

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
UNDERFUNDED EMERGENCIES ROUND II
HEALTH
2018**

18-UF-PRK-32725

RESIDENT/HUMANITARIAN COORDINATOR	Frode Muring
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on Tuesday, 23 July 2019, facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA). The Humanitarian Country Team (HCT) members were invited to attend. There was participation from the Resident Coordinator (RC) a.i., Resident Coordinator Office (RCO), UN agencies and INGOs, including the World Food Programme (WFP), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), Concern Worldwide, and the Swiss Development Cooperation.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES NO

All HCT members were invited to the AAR meeting and guidance of CERF reporting process were shared with the HCT members.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The final version of the RC/HC Report was shared with the HCT for their information and comments.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The protracted humanitarian situation experienced by many people in the DPRK has been largely overlooked by the rest of the world. More than 10 million people are undernourished, 9 million people lack access to essential health services. A lack of safe water and poor sanitation means there are high rates of diarrhoea, pneumonia and malnutrition, which are the most common causes of death among young children. CERF provided a critical life-line for some of the vulnerable people where geological dynamics sees millions of people struggle with food insecurity and undernutrition, as well as a lack of access to basic services.

Projects funded by CERF reached 557,502 people out of the 495,760 people targeted, particularly targeting under-five children, pregnant and breast-feeding women, and people suffering from multi drug-resistant tuberculosis (MDR TB). CERF funding enabled UN agencies to increase production of crops to improve food availability for 45,539 people; nutritional support and screening for and treatment of malnutrition for 316,747 pregnant and lactating women (PLW)s and under-five children, PLWs and TB patients; access to essential medical supplies and services for 511,963 people; and access to clean water and sanitation for 6,234 under-five children.

1. OVERVIEW

18-UF-PRK-32725 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	111,200,000
FUNDING RECEIVED BY SOURCE	
CERF	10,003,768
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	17,187,582
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	27,191,350

18-UF-PRK-32725 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Allocation 1 – date of official submission: 19/10/2018			
Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-030	Food Security - Agriculture	500,000
UNICEF	18-UF-CEF-111	Health - Health	1,524,971
UNICEF	18-UF-CEF-112	Nutrition - Nutrition	1,154,949
UNICEF	18-UF-CEF-113	Water Sanitation Hygiene - Water, Sanitation and Hygiene	600,361
WFP	18-UF-WFP-064	Nutrition - Nutrition	2,745,000
WHO	18-UF-WHO-044	Health - Health	3,478,487
TOTAL			10,003,768

18-UF-PRK-32725 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	10,003,768
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	0
TOTAL	10,003,768

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The Democratic People's Republic of Korea (DPRK) continues to be in the midst of a protracted humanitarian situation marked by a lack of access to basic life-saving services, food insecurity and undernutrition. The ability of UN agencies to meet the extensive humanitarian needs has been severely hampered by a sharp decline in funding, which places the lives of the most vulnerable people at risk.

In DPRK, communicable and non-communicable diseases remain major health concerns. Much of the country is not equipped with sufficient health facilities, required medical equipment or essential medicines to provide quality health services. There are also disparities in access to services between rural and urban areas, demonstrated by under-five mortality rates, which is 1.2 times higher in rural areas than urban areas. Meanwhile, the country has one of the highest rates of multi drug-resistant tuberculosis (MDR TB) in the world, especially as a country without any reported cases of HIV, with an estimated 4,600 new MDR-TB cases occurring annually. The withdrawal of funds by the Global Fund for the treatment of MDR TB earlier this year has left a critical gap in the country with only 2,400 out of 4,600 new cases receiving treatment. CERF funds will allow UN agencies to address the most urgent cases and help prevent MDR TB to further spread within and beyond DPRK.

Compounding issues related to adequate healthcare, i.e. the lack of access to safe water, nutritious food, sanitation and hygiene services, also require addressing for infection control and prevention of diseases. Persistent malnutrition in DPRK remains a major contributing factor to continuing high prevalence of TB. Malnutrition remains a chronic and widespread concern across the country.

According to the 2017 Global Hunger Index (GHI), DPRK has a score of 28.2, which is classified as 'serious'. Around 10.3 million people, or 41 per cent of the total population, are undernourished, leading to physical and cognitive development concerns. An estimated 20 per cent of children are stunted and 3 per cent suffer from wasting because of unmet food and nutrition needs; wasting and stunting is directly linked to food insecurity, sub-optimum feeding practices and lack of quality health services. More than one in ten children in DPRK suffers from diarrhoea, which is also a contributing factor for childhood pneumonia and malnutrition. According to the 2017 Multiple Indicator Cluster Survey (MICS), almost 40 per cent of households are drinking contaminated water.

The last round of Global Fund funding provided earlier in 2018 has allowed the procurement of drugs to treat 'normal' TB, with sufficient medication remaining for the rest of the year. The major gap therefore is in the provision of treatment for MDR TB, which is more serious, more complicated and more expensive to treat. However, it is essential that funding for MDR TB be prioritised otherwise there is a risk that patients will develop Extensively Drug Resistant TB (XDR TB) which is resistant to at least four of the core anti-TB drugs and is therefore much more difficult to treat.

Over 90 per cent of under-five deaths can be prevented through adequate nutrition (through therapeutic feeding) and essential medicines for treatment of common childhood illnesses like pneumonia and respiratory infections or provisions of oral rehydration solution. Similarly, maternal deaths as well as overall mortality due to TB other communicable diseases and critical

surgical emergencies can be prevented through provision of appropriate basic health interventions, including critical life-saving medicines and supplies at various levels of the DPRK health care system.

Securing funds for DPRK has been historically very challenging and in recent years, agencies have been forced to scale down life-saving activities, with detrimental impacts for the most vulnerable people. Pipelines for goods can be between five to six months from the date funding is confirmed, including procurement, shipping etc. The 2018 Needs and Priorities Document was only 24 per cent funded. Without adequate funding, humanitarian agencies have already been forced to prioritize and scale back programming. If programming were to be forced to drawdown completely, the impact would be devastating for millions of vulnerable people.

The overall objective for use of the CERF funds is to strengthen the health status of the most vulnerable people in need of assistance in DPRK, particularly under-five children, pregnant and breast-feeding women, and people suffering from MDR TB. Specifically, CERF funds sought to improve access to treatment for communicable and non-communicable diseases through purchase of essential medicines, TB basic diagnostics and consumables, and strengthening of basic services, as well as addressing undernutrition through both prevention and treatment.

3. PRIORITIZATION PROCESS

The sectoral prioritization for this CERF application seeks to address the health-related needs of the most vulnerable adults, primarily pregnant and lactating women, adolescents, children, and those most at risk from communicable and non-communicable diseases. This will be addressed through interventions to strengthen access to life-saving health care as well as interventions to address factors that exacerbate health challenges including undernutrition.

It was agreed that maternal, neonatal and under-five child mortality and morbidity continue to present serious concerns in DPRK in addition to the risk of communicable and non-communicable diseases as a result of a lack of access to health services, safe water and sanitation, and adequate nutrition support. Around 9 million people are estimated to have limited access to quality health services and 9.75 million to not have access to a safely managed drinking water source. TB rates in DPRK is one of the highest in the world (with no HIV infection detected) at 641 per 100,000 people and 110,000 cases are deterred yearly, as well as 5,200 new multidrug resistant TB cases. Nutrition is a contributing factor to TB rates, which remains a “serious” according to the Global Hunger Index that measures food security and is heavily influenced by agricultural production. As a consequence, undernutrition remains a protracted issue, with one in five under-five children stunted. The visit of the ERC to DPRK in July 2018 also highlighted the very serious gaps in health provision in the country, especially the lack of essential drugs and equipment. As such, delivering positive health outcomes, through health activities complemented by nutrition/food security, clean water and hygiene package interventions was recommended and agreed as the priority objective for the CERF funds.

The primary target groups for the CERF interventions were agreed as under-five children, pregnant women, people with communicable diseases, and people living with disabilities, reflecting the focus of the 2018 Needs and Priorities. The geographic prioritization for this CERF application is based upon those areas managing the burden of MDR TB cases; North and South Hamgyong, Ryanggang and Jagang province, as well as two provinces where there is a significant risk of MDR TB; Kangwon and South Hwanghae provinces. All UN agencies receiving CERF funds have access to all affected counties that they are implementing programmes in, both for implementation and monitoring.

