otherwise be at risk. Without sustained humanitarian support, gains made in the past 10 years could be quickly reversed. The essence of the UN's work in the DPRK is to support and reinforce national efforts to improve the living standards through responding to humanitarian needs.

II. FOCUS AREAS AND PRIORITIZATION

The crisis in DPRK is essentially one of undernutrition and food insecurity, exacerbated by inadequate health care, water and sanitation infrastructure. Although heavily dependent on agriculture, only about 17 per cent of the country is good arable land and the sector remains dependent on rainfall and traditional farming methods. Food production is hampered by a lack of agricultural inputs, such as soybean seeds, fertilizer and plastic sheets, as well as low levels of mechanization. The sector is extremely vulnerable to the impacts of climate change and to environmental shocks. FAO estimates that although the total amount of food produced in2017 shows a12 per cent increase from last year's drought-affected season, output is still below the previous three-year average. Around 18 million people, or 70 per cent of the population, including 1.3 million children under age 5, depend on the Public Distribution System (PDS) for basic rations of cereal and potatoes. A majority of the population do not consume an adequately diverse diet with sufficient proteins and fats needed for healthy development. FAO estimates that 10.5 million people are undernourished.

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.However, according to the last national nutrition survey, conducted in 2012, the chronic malnutrition (stunting) rate among under-five children was 27.9 per cent and the rate of acute malnutrition (wasting) was four per cent. In addition, 23.3 per cent of mothers with a child less than 24 month were also malnourished. UNICEF field observations and Government data shows significant increase in demand for treatment of children affected by severe acute malnutrition over the past 18 months. Dietary quality for many people in DPRK is poor, with limited consumption of foods that are rich in protein, fat and micronutrients. Micronutrient deficiencies, particularly in iron, zinc, vitamin A and iodine are common. In 2014, the Ministry of Public Health Report noted that 31.2 per cent of pregnant women are anaemic and the prevalence of low birth weight was five per cent. Food security and nutritional issues are particularly significant for women and children, particularly given that the period from the three months before pregnancy to the development of a foetus and up to the end of the second year of an infant's life are critical for a child's survival, and lay the basis for longer term human development, and for girls, in the intergenerational implications of undernutrition.

In addition to a lack of access to diverse and sufficient food, undernutrition is exacerbated by inadequate health and water, sanitation and hygiene services. Health care is free and universal in DPRK but remains inadequate. According to the latest reliable sources (SDHS 2014) infant mortality rate was estimated at 13.7/1,000, under five mortality rate (U5MR) at 16.2/1,000, and maternal mortality rate (MMR) at 66/100,000 live births, which is well above the global averages. Leading killers of children under five are pneumonia, diarrhoea and undernutrition. Lack of safe drinking water and sanitation coupled with poor hygiene conditions expose children to a vicious cycle of diarrhoea, pneumonia and malnutrition, causing at least 28 per cent of child mortality in 2009.

While the most common causes of maternal deaths in DPRK are post-partum haemorrhage and pregnancy induced hypertension, including eclampsia, poor nutrition resulting in anaemia among pregnant women have also contributed to induced maternal morbidity and mortality, abortion, and other complications, including premature delivery and foetal death. The rates of infant and maternal mortality are higher in rural than in urban areas. One of the key reasons for this quality of health care service, which is poorer in rural than in urban areas with lack of essential medical equipment and pharmaceutical remedies as well as limited professional capacity of the health care providers.

It was therefore agreed that the overall strategic objective of the CERF funds should be to reduce excess and preventable maternal, neonatal and under-five child mortality and morbidity through critical food security and nutritional interventions, focusing on the pregnant and lactating women, children and farming families, as well as preventing further deterioration and morbidity of the most vulnerable women and children through provision of life saving drugs and critical health care interventions.

The goal of UN agencies' projects for CERF was to reduce maternal and under-five child mortality and morbidity through critical and life-saving interventions in food security, nutrition, maternal and child health. UN agencies targeted 824,680 beneficiaries, including 511,043 under-five children and 284,852 pregnant and breastfeeding women in seven provinces, namely North Hamgyong, South Hamgyong, Ryanggang, North Pyongan, South Payongan, South Hwanghae, North Hwanghae.The specific objectives of CERF funding were to:

1. Treat and prevent a deterioration of undernutrition of under-five children and pregnant and lactating women through provision of life-saving therapeutic and nutritious food, micronutrient supplementation and therapeutic activities in eight provinces;
2. Provide essential medicines and basic health care services to pregnant and lactating women, health care providers and care-givers to reduce the occurrence of maternal and child mortality and morbidity in 36counties; and
3. Improve the production and productivity of soybean and pig meat through support to farming families (of whom 51% per cent are women and 8% U5 children), with agricultural seeds, equipment and piglets in six provinces.

III. CERF PROCESS

The overall humanitarian situation and priority needs for international intervention were discussed and agreed by the Humanitarian Country Team during the preparation of the 2017 Needs and Priorities. The full Needs and Priorities plan lays out needs and response activities in Food Security, Nutrition, Health and WASH to a total of USD 114 million. Given the continuing decline in humanitarian funding over the past several years, UN programming has already been scaled down to the essential and highest priority interventions. Nevertheless, to further prioritize the CERF applications, the UNCT agreed that CERF funding should be used to sustain ongoing projects targeting the most life-threatening needs of the most vulnerable. It was agreed that maternal, neonatal and under-five child mortality and morbidity were the most serious concerns and would be the focus of the CERF submission. As nutrition is the main underlying factor driving maternal and child mortality this became the main issue to address. Complementary critical interventions that mitigate against factors contributing to maternal and child mortality and morbidity, in food security and health, were chosen. The UNCT agreed that Food Security, Nutrition and Health would be prioritized with a focus on under-five children and pregnant and breastfeeding women.

Three criteria were applied to establish the optimal geographic focus and targeting: (i) most vulnerable under-five children and pregnant and lactating women; (ii) areas where UN projects would be the most effective and efficient; and (iii) where monitoring could be undertaken. An added criterion was that those projects identified must be possible to implement by end 2017, taking into consideration potential strengthened sanctions and their operational implications, such as through identifying projects that minimize cash expenditure in-country.

Based on these agreements, UN agencies, in consultation with Government counterparts, proposed activities and associated budgets in line with this focus. The UNCT then had a final meeting with the Government where the proposed sectoral and geographic criteria and activities were discussed. During the discussion the UNCT reinforced that data and evidence were essential to justifiy the proposed interventions. The Government committed to providing further data, including the 2016 crop yields. The Government agreed with the UN's prioritization as it contributed to the country's priority of improving people's

standard of living. Specifically, they saw food security, nutrition, followed by health and WASH[1] as the most critical sectors for support. Based on this agreement a final UNCT meeting agreed the funding allocation.