Due to the contextual circumstances, NGOs are not implementing partners for the UN in DPRK, nor coordinated with UN agencies. As such, consultations for the CERF allocation were undertaken between the UN, relevant ministries and the Government’s coordinating agencies and NGO partners have been kept engaged and informed of the process. Furthermore, activities funded by CERF are part of the DPRK humanitarian strategy (Needs and Priorities) and are consistent in terms of the prioritisation of beneficiaries and sectors. INGOs are important partners in agreeing on the strategic priorities and focus of the document. Furthermore, inter-agency Sector Working Groups (SWGs) on Health, Nutrition, WASH and Food Security & Agriculture are established in the country (which include NGOs) and meet on a regular basis. Each of the CERF proposal was developed in line with the strategies agreed within relevant SWGs.

Complementarity plays an important role in ensuring the objectives of the overall humanitarian strategy in DPRK are met in the most efficient way, given prevailing constraints. While UNICEF provides malnutrition treatment, WFP provides nutrition support to children and PLW to prevent undernutrition, so that the supported beneficiaries do not fall back to SAM or MAM. UNICEF's WASH and Health interventions will be linked to nutrition activities in the targeted hospitals to achieve better outcomes for children and women being treated for malnutrition. While WHO provides critical medicine for TB patients, WFP will provide nutritional support to TB patients and their family members identified by WHO, which is also complemented by UNICEF's activities to manage pneumonia as a contributing factor to TB incidence among children.

4. CERF RESULTS

CERF allocated \$10 million to DPRK from its window for underfunded emergencies to sustain the provision of life-saving assistance the most vulnerable, particularly pregnant and lactating women (PLW), under-five children and those most at risk from communicable and non-communicable diseases in 2018. This funding enabled UN agencies to increase production of crops to improve food availability for 45,539 people; nutritional support and screening for and treatment of malnutrition for 316,747 under-five children, PLWs and TB patients; access to essential medical supplies and services for 511,963 people; and access to clean water and sanitation for 6,234 under-five children. More specifically:

In Food Security, FAO through this CERF UFE grant supported increasing production of soybean and vegetables during the cropping season from October 2018 to June 2019 to feed malnourished people and improve their nutritional status. The project reached a total of 45,539 beneficiaries, including 11,322 pregnant and lactating women and 3,643 children under age 5. The project provided 10 MT of soybean, 0.6 MT of cabbage, 0.5 MT of cucumber, and 0.1 MT of tomato seeds to 11,385 farmers belonging to 46 vulnerable farms located in six provinces – Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae and South Hwanghae. FAO also procured 5,428 rolls (each 500 m²) of plastic sheets and distributed 118 rolls per farm. These inputs contributed to total production of 7,590 tonnes of soybean from 3,450 ha equating to 166.67 kg of soybean per person and 3,737.5 tonnes of vegetables from 299 ha equating to 82.07 kg of vegetables per person.

In Nutrition, WFP through this CERF UFE grant assisted a total of 141,391 beneficiaries and allowed for the provision of essential macro and micronutrients to the vulnerable population. Nutrition assistance for 101,648 children under 5 and 31,709 pregnant and lactating women (PLW) was implemented for four months in three provinces i.e. Ryanggang, North Hamgyong and South Hamgyong from November 2018 till February 2019. Nutrition assistance for 8,034 TB patients was implemented for six months and the support was initiated in May 2019 after detailed negotiations and discussions with the relevant authorities, and the support was implemented in provinces of Ryanggang, North Hamgyong South Hamgyong and Kangwon.

In Nutrition, UNICEF project assisted a total of 175,356 people and contributed to sustaining critical life-saving nutrition services for under-five children and PLW as part of the UNICEF nutrition response in 28-target counties in 5 provinces. Approximately 210,000 under-five children were screened for acute malnutrition; 5,856 malnourished children (3,750 SAM and 2,106 MAM) were referred for treatment in the 28-target county hospitals; 21,000 PLW were reached with breastfeeding promotion; 411 health care providers were trained including 11 paediatricians from all CERF-supported counties.

In Health, CERF funded WHO project maximized the reduction of morbidity, mortality disability among patients seeking care at hierarchical levels of hospitals by provision of multi-drug resistant TB medicines, critical and life-saving specialised emergency care medicines, TB diagnostics, benefiting a total of 157,842 people from the initially targeted 96,100 people in six provinces (North Hamgyong, South Hamgyong, Ryanggang, South Hwanghae, Kangwon and Jagang). MDR TB diagnostics, medicines and ancillary medicines have been provisioned to detect and treat 1,200 cases. A total of 138,994 drug susceptible TB suspected cases have been tested by microscopy with available diagnostic reagents at the health facilities, which has exceeded the target.

In Health, UNICEF through this CERF UFE Grant, provided access to 354,121 people, especially mothers and children to essential medical supplies for Integrated Management of Childhood Illnesses (IMNCI) and Emergency Obstetric and Neonatal Care (EmONC) services.

In WASH, UNICEF through this CERF UFE grant, supported provision of clean drinking water and handwashing devices to 28 CMAM (Community Management of Acute Malnutrition) hospitals for treatment of severe and moderate acute malnutrition with complication. At least 6,234 children received supplies and commodities for provision of clean drinking water and improved hygiene practices. Supplies and commodities provided with this funding comprise of 400 cartons (6.4 million packs) of water purification tablets, 15,432 water storage and handwashing buckets, 10,843 water filters, 231,806 soaps and 15,430 drinking water bottles.

5. PEOPLE REACHED

The CERF-funded projects were able to reach an estimated total of 557,502 people out of the 495,760 people targeted, particularly under-five children, pregnant and breast-feeding women, and people suffering from multi drug-resistant tuberculosis (MDR TB). The increase in the overall reached beneficiary figure against the targeted was mainly due to WHO health project which reached more beneficiaries.

For Food Security, FAO reached 45,539 people (23,225 female and 22,314 male) including 11,322 pregnant and lactating women and 3,643 children under age 5 through providing support to increase soybean and vegetables during the cropping season from October 2018 to June 2019 to feed malnourished people and improve their nutritional status.

For Health, a total of 511,963 people was reached through: 1) UNICEF provided life-saving interventions to reduce preventable mortality and morbidity for 354,121 U5 children and pregnant and lactating women; 2) WHO reached 157,842 people from the initially targeted 96,100 people through provision of multi-drug resistant TB medicines, critical, life-saving specialised emergency care medicines, TB diagnostics at health facilities in six priority provinces (North Hamgyong, South Hamgyong, Ryanggang, South Hwanghae, Kangwon and Jagang).

For Nutrition, a total of 316,747 people was reached through UNICEF and WFP programmes with 175,356 and 141,391 beneficiaries respectively. For WASH, the 6,234 targeted people in the original proposal were fully reached with UNICEF programme in 29 priority countries in five provinces.

Since the Health Sector programme covered an extensive area of the six priority provinces and reached the largest population – mainly U5 children, PLW and people suffering from MDR TB - among all sectors, excluding Food Security which targeted differently for farmers households, the total estimated reached beneficiaries were an aggregation of Health and Food Security beneficiaries in order to avoid double counting of beneficiaries across sectors. Nutrition and WASH targeted many of the same beneficiaries as covered by those two sectors.

18-UF-PRK-32725 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Agriculture	5,806	17,419	23,225	5,578	16,736	22,314	11,384	34,155	45,539
Health - Health	141,419	169,765	311,184	135,748	65,031	200,779	277,167	234,796	511,963
Nutrition - Nutrition	132,094	55,656	187,750	126,268	2,729	128,997	258,362	58,385	316,747
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,117	0	3,117	3,117	0	3,117	6,234	0	6,234

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

18-UF-PRK-32725 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	142,124	160,797	303,130	136,548	56,291	192,839	278,672	217,088	495,760
Reached	147,225	187,184	334,409	141,326	81,767	223,093	288,551	268,951	557,502

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.