The Government of DPRK does not permit UN agencies to work through NGOs as implementing partners. However inter-agency Sector Working Groups (SWGs) on Health, Nutrition, WASH and Food Security and Agriculture are established in the country (which include NGOs) and meet on a regular basis. Each of the CERF proposals were developed in line with the strategies agreed within relevant SWGs and with a view to ensuring maximum complementarity and harmonization among the different interventions and sectors. In this regard, support for food production (FAO) and provision of supplementary and therapeutic food (WFP and UNICEF) during critical life stages, such as early childhood and pregnancy, along with promotion of optimal infant and young child feeding practices (UNICEF), as well as support to critical health services (WHO, UNICEF, UNFPA) are all interlinked requirements to reduce excess mortality and morbidity in a highly vulnerable subset of DPRK's population. There is also complementarity across sectors with nutrition and health working together in almost all provinces supporting interventions that seek to reduce undernutrition as well as provide essential medicines to reduce mortality that is often driven by undernutrition. While agencies' projects have been identified under one sector for the purposes of the CERF proposal many contribute to many other sectoral priorities and objectives.

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: 18,000,000

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	20,740	62,216	**82,956**	19,925	59,775	**79,700**	40,665	121,991	**162,656**
Health	265,154	291,587	**556,741**	263,241		**263,241**	528,395	291,587	**819,982**
Nutrition	89,545	71,959	**161,504**	86,327		**86,327**	175,872	71,959	**247,831**

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

BENEFICIARY ESTIMATION

In Nutrition, a total of 247,831 people was reached through:

- WFP providing specialized, nutritious foods to address the nutrient gap and poor dietary diversity of 160,872 children (6-59 months) and 56,959 pregnant and breastfeeding women reaching a total of 217,831 people; and
- UNICEF providing a package of life-saving nutrition interventions including strengthened CMAM services and mainstreaming IYCF counselling and micronutrient supplementation services for 15,000 under-five children and 15,000 pregnant and breastfeeding women, reaching a total of 30,000 people.

For Nutrition, the total number targeted estimated in the original proposal were reached, meaning there is no increase in the number of beneficiaries reached from the original targeted estimation.

In Health, a total of 819,982 people was reached through:

[1] It was agreed by the UNCT that WASH would not be included given the funding envelope

- UNFPA providing essential life-saving drugs and related supplies for emergency obstetric care reaching a total of 132,000 women;
- WHO providing life-saving drugs and equipment at the Public Health Centre (PHC) level and provision of essential medicines to 214,198 children and 94,677 women, reaching a total of 308,875 people; and
- UNICEF also providing life-saving drugs and equipment, including oral rehydration salts (ORS) and clean delivery kits, as well as technical support for health care workers on community integrated management of new-born and childhood illnesses for 314,197 children and 64,910 women, reaching a total of 379,107 people.

In Health, additional 38,234 people were reached from the number of people targeted in the original proposal.

In Agriculture, a total of 162,656 people was reached through:

- FAO providing agricultural inputs, including small farm machinery, plastic sheeting and ready-to-install greenhouses, and restocking of small livestock (piglets) for 40,665 children, 62,216 women and 59,775 men, reaching a total of 162,656 people.

For Agriculture, the total number targeted estimated in the original proposal was reached, meaning there is no increase in the number of beneficiaries reached from the original targeted estimation.

To account for double-counting and overlaps (see Table 5), for under 18 years old (both male and female) the total figure is an aggregate of UNICEF, WFP and FAO beneficiaries and the additional WHO that were reached above the initial estimation (20,883 children). For women, 50% of UNICEF's beneficiaries have been added to UNFPA and FAO's total reached. Only FAO targeted men in the Agriculture Sector and therefore there is no overlap.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	276,849	251,522	528,371
Male	274,768	59,775	334,543
Total individuals (Female and male)	**551,617**	**311,297**	**862,914**

[2] *Best estimates of the total number of individuals (girls, women, boys, and men) directly supported through CERF fundingThis should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

In the AgricultureSector, 42 cooperative farms produced 1,548 tonnes of soybean, 25.5 tonnes of vegetables, and pork from a population of 15,928 animals including 420 piglets supplied from the project. The average yield of soybean in farms that received CERF support was 1.57 tonne/ha, which exceeded the average national yield at 1.512 tonne/ha. Total production of soybean at 1,548 tonnes translates into availability of 9.5 kg for each of the beneficiaries (total beneficiaries 162,656). Besides soybean, other nutritious foods, vegetables and pig meat contributed to improving nutritional security of vulnerable households. Of the total beneficiaries of 162,656; 82,956 were women (62,216 adults and 20,740 children) including 40,440 pregnant and breastfeeding women and 13,012 under-five underweight children.

In Health, UNFPA provided essential life-saving drugs and related supplies for emergency obstetric care for 132,000 women. The project also includes a component of training 240 health care personnel on the Minimum Initial Service Package, conducted jointly with WHO, to ensure that health care providers can correctly and appropriately administer the medicines provided. WHO and UNICEF complemented these efforts by providing life-saving drugs and equipment at the Public Health Centre (PHC) level and provision of essential medicines, oral rehydration salts (ORS) and clean delivery kits, as well as technical support for health care workers on community integrated management of new-born and childhood illnesses, which will significantly contribute in reducing the childhood and maternal morbidity and mortality in the intervention areas. They respectively reached308,875 and 379,107 people. WHO's project was able to reach 10-22% higher than the targeted beneficiaries. In contrast to medicines which were estimated to cover needs for 3-6 months depending upon the patient caseload, the benefits of essential medical equipment continue long beyond the project period. Therefore, the actual number of beneficiaries of the CERF support to these health facilities will be several times higher than the direct beneficiaries reported here.