18-UF-PRK-32725 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	495,760	557,502
Total (same as in table 5)	495,760	557,502

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

Agencies felt that this more the case for RR funds, rather than UFE funds, which came very late in the year and the proposal stage itself was quite lengthy. Many agencies used the commitment of funds to be able to move with implementation, using CERF funds as replenishment where appropriate. For most of the agencies, CERF is critical life-line to their operations in DPRK, being their only donor in 2018. However, other factors, such as the sanctions and the indirect impact (ability to identify vendors, need for sanctions clearances) led to delays in much of the assistance provided, and in some agencies' cases led to the need to apply for no-cost extensions.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

In general CERF funds did help to respond to time critical needs, and for some agencies is the only source of funding to enable them to do that. 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 improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

Participants of the AAR highlighted the inclusive approach to CERF prioritisation discussions which supported broader coordination, both through the HCT but also the Sector Working Groups, even though INGOs are not able to be implementing partners, due to Government restrictions. It was raised that there was an opportunity for INGOs to also be part of discussions around implementation of CERF as a way to continue to share lessons and solutions to addressing any challenges.

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

YES

PARTIALLY

NO

CERF is critical life-line to humanitarian operations in DPRK, being the only donor for some agencies in 2018. There was a mix of response on whether it improved resource mobilisation with some saying that it didn't and for others it had been helpful. For one agency, their non-inclusion in the CERF allocation aided them in receiving funds from other donors. However, resource mobilization remains a challenge. 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.

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

N/A

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Conditions on single-use items and no in-country expenditure made implementing activities even more difficult, given the low level of funding and operational challenges in DPRK.	Additional conditionality not to be added to CERF criteria.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
While INGOs were fully involved in prioritisation discussion, they were not part of discussions on implementation of CERF projects as those took place in UNCT meetings. Keeping all humanitarian partners abreast on challenges of CERF implementation could be helpful for a broader humanitarian community.	Extend discussions on CERF implementation to the HCT forum.	RCO
Difficulties in delivering humanitarian assistance under the list of pre-conditions coupled with the already existing geo-political challenges around DPRK.	Country teams to further strengthen high-level and in-country advocacy efforts for the humanitarian action in DPR Korea, including inviting the Sanctions Committee members to DPR Korea.	HCT
Insufficient donor-participated monitoring visits to CERF-supported projects	UN agencies to embrace more donors with monitoring visits to CERF-supported interventions sites.	HCT
The inclusive approach of CERF prioritization process was instrumental.	HCT to continue inclusive prioritization process of CERF allocations.	HCT

PART II

8. PROJECT REPORTS

8.1. Project Report 18-UF-FAO-030, FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Food Security – Agriculture	4. Project Code (CERF):	18-UF-FAO-030
5. Project Title:	Emergency Support to Increase Soybean and Vegetable production to Improve Food & Nutrition in the Vulnerable Population		
6.a Original Start Date:	25/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 9,029,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,998,903
	c. Amount received from CERF:		US\$ 500,000
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CEF UFE grant FAO supported increasing production of soybean and vegetables during the cropping season from October 2018 to June 2019 to feed malnourished people and improve their nutritional status. The project reached a total of 45,539 beneficiaries, including 11,322 pregnant and lactating women and 3,643 children under age 5. The project provided 10 MT of soybean, 0.6 MT of cabbage, 0.5 MT of cucumber, and 0.1 MT of tomato seeds to 11,385 farmers belonging to 46 vulnerable farms located in six provinces – Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae and South Hwanghae. FAO also procured 5,428 rolls (each 500 m²) of plastic sheets and distributed 118 rolls per farm.</p> <p>These inputs contributed to total production of 7,590 tonnes of soybean from 3,450 ha equating to 166.67 kg of soybean per person and 3,737.5 tonnes of vegetables from 299 ha equating to 82.07 kg of vegetables per person.</p> <p>FAO addressed combating malnutrition with support from the CERF, by increasing production of soybean and vegetables during the cropping season from October 2018 – June 2019. The project reached a total of 45,539 beneficiaries, including 11,322 pregnant and lactating women and 3,643 children under age 5.</p> <p>The project supported 46 vulnerable farms located in six provinces (Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae and South Hwanghae) and delivered 10 MT of soybean, 0.6 MT of cabbage, 0.5 MT cucumber and 0.1 MT of tomato seeds to 11,385 farmers.</p>

3. Changes and Amendments
<p>Due to lower than expected prices for plastic sheeting, the project was able to procure 5,428 rolls, instead of planned 3,914 rolls, meaning the project was able to distribute 118 rolls per farm instead of 85 rolls per farm (32 rolls more to each farm). The extra sheets will be also</p>

used to add 80 ha to vegetable cropped area leading to production of around 1,000 tonnes of vegetables (80 ha x 12.5 t/h) in the forthcoming seasons with a per capita extra share of 21.96 kg per person vegetables.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,806	17,419	23,225	5,578	16,736	22,314	11,384	34,155	45,539
Reached	5,806	17,419	23,225	5,578	16,736	22,314	11,384	34,155	45,539

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	45,539	45,539
Total (same as in 4a)	45,539	45,539
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

5. CERF Result Framework

Project Objective	Increase production and productivity of soybean and vegetable in five provinces to improve food availability and nutritional status of vulnerable farming families
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Output 1	Distribution of seeds and plastic sheeting to 45,539 vulnerable people including TB patient, 11,322 pregnant/lactating women and 3,643 under-five children to allow increased access and consumption of soybean products and vegetables			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Inputs procured and distributed: 3,914 rolls (each 500 m ²) of plastic sheet, 10 MT of soybean seed and 1 MT of vegetable seed.	3,390 hectare (ha) in 46 farms brought under soybean cultivation. 285 ha in 46 farms brought under vegetable cultivation	3,450 ha in 46 farms under soybean cultivation; 6.4% increase in cultivation area compared to 2017. 299 ha under vegetable in 46 farms; 5.4% increase in vegetable farming area compared to 2017	Data from Ministry of Agriculture (MoA) and farms

Indicator 1.2	Soybean yield increased by 45.5 percent compared with 2017 national average. Vegetable yield increased by 30.0 percent	2.2 t/ha (soybean);12.5 t/ha (vegetables)	2.2 t/ha of soybean and 12.5 t/ha of vegetables	Data from MoA and farms
Indicator 1.3	Number of people who will receive 164 kg of soybeans,78 kg of vegetables each	45,539 vulnerable people including 23,225 female (below 18: 5,806 and above 18: 17,419) and 22,314	45,539 vulnerable people, including 23,225 female (below 18: 5,806 and above 18: 17,419) and 22,317 men	Data from MoA and farms
Explanation of output and indicators variance:		As the cost was low while procuring instead of 3,914 rolls of plastic sheet, 5,428 rolls were procured and distributed, which resulted in an increase in the areas of cultivation for both soybean (from 3,390 ha to 3,450 ha) and vegetables (from 285 ha to 299 ha)		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 3,914 rolls (each 500 m2) of plastic sheet and 10 MT of soybean seed and 1 MT of vegetable seed	FAO		
Activity 1.2	Selection of 46 beneficiary vulnerable farms	International staff of FAO in close consultation with the MoA selected the 46 target beneficiary farms		
Activity 1.3	Distribution of plastic sheet and soybean seed and vegetable seed	MoA in coordination with the FAO distributed plastic sheets, soybean and vegetable seeds to the 46 beneficiary farms		
Activity 1.4	Monitoring of project activities	Deputy FAO Representative and FAO's international technical consultants in coordination with MoA carried out the monitoring of project activities.		
Activity 1.5	Collection of production data	FAO coordinated with MoA to collect the projects production data		

6. Accountability to Affected People

A) Project design and planning phase:

FAO held consultation with the affected people, namely, the farmers in selected drought-affected cooperative farms to solicit their views on the utilization of the resources through the project, propose inputs which can best fit their unique farming context and used the feedback in designing the project and planning interventions. The records on collected data other relevant information, and the minutes of the consultation meetings were maintained as accountability tools. Non-discriminatory approach was implemented to the vulnerable beneficiaries to enhance community cohesion. Every farmer had access to information, design and implementation plan. The timely access to information was always available to the farmers and managers as the design and plan were developed by them and kept in their custody. The information on procurements and distribution was timely shared with the cooperatives through meetings and telephone conversations.