In Nutrition, UNICEF sustained screening and treatment of acute malnutrition (both severe (SAM) and moderate (MAM)) through their Community Management of Acute Malnutrition (CMAM) centres. The CMAM programme treated about 15,000 SAM children, with a reported recovery rate of 90 per cent. Provision of RUTF and Therapeutic milk: UNICEF provided 11,000 cartons of RUTF and 1,315 cartons of therapeutic milk and other CMAM medicines to ensure quality CMAM services. Overall the project reached the 30,000 targeted beneficiaries. WFP provided biscuits and blended cereals to 160,782 children and blended cereals, fortified with essential micronutrient, vitamins and minerals to 56,959 pregnant and breastfeeding women. Rations of fortified cereal were reduced for all beneficiaries without compromising the expected nutritional outcomes. As a result, the same number of beneficiaries received assistance for an additional month. The CERF contribution resulted in WFP providing uninterrupted nutritious rations for three and a half months in thirty five of the 60 priority counties. WFP rations complement the regular diets of the beneficiaries, assisting to meet the daily nutrient requirement for proper growth and development. WFP supported three local factories to produce 2,426 metric tonnes to cover the requirement of the priority areas. Production of fortified cereals and fortified biscuits utilized the in-country WFP stocks of raw commodities, which enabled timely delivery of nutritious foods to the affected population. The CERF contribution was then used to procure foods to replenish WFP food stocks.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Many agencies felt CERF funds did lead to faster delivery but was perhaps faster with Rapid Response (RR) than with Underfunded (UFE) funds. While RR funds allow agencies to scale up in areas and can contribute to access by the Government, UFE funds come at a critical time to ensure continuity of programming before other donors have provided funds. Many agencies used the commitment of funds to be able to move quickly with implementation, using CERF funds as replenishment, while for other agencies that do not have stockpiles CERF funds were critical in providing essential goods during emergencies.For most of the agencies, CERF is critical life-line to their operations in DPRK, being their only donor in 2017. For some agencies, it has been helpful in release of internal funds. Consequently, the lack of CERF funds through the UFE 2018 1st round will have profound impact on UN agencies' humanitarian operations this year.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

In general, CERF funds did help to respond to time critical needs.However, agencies emphasised that the overall underfunded situation in the country meaning that CERF's value cannot respond to all time critical needs.

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 kick-start to funds, but resource mobilization remains a challenge. In particular, CERF funds can help with mobilising internal funds. Furthermore, agencies felt that some donors may be influenced by CERF, more importantly; it helped to validate the seriousness of the humanitarian situation. More so than anything, the geopolitical situation has largely driven the funding situation in recent years.Agencies also felt that CERF helped to maintain a project that would be difficult to re-start once funding becomes available. Some agencies felt that in 2017 the UNCT was not able to capitalize as much on CERF funds. During the floods response in 2016 the release of a response plan and other products, along with CERF saw more donors providing funding.

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

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Overall agencies felt that coordination was improved by CERF funds, this was more so from RR funds. During the dry spell response CERF RR funds helped to have more complementarity of interventions and to therefore provide a more well-rounded intervention (e.g. UNFPA provided MISP in infection prevention areas targeted by WHO) to people either by geographic area or by need. However, there was less coordination after the joint assessment (dry spell response) and therefore there are opportunities to have a more unified response, particularly for RR where agencies are working in new areas. Furthermore, inter-sector coordination could be improved. Agencies noting that enhanced coordination can be mitigated by Government approvals (particularly for access) but overall there was still scoping to improve coordination. Inter/intra-agency and inter-sector coordination can be improved. Joint monitoring could be much better managed. Floods the monitoring was joint but was not as integrated for the dry spell. Coordination also needs to be beyond the proposal phase but also in the implementation.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible
Given that a very small number of bilateral donors are willing to provide assistance to DPRK, CERF may consider coordinating with donors that supported DPRK in the past. Because of sanctions, they would feel less constrained to support DPRK bychanneling 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 DPRK as it consitues an important part of overall contributions, certainly in current embargo context.	Continue assisting DPRK UN agencies with CERF-UFE, certainly in these difficult circumstances.	CERF-HQ, NY

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
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
It would be useful to have a better understanding of how CERF decides funding levels, particularly with regard to rapid response window.	Clarify how this process is coordinated at country level	OCHA
Engagement of Line Ministries and Provincial officers in all phases of the project management is important to ensure national ownership and leadership, which are critical to the sustainability of the results achieved.	Map out critical stages of project planning, implementation and monitoring and ensure the active engagement of Government partners in each stage.	All agencies
Inter-agency collaboration is critical to leverage resources and maximize results.	Regular meetings for reviews and updates, and joint field monitoring missions.	All agencies
Prioritization strategy was updated to provide guidance on decision-making to adjust food rations and geographic coverage in case of pipeline break.	Continue making efforts in resource mobilization and implement prioritization strategy during pipeline break or resource shortage.	WFP
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

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	14/03/2017 - 31/12/2017
2. CERF project code:	17-UF-WFP-011	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Nutrition		☒Concluded
4. Project title:	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 locally processed fortified foods for two and a half months as life-saving intervention		

7.Funding		
a. Total funding requirements[3]:	US$ 45,930,600	d. CERF funds forwarded to implementing partners:
b. Total funding received[4]:	US$ 14,300,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 2,129,998	▪ *Government Partners:*

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)	**82,045**	**78,827**	**160,872**	82,045	78,827	160, 872
Adults (≥ 18)	**56,959**		**56,959**	56,959		56,959
Total	**139,004**	**78,827**	**217831**	**139,004**	**78,827**	**217,831**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	217,831	217,831
Total (same as in 8a)	**217,831**	**217,831**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

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

[4] This should include both funding received from CERF and from other donors.

VI. PROJECT RESULTS

CERF Result Framework			
9. Project objective	Preventing undernutrition among children 6-59 months, boys and girls and pregnant and lactating women, by providing supplementary foods as life-saving interventions.		
10. Outcome statement	Children 6-59 months attending child institutions and pregnant/breastfeeding women provided with nutritious foods to maintain acceptable nutrition status.		
11. Outputs			
Output 1	217,831 women and children 6-59 months attending child institutions in provinces of Ryanggang, South Hamgyong, North Hamgyong and North Pyongan receive specialized nutritious foods		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children 6-59 months who receive fortified cereals and fortified biscuits, disaggregated by age and sex and type of food	160,872	160,872
Indicator 1.2	Number of pregnant and lactating women who receive fortified cereals	56,959	56,959
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Food delivery to child institutions and public distribution centres	WFP, NCC, Provincial and County Food Administration, Children's Institutions and Public Distribution Centres	WFP, NCC, Province and County Food Administration, Children's Institutions and Public Distribution Centres
Activity 1.2	Monitoring visits to child institutions and households	WFP	WFP
Output 2	Local production of fortified cereals and biscuits sustained efficiently in 3 local factories to supply the monthly ration of 100 grams FBF and 40 grams biscuits to U5 children and 200 grams FBF to PLW, for two and a half months.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Percentage of monthly production requirement achieved by product	100%	100%
Indicator 2.2	Proportion of women engaged/employed in local factories5	≥50%	67%
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 biscuits	WFP	WFP
Activity 2.2	Processing of fortified cereals and fortified biscuits in WFP-supported local factories	WFP, NCC, local factories	WFP, NCC, local factories
Activity 2.3	Monitoring visits to local factories	WFP	WFP
Indicator 3.1	Procurement of materials and equipment for food processing and logistical requirements	WFP	WFP

[5]WFP has been advocating for employing more women in the local factories. It is also an cross-cutting indicator of WFP PRRO and monitored by the WFP staff regularly.