B) Project implementation phase:

FAO worked closely with MoA officials at national, provincial and county-level People's Committees representing the affected population to ensure planned inputs are delivered to stakeholders as scheduled and activities are completed as planned. Records on procurement and delivery of inputs certified by cooperative farm management and people's committees serve as accountability tools. Their strong hold in decision-making was proved by activities like the integrated mushroom culture, paddy integrated fish farming and renovation of the destroyed hydro structures, irrigations systems and yet achieving a better productivity in soybean and vegetables.

C) Project monitoring and evaluation:

Deputy FAO Representative, and Senior Technical Officers from FAO RAP, and International Consultants conducted monitoring of project activities through field visits, as well as joint field visits with officials from MoA, National Committee for FAO, FAO National Staff and

National consultants. Progress on project activities was tracked from the beginning of September 2018 with monitoring the arrival of procured inputs at Nampo port, distribution of inputs to beneficiaries' farms and collection of data on progress of the crop growth and other agronomic data. During the monitoring and evaluation visits in February and March 2019, the feedback including need for technical support on conservative agriculture was considered and technical consultants from FAO provided the technical inputs requested. No adjustments were required as a result of the feedback.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

<p>An international consultant carried out the evaluation with desk review and visiting project sites.</p> <p>The highly damaged hydro structures and irrigation systems were revived by the cooperatives and the cultivation area was restored to cultivate soybean in 3450 ha in 46 farms with 6.4 per cent increase in area compared to 2017 and 299 ha brought under vegetable in 46 farms with 5.4 per cent increase in vegetable farming area compared to 2017.</p> <p>The production rate of soybean was also increased to 7,590 tons with an increase of 7.5 per cent compared to 2017 (166 kg of Soybean per person) and vegetable production especially Cabbage, Cucumber and Tomato increased to 3,737.5 tons with 6.3 per cent increase compared to 2017 (82.07 kg of Vegetables per person).</p> <p>Diversification of productivity from mushrooms, shellfish and mudfish was also observed in few farms. There were requests to support agriculture inputs like plastic sheets, diesel pumps, salinity meter, agrochemicals, and farm machineries, shellfish culture, mudfish culture and technical support.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.2. Project Report 18-UF-CEF-111, UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-CEF-111
5. Project Title:	Life-saving interventions to reduce preventable mortality and morbidity among U5 children and pregnant and lactating women		
6.a Original Start Date:	24/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,800,000.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,634,704
	c. Amount received from CERF:		US\$ 1,524,971
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE Grant, UNICEF and its partners provided access to 354,121 people, especially mothers and children to essential medical supplies for Integrated Management of Childhood Illnesses (IMNCI) and Emergency Obstetric and Neonatal Care (EmONC) services.</p> <p>Out of 2,748 planned, 2,984 Emergency Medical Kits (EMK) were distributed to County and <i>Ri</i> hospitals in 28 counties. Each of the kits intended to provide essential medical supplies for 1,000 patients for 3 months, each of the hospitals received 1 kit every three months between January and August 2019. The distribution of EMK kits is benefiting 1,492,000 patients for a 6-month period.</p> <p>Out of 4,500 planned, 3,320 Household Doctor (HHD) kits were distributed to 1,660 household doctors in 28 counties. Each of the kits equipped the doctors with renewable supplies to treat 150 patients for 3 months. Each household doctor received one kit every three months between January and August 2019.</p> <p>Out of 1,400,000 planned, 2,184,000 Oral Rehydration Salt (ORS) were distributed to County and <i>Ri</i> hospitals in 28 counties. The distribution is benefiting 218,400 patients with diarrhoea treated in the hospitals between January and August 2019.</p> <p>Out of 28 EmONC kits planned, all were procured and distributed to the 28-targeted County Hospitals. One EmONC kit provided renewable supplies for at least 50 pregnant women experiencing delivery complication which required C-Sections and another 50 pregnant women with normal delivery. In total 1,400 women with pregnancy complications received adequate supplies for C-section during the project period.</p>

3. Changes and Amendments
<p>There was a slight change in the number of HHD kits procured and distributed. During implementation, UNICEF received information from MoPH that the number of household doctors available in the targeted counties was lower than the planned 4,500. The quantity was adjusted downwards to the actual number of HHD, thus only 3,320 kits were procured. Additionally, the quantities of EMK kits and ORS purchase and distributed increased as well to ensure all hospitals in the targeted counties received sufficient supply.</p>

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	128,476	102,209	230,685	123,436		123,436	251,912	102,209	354,121
Reached	128,476	102,209	230,685	123,436		123,436	251,912	102,209	354,121
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	0			0					
IDPs	0			0					
Host population	0			0					
Affected people (none of the above)				354,121			354,121		
Total (same as in 4a)				354,121			354,121		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				As the planned figures of beneficiaries reached reflect demographic estimates in the targeted health system catchment areas and average patient numbers gaining access to EMK and HHD, the change in number and type of supplies procured and distributed did not entail any discrepancy between planned and reached beneficiaries.					

5. CERF Result Framework	
Project Objective	To reduce preventable and avoidable mortality and morbidity through life-saving interventions among U5 children and pregnant and lactating women

Output 1	Delivery of Oral Rehydration Solution (ORS) in 28 counties in five provinces for treatment of diarrhoea for under-five children and PLWs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of diarrhoea cases treated with ORS in 28 counties	>90% (140,000 cases in 6 months)	218,400	Distribution report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procure 1,400 cartons of ORS for 28 counties in 5 provinces	UNICEF procured all supplies		
Activity 1.2	Distribute the procured ORS to intended sites	The Ministry of Public Health, with support from UNICEF, distributed the supplies.		
Activity 1.3	Provide supportive supervision and monitoring activities	UNICEF staff members conducted supervision and monitoring of supplies.		

Output 2	Delivery of Essential Medical Kits (EMKs) at primary health care level (Ri hospitals and clinics) and Household Doctor bags refill at community level in 28 counties in five provinces for treatment of prevalent diseases for under-five children and PLWs.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Children under 5 and pregnant & lactating women having access to essential medical kits	100% (354,121)	354,121	Monitoring Report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procure 2,748 EMKs and 4,500 Household doctors bags refill kits for Ri level facilities	UNICEF		
Activity 2.2	Distribution of the essential medical kits and HHD refill kits in the 28 counties.	Ministry of Public Health		
Activity 2.3	Provide supportive supervision and monitoring activities	UNICEF staff members and consultant		

Output 3	Delivery of essential basic consumables and renewables (for EmONC services) to Ri level healthcare facilities in 28 UNICEF-supported counties in 5 provinces for 102,209 pregnant & lactating women and new-borns.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Pregnant women have access to Emergency obstetric care in 28 counties	100% (102,209)	102,209	Monitoring report
Explanation of output and indicators variance:		Essential basic consumables for EmONC services were procured and distributed to all County Hospitals in the 28 targeted counties in the five provinces. The supplies benefited all targeted population especially pregnant women who had access to EmONC services provided at the county hospitals.		
Activities	Description	Implemented by		
Activity 3.1	Procure obstetric emergency kits	UNICEF		
Activity 3.2	Distribution of obstetric emergency kits	Ministry of Public Health		
Activity 3.3	Provide supportive supervision and monitoring activities	UNICEF Staff members and consultants		

6. Accountability to Affected People

A) Project design and planning phase:

The project activities were designed and planned in consultation with the People's Committee and local health authorities of the targeted counties, Ministry of Public Health and partners (WHO) at the national level. Engaging with the local authorities was useful in identifying health issues and immediate needs to elaborate the response activities. The People's Committees are the representatives of the population/communities and they were involved in all the stages, i.e. planning, implementation and monitoring.

B) Project implementation phase:

UNICEF International staff executed the procurement, supervised the storing and monitored the distribution of supplies to the planned interventions sites. UNICEF and partners routinely made both technical and observational visits to targeted counties. Offshore procurement for all supplies were made from UNICEF Supply Division in Copenhagen. The supplies were then dispatched to DPR Korea via Beijing. UNICEF Beijing is assisting UNICEF DPR Korea to ensure supplies are dispatched to the country timely. The supplies are then stored in the Central Medical Warehouse (CMW) in Pyongyang and then distributed to targeted counties using existing supply chains through the province and then county medical warehouses. The County Medical Warehouse staff from the MoPH are then responsible to ensure that the supplies are distributed to all targeted county and/or Ri hospitals.