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

WFP's nutrition assistance supported the first 1,000 days of life of children to improve their nutritional status. WFP beneficiaries – young children received biscuits and blended cereals and PLW received blended cereals, fortified with essential micronutrient, vitamins and minerals. In DPR Korea, majority of the households do not consume adequate quantity of food, thus, lack these essential nutrients in their daily diets that are required for a healthy life. WFP's complementary fortified food help to fill their vital nutrition gap.

All CERF assisted activities were successfully completed as planned, including reaching the planned number of beneficiaries. However, rations of fortified cereal were reduced for all beneficiaries without compromising the expected nutritional outcomes. As a result of reduced rations, the same number of beneficiaries received assistance for an additional month.

Continuous funding constraints attributed to WFP's decision on reducing food rations, in order to assure uninterrupted assistance throughout the year. Starting from February 2017, WFP distributed reduced rations of biscuits to children and from March 2017, reduced rations of both fortified biscuits and fortified blended cereals were distributed to all beneficiary groups across the country. 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 cereals was reduced from 100 grams to 66 grams and ration for fortified biscuits was reduced form 60 grams to 40 grams/day/child.

This decision was in line with WFP 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 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 April to mid-July 2017. This enabled WFP to implement the project activities during the planned period.

WFP-supported factories were successful in meeting their production targets. Additionally, WFP conducted a series of capacity strengthening training sessions for all 431 factory personnel, who were involved in food production for CERF-supported provinces. Training sessions covered topics on warehouse management, stock management and recording, basics of good manufacturing practices and hazard analysis critical control point, quality control and sampling methods. This activity ensured proper attention to food safety and quality.

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

The CERF project was designed in accordance to WFP's approved and ongoing Protracted Relief and Recovery Operation (PRRO) 200907.

International field monitors monitored WFP's activities throughout the supply chain and ensured WFP operations were progressing as per agreements and standards. With the principal of "no access, no assistance", WFP monitored all of its programme activities to ensure food reaches those in need. WFP's field monitors conducted regular visits to households, child institutions, hospitals and public distribution centers, where WFP food rations were distributed.

In each visit, monitors were able to verify that correct quantity of rations were received, stored and used correctly. No infestation was found in WFP's food rations and no inaccuracy was reported in terms of the quantity received by in child institutions and PLW households.

Local food production team and technical experts conducted regular monitoring visits to the WFP-supported local factories. This ensured quality checks and availability of the required ready to eat fortified food for time dispatch and distribution.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not planned for the CERF project.	EVALUATION PENDING ☐
Information from field monitoring showed 71 percent of children 6-59 months were registered in WFP supported nurseries, which is 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.	NO EVALUATION PLANNED ☒

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	13/03/2017 – 31/12/2017
2. CERF project code:	17-UF-CEF-016	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Support life-saving health interventions for children and pregnant women in 36 counties in DPRK		

7.Funding		
a. Total funding requirements[6]:	US$ 7,770,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[7]:	US$ 795,001	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 795,001	▪ *Government Partners:*

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)	160,241	153,956	**314,197**	160,241	153,956	**314,197**
Adults (≥ 18)	64,910		**64,910**	64,910		**64,910**
Total	**225,151**	**153,956**	**379,107**	**225,151**	**153,956**	**379,107**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	379,107	379,107
Total (same as in 8a)	**379,107**	**379,107**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

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

[7] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reduce maternal, new-born and under-five morbidity and mortality through provision of essential, life-saving and responsive health services in 36 counties.		
10. Outcome statement	Basic equipment, essential medicines and oral rehydration salts (ORS) are available to provide life-saving health services for children, infants and pregnant women in 36 target counties.		
11. Outputs			
Output 1	Delivery of essential medicines (15 UNICEF-supported counties) and ORS in 36 counties (15 UNICEF-supported counties and 21 counties supported by the World Health Organization (WHO)to treat diarrhoea and pneumonia in under-five children.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Prevalence of diarrhoea among under-five children	3%	122,000 (Note: UNICEF extrapolated that the funding covered treatment for 122,000 episodes of diarrhea in U5 with the ORS)
Indicator 1.2	Prevalence of pneumonia among under-five children	8%	49,880 cases of pneumonia in U5
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procure and distribute Essential Medicine Kits (EMKs) (15 UNICEF-supported counties)	Ministry of Public Health (MoPH) and UNICEF	MoPH and UNICEF
Activity 1.2	Procure ORS for 36 counties (15 UNICEF-supported and 21 WHO-supported counties)	UNICEF and MoPH	MoPH and UNICEF
Activity 1.3	Distribute supplies (ORS and EMKs) to intended sites	MoPH and UNICEF	MoPH and UNICEF
Activity 1.3	Provide supportive supervision and monitoring activities	UNICEF and MoPH	MoPH and UNICEF
Output 2	Essential basic equipment and consumables (for Emergency Obstetric and Neonatal Care (EmONC) services) are available in 15 UNICEF-supported counties in four drought-affected provinces for 30,000 pregnant women and new-borns. (NOTE: while UNICEF supports the county-level hospitals, WHO supports hospitals at provincial level).		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Availability of Clean Delivery Kits (CDKs)	36	36
Indicator 2.2	Availability of basic equipment and consumables (for EmONC services)	15	15
Indicator 2.3	Availability of Newborn Resuscitation Kits (NRKs)	15	15
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procure CDKs	UNICEF and MoPH	UNICEF and MoPH
Activity 2.2	Procure basic equipment and consumables (for EmONC services)	UNICEF and MoPH	UNICEF and MoPH
Activity 2.3	Procure NRKs	UNICEF and MoPH	UNICEF and MoPH
Activity 2.4	Distribute supplies (CDKs and NRKs) to intended sites	UNICEF and MoPH	UNICEF and MoPH
Activity 2.5	Provide supportive supervision, conduct monitoring field visits and provide on-the-job technical support	MoPH and UNICEF	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:
The UNICEF health section prepared the response plan jointly with WHO, to identify the interventions and the geographic areas for both agencies to avoid duplication of inputs. As there were some delays in the procurement of the supplies due to the current geopolitical situation, as well as delays in securing exemption from Customs procedures for humanitarian supplies, the programme used its prepositioned supplies to respond to the emergency. These supplies were then replenished when the CERF-funded supplies arrived. 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:
The health section designed the proposal jointly with WHO and in consultation with MoPH and People's Committees in the affected counties to ensure all partners were included and that the needs of the affected population were addressed through a consultative process. The interventions were delivered on the ground through the existing MoPH health service delivery network and coordinated and monitored by local People's Committees, with technical oversight by MoPH and UNICEF. The health section conducted field monitoring and supportive supervision visits to the intervention areas, observing the service delivery process and adherence to global good practices. Any weaknesses identified were immediately corrected through discussion with MoPH. These field visits helped ensure that the supplies were delivered to the intended project sites and were used in accordance with the Integrated Management of New-born and Childhood Illnessesand EmONC guidelines.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNICEF establishes Costed Evaluation Plans for its programmes based on specific thresholds of expenditure, which have not been reached in the case of this component.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	13/03/2017 – 31/12/2017
2. CERF project code:	17-UF-CEF-017	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Nutrition		☒Concluded
4. Project title:	Life-saving treatment of Severe Acute Malnutrition (SAM) in children		