C) Project monitoring and evaluation:

UNICEF, MoPH and WHO are the key partners in monitoring the supplies. Field observation and technical visits were made especially by International staff to ensure planned activities were achieved in the targeted areas. 14 out of 28 Counties were monitored by UNICEF staff at the date of this report. Monitoring will continue to ensure that supplies have reached the intended areas to provide services to mothers and children living in the 28 targeted counties. Regular data collection through field monitoring is shared with the MoPH via regular coordination meetings at the national, provincial and county levels to ensure findings, results and challenges are discussed to overcome any hindrance.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

During the project implementation no evaluation was carried out.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 18-UF-CEF-112, UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	18-UF-CEF-112
5. Project Title:	Life-saving treatment of Severe Acute Malnutrition (SAM) children		
6.a Original Start date:	24/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/12/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,802,415
	c. Amount received from CERF:		US\$ 1,154,949
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF and its government partners provided life-saving preventive and curative nutrition services. Approximately 210,000 under-five children were screened for acute malnutrition; 5,856 malnourished children (3,750 SAM and 2,106 MAM) were referred for treatment in the 28-target county hospitals; 21,000 pregnant and lactating women (PLW) reached with breastfeeding promotion; trained 411 health care providers including 11 paediatricians from all CERF-supported counties appointed as provincial Community-based Management of Acute Malnutrition (CMAM) focal points by MoPH on an integrated package of management of acute malnutrition and infant and young child feeding practices. The focal points are conducting cascade CMAM training for health care providers in their respective provinces; provided essential nutrition supplies such as 7,400 cartons of Ready-to-Use Therapeutic Food (RUTF), 1,600 cartons of therapeutic milk, medicines as well as anthropometry equipment needed for treatment of severe and moderate malnutrition with concurrent illnesses benefiting around 8,500 under-five children.</p> <p>Using other UNICEF resources, 150,000 children aged 6-59 months in the target counties were provided with multi-micronutrient powders (MNP) for complementary food fortification at home twice annually through Child Health Days (CHD).</p> <p>The project assisted a total of 175,356 people and contributed to sustaining critical life-saving nutrition services for under-five children and PLW as part of the UNICEF nutrition response in 28-target counties in 5 provinces.</p>

3. Changes and Amendments
<p>No changes or amendment were made to the project; however, UNICEF faced a major challenge to implement this grant, mainly related to staffing. Due to unforeseen circumstances beyond UNICEF's control, the recruitment of a qualified and committed nutrition specialist to support MoPH with the implementation of the nutrition programme was delayed.</p> <p>Attracting candidates with the right technical expertise and experience for a duty station like DPRK on a short-term contract because of limited funding was extremely challenging. However, UNICEF persevered to identify a suitable candidate. Following an initial screening and thorough technical assessment, two candidates were shortlisted for an interview leading to the selection of the most suitable candidate with relevant technical experience and knowledge of DPRK gained during a previous assignment. Upon completion of the recruitment process, a letter of offer was issued to the candidate.</p>

Unfortunately, after undergoing a three-month long recruitment process, the candidate declined the offer compelling UNICEF to re-start the process. As a result, the second recommended candidate, an experienced UNICEF nutrition specialist with relevant expertise, was offered the position. The candidate accepted the offer and obtained medical clearance; however, again this candidate also declined the offer.

UNICEF reopened the recruitment process for the third time to fast track identification and onboarding of a nutrition specialist. An internal candidate with nutrition in emergencies experience was identified, issued a letter of offer with the expectation of joining UNICEF DPRK office by the end of July. Once again, the candidate turned down the position for a better offer.

These unforeseen circumstances resulted in nearly six months delay in bringing the nutrition specialist on board. Based on this, as well as the fact that life-saving treatment for approximately 35 per cent of the targeted caseload of acutely malnourished children excluding newly-expected SAM cases resulting from untreated MAM cases was yet to be reached; UNICEF requested a six-month No-Cost Extension to allow identification of all potential cases and provision of life-saving nutrition services in the 28-target counties while ensuring delivery of quality treatment through deployment of the nutrition specialist.

With support from its Regional Office's human resources, UNICEF DPRK has now identified a nutrition specialist for a short-term internal deployment towards end of September while recruitment of a full-time specialist is being processed using other UNICEF resources.

Implementation of the programme is on track with 86 per cent of the overall programme target achieved despite the setbacks mentioned above. Because of savings from earlier procurement of RUTF due to drop in prices, UNICEF is procuring offshore an additional 2,600 cartons of RUTF to cover needs for another 2,500 under-five children with SAM and MAM.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	81,626	43,500	125,126	78,425	0	78,425	160,051	43,500	203,551
Reached	79,051	21,000	100,051	75,305	0	75,305	154,356	21,000	175,356
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	203,551					175,356			
Total (same as in 4a)	203,551					175,356			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Currently the project has reached 175,356 of the targeted 203,551 people. The programme is progressing well, as the treatment of acute malnutrition is on track. Therefore, 100 per cent of the target (203,551 people) is expected to be achieved by the end of the No-Cost Extension period of 31/12/2019.								

5. CERF Result Framework

Project objective	Reduction of excess morbidity and mortality among under-five children and nutritional support to pregnant and lactating women (PLW)
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Output 1	More than 200,000 children under five and PLWs are provided with comprehensive nutrition services including treatment of 8,500 SAM and MAM cases with and without concurrent illnesses and multi-micronutrient supplementation in the 28 CMAM service delivery sites and child health days in five provinces.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of SAM with and without concurrent illnesses treated.	5,200 (2,652 girls, 2,548 boys)	3,550	MoPH, CBS
Indicator 1.2	Number of MAM with concurrent illnesses treated.	3,300 (1,683 girls, 1,617 boys)	2,106	MoPH, CMS
Indicator 1.3	Number of children under two years received Multi-micronutrient powders in the targeted 28 counties	150,000	148,500	MoPH, CBS
Indicator 1.4	Number of monitoring and technical assistance support field visits to the CMAM sites in the project areas	28 field visits to the targeted counties	17	UNICEF field monitoring
Explanation of output and indicators variance:		<p>As mentioned previously, by the end of the revised project end date, UNICEF plans to reach the full targeted caseload.</p> <p>Due to the above-mentioned challenges faced in recruiting a nutrition specialist to ensure programme quality through monitoring and on-the-job training, the expected number of field visits has been delayed. However, UNICEF has deployed for 2 months a nutrition officer from its Tanzania Country Office to support in achieving project objectives, particularly monitoring, and will complete remaining 11 unvisited CERF-supported counties before end of the project. In February 2019, OCHA ROAP accompanied UNICEF on a monitoring visit to Samchon County in South Hwanghae Province.</p>		
Activities	Description	Implemented by		
Activity 1.1	Provision of CMAM supplies- therapeutic milk and RUTF and related CMAM medicines	UNICEF procured offshore supplies of RUTF, Therapeutic Milk, and related CMAM medicines that were delivered to MoPH's Central Medical Warehouse (CMW).		
Activity 1.2	Transportation of the CMAM supplies to all service delivery sites in the targeted counties in five provinces	Using other resources, UNICEF through a local transporter delivered all CMAM supplies from the CMW to all 28 target county hospitals.		
Activity 1.3	Monitoring delivery of the supplies, ensuring appropriate use and on job training of service providers	UNICEF Chief of Nutrition and National Nutrition Officer carried out monitoring on the appropriate use of nutrition supplies and provided technical support and on-the-job training to service providers.		

6. Accountability to Affected People

A) Project design and planning phase:

The CERF UFE grant supported life-saving nutrition treatment of under-five children in DPR Korea, which was vital in contributing to UNICEF's efforts to provide essential nutrition services to children across the country. The 28 counties supported with this grant were selected amongst the 50 priority counties where UNICEF, through the Ministry of Public Health, implements child survival interventions such as health, nutrition and WASH. Given the highly centralised nature of government in DPRK, through the People's Committee, communities in the targeted counties were made aware of the CMAM treatment sites as services are delivered in existing health facilities at provincial and county level. This has facilitated the uptake of the programme. In addition, using evidence generated through the external evaluation of the CMAM programme and available nutrition information, communication mechanisms were strengthened with provincial, county and *ri* level health workers and People's Committee members. As a result, disseminating information about programme interventions in the community was received positively.

B) Project implementation phase:

Immediately after signing the project agreement, UNICEF initiated offshore procurement and sourcing of nutrition supplies through its Supply Division in Copenhagen, Denmark. Meanwhile, nutrition supplies for treatment of approximately 4,000 children with acute malnutrition were dispatched to all CMAM hospitals in the 28-target counties to ensure quick and smooth start of the programme. Deliveries were made using UNICEF existing stocks. Subsequently, two more rounds of nutrition supplies were delivered to all CMAM sites including the 28 CERF-supported counties to ensure continuity of malnutrition treatment services. To complement treatment of acute malnutrition, UNICEF through MoPH delivered preventive nutrition services such as supplementation of Vitamin A to all under-five children and multiple micronutrients for children aged 6-23 months twice annually since November 2018 during CHDs.

C) Project monitoring and evaluation:

UNICEF prioritized monitoring of supportive supervision and provided hands-on technical support to the CERF-supported counties despite challenges faced in staffing for the programme. So far, 17 (61 per cent) of the 28-target counties were visited by UNICEF's international (Chief Nutrition) and seconded national nutrition programme staff, and on one occasion were joined by the Deputy Representative for Programmes. The field visits verified delivery and correct use of supplies and application of the nutrition protocol on identification and treatment of SAM and MAM cases. During the visits, progress of severely and moderately malnourished children at county hospital paediatric wards were assessed to ensure they received appropriate treatment. The visits also documented progress made in identifying and treating malnourished children. These visits therefore involved speaking with hospital staff (including doctors, hospital administrators, etc.), as well as the mothers of children receiving treatment in the CMAM treatment sites. Quality of treatment and appropriate use of patient and stock records were verified while on-the-job training addressing skill gaps was provided to health workers.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

Due to the short-term nature of the project, no evaluation was planned. However, a UNICEF-commissioned external evaluation conducted in 2017 on a similar programme in the DPRK provided crucial learning and paved the way for the smooth implementation of the CERF-supported activities. Developing follow-up action points addressing the CMAM evaluation recommendations such as updating the national CMAM guideline, enhancing case coverage and improving technical knowledge and skills benefited the programme.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.4. Project Report 18-UF-CEF-113, UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-CEF-113
5. Project Title:	Improving the Health and Nutritional status of Vulnerable Children through reduction of water borne diseases with a clean water and hygiene package in 28 priority counties in five provinces in DPR Korea		
6.a Original Start Date:	24/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,555,472
	c. Amount received from CERF:		US\$ 600,361
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance	
<p>Through this CERF UFE grant, UNICEF WASH interventions supported provision of clean drinking water and handwashing devices to 28 CMAM (Community Management of Acute Malnutrition) hospitals for treatment of severe and moderate acute malnutrition with complication. At least 6,234 children received supplies and commodities for use at their home for provision of clean drinking water and improved hygiene practices. Supplies and commodities provided with this funding comprise 400 cartons (6.4 million packs) of water purification tablets, 15,432 water storage and handwashing buckets, 10,843 water filters, 231,806 soaps and 15,430 drinking water bottles. Using other UNICEF resources, construction and rehabilitation of longer-term gravity-fed systems were also supported for 11 out of the 28 CMAM hospitals.</p> <p>WASH interventions complemented nutrition-specific interventions such as the Community-based Management of Acute Malnutrition. As an outcome of WASH interventions, this project has directly reached at least 6,234 children with a clean water and hygiene package in 28 priority counties in five provinces. These children with acute malnutrition undergoing treatment at 28 hospitals now have access to clean drinking water and handwashing facilities, and with their families also have access to clean drinking water at home. Health workers at these hospitals also have access to clean drinking water and handwashing facilities in the treatment and delivery rooms which are essential to prevent maternal and neonatal deaths caused by hospital-acquired infections. Overall, these integrated interventions have also contributed to the reduction of water-borne diseases and improvement of health and nutritional status among these children.</p>	

3. Changes and Amendments	
<p>No changes and amendments were made to the project despite the need to process clearance from the 1718 Sanctions Committee especially for the importation of water filters. However, the project has managed to overachieve in the procurement and delivery of commodities of supplies. Due to a change in sourcing of supplies from Copenhagen to China with prior approval from the Committee, there were cost savings which allowed for the procurement of higher quantities of supplies compared to the original proposal. The CERF Secretariat was informed through OCHA on the possibility to procure additional supplies and provided written concurrence to proceed.</p>	

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,117	0	3,117	3,117	0	3,117	6,234	0	6,234
Reached	3,117	0	3,117	3,117	0	3,117	6,234	0	6,234
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	6,234					6,234			
Total (same as in 4a)	6,234					6,234			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A								

5. CERF Result Framework	
Project Objective	Improving the Health and Nutritional status of vulnerable children through reduction of water-borne diseases with a clean water and hygiene package in 28 priority counties in five provinces in DPR Korea

Output 1	28 CMAM hospitals have clean drinking water and portable handwashing devices available			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of CMAM hospitals with clean drinking water and portable handwashing devices available	28	28	UNICEF Field Monitoring and MoUM
Explanation of output and indicators variance:		All targeted 28 CMAM hospitals now have clean drinking water and handwashing facilities available to both health workers and children undergoing treatment at the hospital. Due to cost savings which enabled procurement of additional supplies and commodities, these hospitals are now able to offer clean drinking water and make handwashing facilities available to the children with acute malnutrition undergoing treatment for at least six more months, which is beyond the planned project duration.		
Activities	Description	Implemented by		
Activity 1.1	Procure Water purification tablets, water filters, drinking water bottle/container, buckets, handwashing stand, and soap	UNICEF procured all the supplies and commodities and delivered all the supplies to the warehouse of Ministry of Urban Management.		

Activity 1.2	Distribute Water purification tablets, water filters, drinking water bottle/container, buckets, handwashing stand, and soap to 28 CMAM hospitals	In collaboration with MoUM, UNICEF country office contracted a local transport company and distributed all the supplies to the 28 county hospitals.
Activity 1.3	Provide Supportive supervision and monitoring activities	UNICEF WASH Specialist and national WASH officer monitored and provided supportive on the use of supplies. International staff of UNICEF from other sector such as Health, Nutrition and operations also supported cross sectoral monitoring of the supplies.

Output 2	6,234 SAM and MAM children with complications have clean drinking water available at home and receive key hygiene messages			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of SAM and MAM children with clean drinking water available at home	6,234 (3,117 boys and 3,117 girls)	6,234 (3,117 boys and 3,117 girls)	UNICEF field monitoring and MoUM.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procure Water purification tablets, water filters, drinking water bottle/container, buckets, and soap	UNICEF procured all the supplies and commodities and delivered all the supplies to the warehouse of Ministry of Urban Management.		
Activity 2.2	Distribute Water purification tablets, water filters, drinking water bottle/container, buckets, handwashing stand, and soap to 28 CMAM hospitals	In collaboration with MoUM, UNICEF country office contracted a local transport company and distributed all the supplies to the 28 county hospitals. Once the children receive treatment at the hospital, they were provided with water purification tablet, water filter, drinking water bottle and handwashing buckets for use at home.		
Activity 2.3	Provide Supportive supervision and monitoring activities	UNICEF WASH Specialist and national WASH officer monitored and provided supportive on the use of supplies. International staff of UNICEF from other sector such as Health, Nutrition and operations also supported cross sectoral monitoring of the supplies. Homes of children who received supplies were also visited.		

6. Accountability to Affected People

A) Project design and planning phase:

The CERF UFE grant provided provisions of clean drinking for children with acute malnutrition who received life-saving nutrition treatment in the 28 county hospitals. The 28 counties supported under this grant are the same counties from the 50 UNICEF priority counties which received support from both nutrition and health programme. While there was no direct contact, communities in the target counties were aware of the CMAM treatment sites and children with acute malnutrition are treated at these hospitals. The project activities were designed in consultation with the local health authorities and county people's committee in the affected counties, MoUM and MoPH at the national level.