7.Funding		
a. Total funding requirements[8]:	US$ 7,000,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[9]:	US$ 4,040,295	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 1,179,986	▪ *Government Partners:*

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)	7,500	7,500	15,000	7,500	7,500	15,000
Adults (≥ 18)	15,000		15,000	15,000		15,000
Total	**22,500**	**7,500**	**30,000**	**22,500**	**7,500**	**30,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	30,000	30,000
Total (same as in 8a)	**30,000**	**30,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

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

[9] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reduction of excess morbidity and mortality among under-five children and nutritional support to pregnant and lactating women (PLW).		
10. Outcome statement	Quality life-saving Community Management of Acute Malnutrition (CMAM) and infant and young child feeding (IYCF) counselling services delivered in all the 26 counties in four targeted provinces in the Democratic People's Republic of Korea (DPRK).		
11. Outputs			
Output 1	A total of 15,000 SAM children with and without medical complications were treated in the 26 CMAM service delivery sites in four provinces.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of SAM with and without complications treated	15,000 (girls 7,500 and boys 7,500)	15,000 (girls 7,500 and boys 7,500
Indicator 1.2	Number of monitoring and technical assistance support field visits to the CMAM sites in the project areas	18 field visits to the targeted 26 counties	16 field visits to the targeted 26 counties
Indicator 1.3	Recovery rate above 75 per cent	90%	90%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of CMAM supplies - therapeutic milk and ready-to-use therapeutic food (RUTF) and related CMAM medicines	UNICEF	UNICEF
Activity 1.2	Transportation of CMAM supplies to all service delivery sites in the targeted counties in four provinces	UNICEF	UNICEF
Activity 1.3	Monitoring delivery of the supplies and ensuring their appropriate use, and on-the-job training of service providers	UNICEF, Ministry of Public Health (MoPH) andInstitute of Child Nutrition (ICN)	UNICEF, MoPH and ICN
Output 2	15,000 PLW benefit from IYCF counselling services in all the targeted 26 counties in four provinces.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of PLW received counselling sessions and key messages on promotion of optimum IYCF practices (Not Funded by CERF)	15,000	15,000
Indicator 2.2	Number of male and female health workers trained on IYCF counselling services (funded by other UNICEF resources)	400 (200 women and 200 men	359 (170 women and 189 men)
Indicator 2.3	Number of health workers providing CMAM services benefiting from supportive supervision and on-the-job training (at least five health workers for each CMAM and maternity facility)	90 (50 women and 40 men	83 (45 women and 38 men)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Training of health workers on IYCF counselling skills and CMAM services (Not Funded by CERF)	UNICEF, MoPH and ICN	UNICEF, MoPH and ICN
Activity 2.2	Supportive supervision and capacity development of health workers and service providers in all the targeted CMAM counties' hospitals through on-the-job training and monitoring field visits	UNICEF, MoPH and ICN	UNICEF, MoPH and ICN

Activity 2.3	Delivering IYCF counselling sessions to PLW in maternity wards in the targeted provinces (Not Funded by CERF and no funds will be transferred to those partners)	MoPH and ICN, Academy of Medical Science (AMS)	UNICEF, MoPH and ICN

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

The nutrition programme responded to the continuing emergency – using CERF funds – by sustaining screening and treatment of acute malnutrition (both severe (SAM) and moderate (MAM)) through CMAM. In addition, UNICEF used its own funds to support promotion of optimal IYFC practices as a preventive intervention for acute malnutrition by training 359 health workers in IYCF. The nutrition programme maximized coverage by conducting extensive screening and treatment in all the targeted 26 counties' hospitals under this project. This enabled the treatment of affected children via the CMAM programme: based on supplies provided, the CMAM programme treated about 15,000 SAM children, with a reported recovery rate of 90 per cent. Provision of RUTF and Therapeutic milk: **UNICEF provided 11,000 cartons of RUTF** and 1,315 cartons of therapeutic milk and other CMAM medicines using CERF funds to ensure quality CMAM services in the 26 counties under CERF project. However, to achieve the targeted number of children under this project, UNICEF procured additional therapeutic supplies using 'others resource' to complement the funding gap (CERF resources are sufficient to cover the needs of 11,000 out of the targeted 15,000 wasted children).

In order to improve quality CMAM services, the programme delivered on the job training to 83 health workers during supportive supervision and end-user monitoring visits by UNICEF nutrition team.

During implementation of this project, all identified SAM children without complications were referred from villages/clinics to the CMAM programme counties' hospitals for treatment with RUTF for 2–3 months on an outpatient/ambulatory basis. These outpatients were regularly monitored by household doctors to ensure steady weight gain and prevent relapses.

SAM children with concurrent illnesses were referred to counties' hospitals/admitted to paediatric wards for inpatient treatment ('stabilization phase') for 2–4 weeks. Once their condition stabilized, these children entered the 'nutrition rehabilitation/weight gain phase', using specialized medicines and therapeutic milk, before being discharged and referred to the outpatient treatment/nutrition rehabilitation phase for 2–3 months to ensure full recovery and prevent relapses.

Children in counties' hospitals who were suffering from Moderate Acute Malnutrition (MAM) with concurrent illnesses were treated using therapeutic milk and antibiotics only while they were inpatients. This treatment was given as a life-saving measure to hasten recovery and give them a chance to cope with medical stress, infections or illnesses and to prevent further deterioration of their nutrition status, i.e. sliding into/becoming SAM children.

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

The project proposal was designed in consultation with MoPH and ICN, and the final version of the proposal was endorsed before submission to the CERF Secretariat. During this process, UNICEF consulted all partners in the Nutrition Sectoral Working Group to ensure harmony with interventions supported by other partners. Furthermore, the nutrition emergency response is delivered through the MoPH health service delivery platform (mid-upper arm circumference screening in villages/clinics and nurseries, and treatment services in counties' hospitals). Day-to-day service delivery is coordinated by local People's Committees and technically overseen by MoPH and ICN.