B) Project implementation phase:

Procurement of supplies was sourced through supply division in Copenhagen, Denmark and through UNICEF China office. UNICEF DPRK worked closely with both UNICEF Copenhagen and UNICEF China offices and with the government counterparts in rigorous quality assurance of the supplies and with UNICEF HQ as well in processing of sanctions clearance on the importation of supplies, especially water filters. The process was time consuming but eventually managed to procure and deliver supplies per required quality standards and in higher quantities. Due diligence was also paid in formulation of distribution plan to reach the targeted beneficiaries in the 28 counties.

The supplies were initially delivered to MoUM warehouse in Pyongyang and UNICEF contracted local transported and using other resources UNICEF paid for in-country distribution of supplies to the county hospitals. In order, to ensure proper utilization, an accompanying guidance note for each of the supplies was also developed and distributed to the county hospitals. The government counterparts in the 28 priority focus counties remain accountable for the intended utilization of the supplies for the target populations and they report on the status of utilization with UNICEF during monitoring visits. While receiving treatment at the hospitals, families are educated by the health workers about the project especially on safe storage, treatment and use of water and handwashing practices.

C) Project monitoring and evaluation:

MoUM, UNICEF, health workers and county people’s committee are key partners for the implementation of this CERF project. UNICEF paid due diligence and prioritized monitoring in all phases of the project implementation following the planned outputs and indicators. As of end of August 2019, UNICEF Chief of WASH, international specialist from Health and Nutrition section and international operations staff from UNICEF covered monitoring of WASH supplies in 22 out 28 county hospitals. Remaining six county hospitals will be covered in September and October 2019. The field visits verified delivery and correct use of supplies. Stock records were verified, and supportive supervision and guidance were provided on both correct storage and usage of supplies.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
There was no independent evaluation required and designed in the project	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 18-UF-WFP-064, WFP

1. Project information			
1. Agency:	WFP	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-UF-WFP-064
5. Project Title:	Undernutrition prevention with essential nutrition support to U-5 children, Pregnant and Lactating Women (PLWG) and TB patients		
6.a Original Start Date:	25/10/2018	6.b Original End Date?	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 30,127,531
	b. Total funding received for agency's sector response to current emergency:		US\$ 14,730,119
	c. Amount received from CERF:		US\$ 2,745,000
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, WFP planned to provide nutritional support to 141,557 children under five, pregnant and lactating women and TB patients. The project assisted a total of 141,391 beneficiaries and allowed for the provision of essential macro and micronutrients to the vulnerable population. Nutrition assistance for 101,648 children under 5 and 31,709 pregnant and lactating women (PLW) was implemented for four months in three provinces i.e. Ryangang, North Hamgyong and South Hamgyong from November 2018 till February 2019. Nutrition assistance for 8,034 TB patients was implemented for six months and the support was initiated in May 2019 after detailed negotiations and discussions with the relevant authorities. The agreement achieved with the Ministry of Public Health enabled the provision of fortified foods to TB patients covering six months of treatment period. The nutrition support for TB patients was implemented in provinces of Ryangang, North Hamgyong South Hamgyong and Kangwon.</p>

3. Changes and Amendments
There was no changes, deviations or amendments to the project from the original proposal or project plan.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	53,105	34,697	87,802	51,023	2,732	53,755	104,128	37,429	141,557
Reached	53,043	34,656	87,699	50,963	2,729	53,692	104,006	37,385	141,391

4.b Number of people directly assisted with CERF funding by category		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	141,557	141,391
Total (same as in 4a)	141,557	141,391
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

5. CERF Result Framework	
Project Objective	Prevent undernutrition of the most vulnerable group of U-5 children, PLWG and TB patients (enrolled in TB treatment)

Output 1	141,557 PLWG, U-5 children and TB patients in 20 counties located in 4 provinces receive fortified food or take-home rations of complementary food commodities			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries assisted disaggregated by type age and sex	141,557	141,391	Distribution Report
Indicator 1.2	Quantity of fortified food provided	3,091	4,930	Purchase Order
Indicator 1.3	Number of institutions supported (by type)	1,428	1,428	GIP
Explanation of output and indicators variance:		Immediate assistance was provided by existing resources. International Procurement take 4-6 months, Commodity was replenished from CERF fund as per Pipeline needs. Reduce TB patient by 166. MoPH identified 8,034 TB Patients		
Activities	Description	Implemented by		
Activity 1.1	Transformation of raw materials into fortified food commodities at 05 WFP-supported factories.	WFP, NCC, Food Administration		
Activity 1.2	Food delivery to child institutions for U-5 children, to public distribution centres for PLWG for TB out-patients and their families, as well as to hospitals for TB patients.	WFP, NCC, Provincial and County Food Administration, Public Distribution Centres and Hospitals		
Activity 1.3	Monitoring visits to child institutions, public distribution centres, households and hospitals	WFP, NCC		

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed to facilitate the distribution of locally produced fortified food rations to the vulnerable population / beneficiaries in the target counties of three provinces for prevention of stunting and four provinces for nutrition assistance to TB patients. Close collaboration and discussion were held between WFP, NCC and Ministry of Public Health in the planning phase of the project so as to provide maximum benefit to the beneficiaries. WFP's operations in DPRK were designed in consultation with the national partner. This CERF project was implemented by WFP in partnership with the National Coordinating Committee of the Ministry of Foreign affairs and in close coordination with the other resident agencies to ensure an integrated and complementary approach for maximum impact and sustainability of results. While operating conditions remain constrained in DPRK and independent access to project beneficiaries is limited, WFP uses monitoring findings (collected based on feedback from project stakeholders and beneficiaries) to the extent possible to inform operational design.

B) Project implementation phase:

WFP oversees the project implementation in partnership with the national and local partners starting from fortified food production in the local factories till the distribution to the intended beneficiaries. Meeting with province, county officials and beneficiaries during monitoring visits collects different types of information including feedback from beneficiaries for operational management.

C) Project monitoring and evaluation:

Monitoring requirement is a regular activity for all WFP's activities in all operational areas. WFP international and national field monitors with a set of checklists collect data and conduct interviews with selected beneficiary child institutes, hospitals and households with PLWG and TB patients.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

There was no independent evaluation required and designed in the project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 18-UF-WHO-044, WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Democratic People's Republic of Korea
3. Cluster/Sector:	Health – Health	4. Project Code (CERF):	18-UF-WHO-044
5. Project Title:	Increasing availability and accessibility of MDR TB medicines, TB diagnostics, and critical, life-saving emergency medicines, to service users (patients) in selected provinces of DPRK		
6.a Original Start Date:	26/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/12/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 23,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,478,487
	c. Amount received from CERF:		US\$ 3,478,487
	d. Total CERF funds forwarded to implementing partners:		US\$ 0

2. Project Results Summary/Overall Performance
<p>The UFE WHO project objective was to maximize the reduction of morbidity, mortality disability among patients seeking care at hierarchical levels of hospitals by provision of multi-drug resistant TB medicines, critical, life-saving specialised emergency care medicines, TB diagnostics. Overall, a total of 157,842 people was reached from the 96,100 people that were initially targeted in six provinces (North Hamgyong, South Hamgyong, Ryanggang, South Hwanghae, Kangwon and Jagang). MDR TB diagnostics, medicines and ancillary medicines have been provisioned to detect and treat 1,200 cases out of which 650 patients already enrolled and medicine for 550 patients are expected to arrive by October 2019. A total of 138,994 drug susceptible TB suspected cases have been tested by microscopy with available diagnostic reagents at the health facilities, which has exceeded the target. The supply of critical and lifesaving medicines for the targeted health facilities will be completed by October 2019. As of now the critical lifesaving medicines for emergency health has been made accessible for 18,198 cases inclusive of surgical and obstetrics care. The savings due to non-response to the repeated bids for some of the essential and critical medicines have been used to procure other one-time use medicine, diagnostic and blood bags.</p>

3. Changes and Amendments
<p>No cost extension was requested and obtained (until 31 December 2019) due to delays of some medicines and supplies due to global shortfalls and lack of suppliers.</p> <p>MDR TB Medicines and Diagnostics: There was delay in the supply of first tranche as well as second tranche of MDR TB medicines from the Global Drug Facility (GDF) which the sole supplier of quality TB medicines. This delay was unavoidable due to the high global demand of TB Medicines.</p> <p>GDF could deliver the first tranche (100% Short Term Regimen and 50 per cent Long Term Regimen) in May 2019 and the second tranche (50% Long Term Regimen) is expected to arrive in October 2019. The ancillary medicines for 300 patients have been received in June 2019 and delivered to MOPH for distribution.</p>

The diagnostic supplies for monitoring drug resistant follow-up TB cases arrived in April 2019 and were delivered to MOPH. The microscopy reagents to detect drug susceptible TB have been partially received and distributed. The delay was mainly due logistical issues with supplier. The remaining quantities are expected to arrive by December 2019.