In addition, UNICEF conducted 16 monitoring field visits to the 26 targeted counties. During these visits, health workers were helped to understand the CMAM treatment and IYCF protocols in order to achieve quality service delivery. Through these visits, the UNICEF nutrition team ensured that health workers are familiar with the standard CMAM and IYCF protocols and are using programme supplies properly and efficiently. In total, 83 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.

A well-trained paediatrician 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.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
In 2017, UNICEF commissioned 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 DPRK, during	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

which he established technical working groups and data collection teams to undertake systematic data collection during fieldwork. The main objectives of the evaluation were: 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. b) To examine the effectiveness of related cross-cutting issues such as coordination and 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 DPRK. d) To identify gaps, key lessons learnt 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 April 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:**	17/03/2017 - 31/12/2017
2. CERF project code:	17-UF-FAO-008	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Agriculture		☐Concluded
4. Project title:	Emergency support to increase vegetable, soybean, and small livestock production to improve nutrition security		

7.Funding

a. Total funding requirements[10]:	US$ 10,120,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[11]:		▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 556,180	▪ *Government Partners:*

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)	20,740	19,925	**40,665**	20,740	19,925	**40,665**
Adults (≥ 18)	62,216	59,775	**121,991**	62,216	59,775	**121,991**
Total	**82,956**	**79,700**	**162,656**	**82,956**	**79,700**	**162,656**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	162,656	162,656
Total (same as in 8a)	**162,656**	**162,656**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There was no discrepancy.	

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

[11] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Increase the production and productivity of vegetables, soybean and pig meat in six provinces to improve food availability and nutritional status of vulnerable farming families through provision of plastic sheets, ready-to-install greenhouses, 2-wheel power tillers and piglets.		
10. Outcome statement	Improved food security and nutritional diversity of 162,656 people, of whom 51% are women and 8% are under-five children.		
11. Outputs			
Output 1	40,664 vulnerable households, including 40,440 pregnant/lactating women and 13,012 under-five children have access to vegetables, soybean products and pig meat.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Inputs procured and distributed: 168 rolls (each 500 m2) of plastic sheet, 420 piglets, 84 two-wheel tractors and 42 ready-to-install greenhouses	About 1 200 ha in 42 farms brought under soybean cultivation, about 2 200 ha in 42 farms brought under vegetable cultivation 420 piglets added to livestock production	42 farms; Distributed: 168 rolls of plastic sheet; 420 piglets; and 42 ready-to-install greenhouses
Indicator 1.2	Soybean yield increased by 41.8 per cent compared with 2015 national average Vegetable yield increased by 30.0 per cent; Supply of pig meat increased by 10.0 per cent	2.2 MT/ha (soy bean) 6.5 MT/ha (vegetables)	Soy vean yield: (1.57 MT/ha); vegetables 6.2 MT/ha; pig meat 12%
Indicator 1.3	Number of people who will receive 16 kg of soybeans, 88 kg of vegetables each along with meat produced from rearing pig provided by the project	162,656 (40,664 households) – including 62,215 women, 20,740 girls, 79,700 men, 19,925 boys	162,656 (40,664 households) – including 62,215 women, 20,740 girls, 79,700 men, 19,925 boys
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of 168 rolls (each 500 m2) of plastic sheet, 420 piglets, 84 two-wheel tractors and 42 ready-to-install greenhouses	FAO	FAO
Activity 1.2	Selection of 42 beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.3	Distribution plastic sheet, piglets two-wheel tractors and ready-to-install greenhouses	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 1.4	Monitoring of project activities	FAO/Ministry of Agriculture/FAO National Committee/FAO consultants	FAO/Ministry of Agriculture/FAO National Committee/FAO consultants
Activity 1.5	Collection of production data	FAO, Ministry of Agriculture, and Pyongyang Agri. College	FAO, Ministry of Agriculture, and Pyongyang Agri. College

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 1 550 tonnes of soybean, 25.5 tonnes of vegetables and pig meat about 12 percent higher than the previous year's level. 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 nutritionally rich soybean, vegetables and meat for consumption 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, field activities were frequently monitored by the Deputy FAO Representative, International Consultant – Filed Officer along with the MoA staff members. It gave opportunities to collect data/observations from the field and these were shared particularly during Inter-Agency, and Food and Agri. Sector Working Group meetings.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	14/03/2017 - 31/12/2017
2. CERF project code:	17-UF-FPA-006	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Provision of life-saving maternal health commodities and services for women		

7.Funding		
a. Total funding requirements[12]:	US$ 1,700,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[13]:	US$ 200,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 604,786	▪ *Government Partners:*

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)	132,000		132,000	132,000		132,000
Total	**132,000**		**132,000**	**132,000**		**132,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	132,000	132,000
Total (same as in 8a)	**132,000**	**132,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Fill in	

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

[13] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To reduce maternal, neonatal and under-five child health morbidity and mortality through critical life-saving health care interventions for 132,000 women.		
10. Outcome statement	Pregnant and lactating women have increased access to improved emergency life-saving reproductive health care services		
11. Outputs			
Output 1	Sustained supply of two life-saving drugs and related supplies for 132,000 pregnant and lactating women in 164 county and provincial level hospitals of the seven target provinces		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Proportion of hospitals supplied with emergency life-saving reproductive health medicines	100% 164 hospitals at county and provincial levels	100% 164 hospitals at county and provincial levels
Indicator 1.2	Proportion of hospitals supplied with related supplies of life-saving RH medicines	100% -164 hospitals at county and provincial levels	100% -164 hospitals at county and provincial levels
Indicator 1.3	Number of women accessing life-saving drugs during pregnancy and childbirth	132,000	132,000
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of Oxytocin and Magnesium Sulphate	UNFPA	UNFPA
Activity 1.2	Procurement of infusion sets, disposable syringes and safety boxes	UNFPA	UNFPA
Activity 1.3	Development of distribution plan for procured drugs and supplies	MoPH	MoPH
Activity 1.4	Distribution of drugs and supplies to hospitals at county and provincial level in the 7 target provinces	MoPH (No budget required)	MoPH
Activity 1.5	Sharing of distribution report/s with UNFPA	MoPH	MoPH
Output 2	Technical support for healthcare service providers from key government institutions on the Minimal Initial Service Package (MISP) for Reproductive Health in emergencies		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	National ToT and provincial trainings on MISP conducted	4 (1 Central and 3 Provincial with 30 participants in each training)	4 (1 ToT and 3 Provincial trainings)
Indicator 2.2	Number of personnel from key government institutions trained/sensitized on MISP at central and provincial level	120 (70% males & 30% females)	150 (60% males & 40% females)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Organize 1 MISP ToT at Central level for 30 participants from MoPH, State Committee on Emergency and Disaster Management and other relevant government departments (5 Days ToT)	UNFPA (with support from regional office), MoPH and SCEDM (State Committee on Emergency and	UNFPA (with support from APRO), MoPH and SCEDM (State Committee on Emergency and

		Disaster Management)	Disaster Management)
Activity 2.2	Organize 3 MISP training at Provincial levels (North, South and East) with 30 participants in each training from MoPH, State Committee on Emergency and Disaster Management and other relevant government departments (3 Days each Training)	MoPH & SCEDM	MoPH & SCEDM
Activity 2.3	Training and orientation on necessary protocols for administering the drugs, as well as the use of infection prevention supplies such as infusion sets, disposable syringes and safety boxes	MoPH & SCEDM	MoPH & SCEDM
Output 3	Monitoring of project activities and achievements		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of monitoring visits by UNFPA staff	6	6
Indicator 3.2	Number of joint monitoring visits with other UN partners (WHO & UNICEF)	3 (1 per quarter)	1
Indicator 3.3	Number of joint reviews with WHO, UNICEF &MoPH	3 (1 per quarter)	3
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct regular monitoring visits to health facilities to monitor the distribution, utilisation and storage of the drugs and supplies at the ground level	UNFPA	UNFPA
Activity 3.2	Organize joint field monitoring visits with UNICEF and WHO to ensure efficient and cost-effective utilization of CERF resources	UNFPA, WHO, UNICEF and MoPH	UNFPA, UNICEF and MoPH
Activity 3.3	Organize joint review meetings with UNICEF, WHO and MoPH	UNFPA	UNFPA, UNICEF, WHO and MoPH
Activity 3.4	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 project secured a saving of US$ 119,000 after the UNFPA Global Procurement Services Branch (PSB) identified a vendor who offered a much lower price than what was quoted in the price catalogue for Magnesium Sulphate injections. UNFPA used the savings of USD 119,000 to provide Emergency Reproductive Health kits (70 kits each of 6A and 6B, containing Clinical Delivery Assistance Reusable Equipment, Drugs and Supplies) to ri level hospitals where the majority of women deliver and thereby complemented the supply of the two life-saving drugs (MgSO4 and Oxytocin and related supplies). These kits are used for clinical delivery assistance to perform normal deliveries, to suture episiotomies and perineal tears and to stabilize patients with obstetric complications (e.g. eclampsia and haemorrhage) before referring to higher level care. Combining life-saving drugs with these ERH kits further strengthened emergency health care services to reduce maternal and new-born deaths and save lives.
  This revised procurement was based on the needs and gaps identified in consultation with the Ministry of Public Health and remained under the same budget Category 'B: Supplies, Commodities, Materials', requiring no change to the overall budget. However, a justification note was prepared and shared with the RCO and OCHA and concurrence received.

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 since the development, implementation, as well as monitoring of this lifesaving project. Accountability mechanism was done through the following:

- Project Design: 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, availability of SRH services during the drought period, as well as coordinated with the Ministry of Public Health.
- Project Implementation: During the implementation of the project, UNFPA used the logical framework in order to track the implementation of the project and ensured the deliverables are in line with the agreed CERF proposal.
- Project Monitoring: UNFPA conducted regular monitoring visits to the project areas. UNFPA also trained the health personnel in order to better utilise the emergency RH kits through MISP Training sessions so that they were able to provide lifesaving SRH services to the affected populations.
- Joint review meetings with UNICEF, WHO and MoPH were also conducted for effective coordination and to update each other on each agency's response, future plans and to avoid any duplication of activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
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 on the DPRK resulted in the delay of the international procurement. 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 project.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	13/03/2017 - 31/12/2017
2. CERF project code:	17-UF-WHO-005	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		**X** Concluded
4. Project title:	Ensuring minimum basic package of health services at Primary Health Care (PHC) level at most vulnerable areas of South Pyongan, South and North Hwanghae provinces through provision of life-saving drugs and basic equipment		

7.Funding		
a. Total funding requirements[14]:	US$ 5,985,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[15]:	US$ 730,794	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 730,794	▪ *Government Partners:*

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)	98,590	94,725	**193,315**	104,913	109,285	**214,198**
Adults (≥ 18)	77,326		**77,326**	94,677		**94,677**
Total	**175,916**	**94,725**	**270,641**	**199,590**	**109,285**	**308,875**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	270,641	308,875
Total (same as in 8a)	**270,641**	**308,875**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The actual beneficiaries reached in the category of the population under 18 years of age were higher than the number of planned beneficiaries by 20883 patients. In the population over 18 years of age, the reached number of beneficiaries exceeded the planned number of beneficiaries by 17351. 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. The numbers of patients who utilized services were reported by the Ministry of Public Health.

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

[15] This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Reduce infant, U5 and maternal morbidity and mortality through provision of life-saving drugs and basic health services for 270,641 women and children in PHC facilities in 23 counties		
10. Outcome statement	Reduced infant, U5 and maternal morbidity and mortality of children and women in the targeted PHC facilities in three provinces		
11. Outputs			
Output 1	Selected PHC facilities in 23 counties are provided with a package of basic, life-saving medicines		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of PHC facilities provided with pre-identified, adequate life-saving medicines	100 % (23 county hospitals, 69 Ri hospitals, 230 Ri clinics)	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of essential life-saving medicines for selected county level hospitals including antibiotics to manage referred patients	WHO (n=23)	WHO
Activity 1.2	Procurement of essential medicines for Ri hospitals	WHO (n-69)	WHO
Activity 1.3	Procurement of essential medicines for Ri clinics	WHO (n=230)	WHO
Activity 1.4	Distribution of Medicines and equipment to targeted hospitals	MOPH	MOPH
Activity 1.5	Supportive supervision and monitoring visits	WHO and MoPH	WHO and MOPH
Output 2	Targeted PHC facilities in identified counties are provided with basic medical equipment to ensure delivery of safe Maternal and Child health services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Percentage of PHC facilities provided with a set of adequate basic medical equipment	100 % (3 Ri hospitals, 69 Ri clinics)	100%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Purchase essential supplies for Ri hospitals: 10 items including delivery bed, sucker machines and hospital infant weighing scale etc.	WHO (69 Ri hospitals)	WHO
Activity 2.2	Purchase essential supplies for Ri clinics: 8 items including examination table, sterilizer, sucker machines etc.	WHO (230 Ri clinics)	WHO
Activity 2.3	Supportive supervision and monitoring visit	WHO and MoPH	WHO and MOPH
Output 3	Technical support for primary health care workers of the target facilities in basic child health services		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% of PHC workers trained on basic child health services	>60% (n=3960)	61% (n=4031)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 3.1	Training on essential child health services and infection prevention and control	WHO and MoPH	WHO and MOPH
Activity 3.2	Supportive Supervisory and monitoring visits	WHO 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:

The WHO's primary focus was to contribute to reduction of morbidity and mortality among infants, children and pregnant women through addressing acute needs of these vulnerable groups using health facilities providing essential and critical life-saving interventions. The basis for this approach was the position that county hospital settings were the environmental enablers of initial life-saving rapid response in contributing to the reduction of mortality in vulnerable target groups in the emergency context. WHO also considered that training primary health care staff including house hold doctors (HHD) in sexual, reproductive health (SRH) and control and prevention of infections would contribute to morbidity and mortality reduction in short and long terms. Along this line, WHO prioritized following activities under the CERF support: 1) provision of essential and life-saving medical equipment, (2) provision of basic essential and lifesaving medicines, (3) capacity enhancement of the primary health care staff on providing services related to sexual, reproductive health (SRH) and infection control and prevention? The strategic approaches used to implement above activities were (1) procurement and delivery of medicines, (2) procurement and delivery of medical equipment and (c) hands on training for the primary health care staff.

Provision of essential medicines and essential medical equipment: In targeted 3 provinces there were 73 county hospitals, 184 Ri hospitals and 394 Ri/dong clinics. The current project targeted (1) 23 selected county hospitals to supply anti-biotics (2) a package of Ri hospital specific essential medicines for selected 69 Ri hospitals (3 per a county), (3) a package of Ri clinic specific essential medicines for selected 230 Ri clinics (10 per a county). All 100% of selected facilities (23 county, 69 Ri hospitals and 230 Ri clinics) were provided with the package of facility specific essential medicines. However, this CERF project did not support 68% of county hospitals, 62% of Ri hospitals and 42% of Ri clinics in targeted 3 provinces where in general chronic shortages of pharmaceuticals exist at primary health care facilities. A facility specific package of medical equipment was also supplied to 69 Ri hospitals and 230 Riclinics. None of the county hospitals was provided with a package of essential life-saving medical equipment. The beneficiaries reached during the project period was 10% and 22% higher than the targeted for population under 18 years of age and women over 18 years of age respectively. In contrast to medicines which were estimated for a range of 3-6 months depending upon the patient load, benefits of essential medical equipment continue 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.

Capacity enhancement of the primary health care staff: This component focused on enhancing the theoretical, practical knowledge and skills of the primary health care staff on providing basic maternal and child health services. The training focussed on emergency neonatal and obstetric care (EmNOC), sexual and reproductive health and integrated management of neonatal and childhood infections(IMNCI). It included dissemination of national guidelines, global standards, information sharing, training and skill development through scenario- based practical activities. The training targeted household doctors (HHD). There were 6600 HHDs in 3 targeted provinces. At the baseline 2471 (37%) HHDs had already been trained using funds from other sources. CERF targeted to train another 1518(23%) HHDs to ensure that 3960 (60%) HHDs were trained in targeted areas. MOPH was able to train 1560 HHDs using earmarked CERF funds (46000USD) under this project. With the completion of the CERF supported training 4031(61%) of the HHDs have received training in 3 provinces. Another 2569(39%) HHDs remain to be trained using other funding sources in the future. In addition to HHDs, 1861 county hospital doctors, 129 Ri hospital doctors will require training in future. Training of 1560(625 HHDs participated in the training where their per diem was paid by the MOPH while per diem for 755 HHDs were directly supported by CERF funds) HHDs through CERF contributes indirectly to the project outcome (reduction of child and maternal morbidity and mortality) in an extended period prospectively in project areas as the trained HHDs use their knowledge and skills acquired in the training in providing essential and critical maternal and child health services and infection control. Implementation of well-designed, comprehensive study methods is necessary to quantify the impact of the training on the desired outcome of this project and it was beyond the scope of this project.

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

Output 1 and 2: WHO decided the package of essential life-saving medicines and basic lifesaving equipment for Ri and county hospitals using the standard package identified based on the WHO global standard list and agreed upon with the MOPH. Transparency, accountability and maximum value for expenditure for procurement was ensured by procurement of items through WHO global 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. 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.

Output 3: To ensure accountability to the affected populations, WHO closely liaised with the MOPH to support designing the training programme for targeted provinces and counties. A consultation was held with the UNICEF to ensure that the programme was not overlapped with similar training activities coordinated by UNICEF. Accountability in terms of intended benefits of the training was assured by reviewing training objectives, content and teaching methods. Additionally the quality of the training programme was increased by using facilitators from among the master trainers trained by WHO/UNICEF/UNFPA jointly for the nation-wide integrated management of neonatal and childhood infections(IMNCI) and sexual and reproductive health (SRH).To ensure proper delivery of the training programme to and inculcation of required skills needed for essential child health services and infection control by the targeted primary health care workers , two international medical officers and the national officer in-charge of the project audited 50% of the training programmes conducted with CERF support.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT **X**
It is premature to conduct an outcome evaluation. Therefore, the project evaluation was confined to (a) process and (b) output evaluation. This was in-built in the project monitoring and supervision. **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) designing a training program on essential child health services and infection prevention and control. The first two components of the process evaluation were conducted at the WHO country office and WHO global 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 procurement team 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 designing of the training program on essential child health services and infection prevention and control, WHO ensured that the MOPH as the responsible agency designed/conducted the program with the involvement of the master trainers and the standard protocol on integrated management of neonatal, childhood infections adopted to DPRK jointly by WHO, UNICEF, UNFPA based on the WHO global guidelines. The sexual reproductive health (SRH) component was designed by UNFPA together with WHO and UNICEF on behalf of the MOPH. Monitoring visits were carried out by 2 medical officers of the WHO as a part of the project and was monitored by the WHO representative. 10 monitoring visits covering 10 counties were made in 23 counties and this included auditing of 10 training programmes. Supportive supervision was done by MOPH and this process was not evaluated by WHO. **Output evaluation**: Output evaluation was carried out by WHO using the 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 three 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.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 2:ACRONYMS AND ABBREVIATIONS (Alphabetical)

AMS	Academy of Medical Sciences
CMAM	Community Management of Acute Malnutrition
DPRK	Democratic People's Republic of Korea
FBF	Fortified Blended Foods
ICN	Institute of Child Nutrition
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MoPH	Ministry of Public Health
MUAC	Middle Upper Arm Circumference
NCC	National Coordinating Committee
ORS	Oral Rehydration Solution
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SDHS	Socio-economic, Demographic and Health Survey
U5	Under-five
PDS	Public Distribution System
MMR	Maternal Mortality Rate
PHC	Public Health Center
PRRO	Protracted Relief and Recovery Operation
SCEDM	State Committee on Emergency and Disaster Management
PSB	Procurement Services Branch