Life-saving critical medicines: After repeated bidding, WHO received quotation for only 8 medicines of which supply has been completed for one medicine till date and remaining are under pipeline. There were some savings and was decided to procure other single use essential medicines /items in consultation with MOPH, approval was obtained from CERF secretariat, procurement process of the same is ongoing and will be completed by October 2019.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,842	41,169	49,011	7,534	39,555	47,089	15,376	80,724	96,100
Reached	12,988	67,792	80,780	12,390	65,222	77,612	25,378	133,014	158,392

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	96,100	158,392
Total (same as in 4a)	96,100	158,392

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Due to other essential medicine, single use items concurred during the later phase, additional microscopy test coverage and use of stockpile of ZN the total reach population increased to 158,392. Further the indirect beneficiaries due to procurement of other commodities will be higher.

5. CERF Result Framework

Project objective	To maximize the reduction of morbidity, mortality disability among patients seeking care at hierarchical levels of hospitals by provision of MDR TB medicine, critical, life-saving specialised emergency care medicines, TB diagnostics and medical equipment
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Output 1	National Tuberculosis control programme is provided with MDR TB medicines and ancillary medicines to detect 1,100 MDR TB cases and start shorter nine months regimen for treating MDR TB			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of MDR TB cases enrolled for the shorter nine months regimen for treating MDR-TB	1200 patients (1100 for LTR and 100 for STR) – under CERF	The drugs for 650 (550LTR+100STR) MDR-TB patients reached in country and the patients were	TB report of MOPH

			enrolled on treatment in July 2019. The remaining drugs for 550 patients will arrive by end of October 2019 and patient will be enrolled on treatment by Nov 2019.	
Indicator 1.2	Number of health facilities provided with diagnostic facilities for drug susceptible TB	75,000	138,994	TB report from MOPH
Explanation of output and indicators variance:		A total of 138,994 suspected cases have been tested against the target of 75,000 by using the reserve stock in the target health facilities and will be replenished by mid of December 2019 through the project fund.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of MDR TB medicines and ancillary medicines for starting shorter nine months regimen for treating MDR TB and adverse drug effects	WHO		
Activity 1.2	Procurement of Laboratory diagnosis equipment of TB	WHO		
Activity 1.3	Delivery of MDR TB medicines and ancillary medicines to the national TB programme for starting shorter nine months regimen for treating MDR TB and adverse drug effects to treatment centres	MOPH		
Activity 1.4	Confirm the diagnosis of 1,100 MDR-TB cases within a timeframe of six to eight months through Gene Xpert systems and solid C&DST mechanism.	National Programme of Tuberculosis		
Activity 1.5	Start of shorter nine months regimen for MDR-TB patients whose diagnosis was confirmed	National Programme of Tuberculosis		
Activity 1.6	Reporting of start and completion of shorter nine months regimen of treatment among MDR TB patients	National Programme of Tuberculosis, MOPH		

Output 2	Health care facilities are provided with essential life-saving medicines to restore the emergency medical care and minimise preventable deaths and disabilities through timely provision of emergency medical care			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number people that benefit from access to essential critical lifesaving medicines for emergency health care including surgical interventions	20,100	18,198	Report from MOPH on emergency health care
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of life saving critical medicines for the relevant health facilities	WHO		
Activity 1.2	Delivery of life saving critical medicines to relevant health facilities	MOPH		

6. Accountability to Affected People

A) Project design and planning phase:

The proposed design and planning were followed including procurement process and monitoring. The project is based on the needs and priorities of the country, developed through the consultation with inter -agency, sector working group, UNCT, HTC and MOPH to address most critical and current needs which include MDR TB medicines, laboratory consumables for drug susceptible TB and lifesaving critical medicines.

B) Project implementation phase:

The MOPH focal points (TB & Emergency) were consulted during proposal development and implementation. They have provided information on the target population in the identified provinces as well on progress of implementation (diagnosis and enrolment on treatment). Most of the financial part (2/3rd) allocated for procurement of MDR TB drugs as to address high cost of medicine and gap emerged due to sudden withdrawal of Global Fund Support. The procurement was prolonged due to the unique status of the country. Monitoring and tracking the entire process carried out under the supervision of WHO Country representative. To address the challenges in procuring essential critical lifesaving medicines, other medicine and one time use items were added and quantities of TB diagnostic increased. With this addition, benefits had been extended to the more vulnerable population within the project provinces. The project implementation has been done through the existing health system wherein the people's committee play key role at all levels and household doctors are critical functionary at the community level. They play crucial role in identifying TB suspects, enrolment of MDR TB patients, need of essential medicines as well as in monitoring of treatment compliance.

C) Project monitoring and evaluation:

WHO standard procurement procedures were followed with the support of regional and global procurement support unit. Progress of procurement was regularly tracked. The bottleneck encountered in the procurement was resolved through consultation with MOPH and CERF secretariat for inclusion of alternative single use medicines and laboratory diagnostic. The onsite verification of the goods received were done at the central medical warehouse by WHO staff and national seconded. Onsite field monitoring was performed to verify medicines, diagnostic and numbers of suspected cases tested for drug sensitive TB and MDR patients enrolled for treatment in the health facilities. In addition, progress report on the identified indicators were received from MOPH regularly. According to the National TB strategy, National TB Programme is continuously monitoring the enrolment of patient for the treatment and adverse drug reactions. Similar monitoring procedures have been adopted for critical lifesaving medicines. The procurements process of this project would also be a part of WHO internal audit mechanism.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

No project specific evaluation is planned but concurrent monitoring is done and project implementation is also considered with overall WHO Country Office implementation evaluation.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: SUCCESS STORIES

FAO with the CERF support implemented the project entitled “Emergency Support to Increase Soybean and Vegetable production to Improve Food & Nutrition in the Vulnerable Population” with the code 18-UF-FAO-030 between 25/10/2018 and 30/06/2019. The objective was to enable vulnerable households including TB patients, children, pregnant and lactating mothers maintain intake of nutrient-rich products to meet protein deficiency in their diets. The total beneficiaries are 1165 and of which 582 are farmers. Adult male constitute 297, adult female 285, children (below 16) 335, aged (above 60) 122, lactating women 2, pregnant ladies 87 and patients and disabled 37.

The story is from one of the successful and potential farms Juksan, which has not only achieved the expected results through the project, but also was efficient in diversifying the production using the project inputs. They have overcome the 40 days of spring drought, 50 days of midsummer drought, and floods in July-August 2018 destroying most of the hydro structures and irrigation systems and heat waves up to 41 degree centigrade.

During the monitoring and evaluation visit by FAO’s international consultant on February 28, 2019 to Juksan Farm, Wonsan City/ County, Kangwon province met the farmers and Kang Jong U, Manager of the Farm, Chang Song Chol, Desk Officer/Ext Coop Dept, Peoples committee of common province. The project inputs such as 218 MT soybean seeds, 13 kg of Cabbage, 10.8 kg of Cucumber and 2.2 kg of Tomato seeds and 118 rolls of plastic sheets (each 500²) was received by the farm between December and January 2019.



The farm has increased the area of cultivation of soybean to 53 ha (7% increase) and vegetables to 6.1 ha (5% increase) in 2019. The production has increased to 116.6 MT (9% increase) of soybean and 82.38 MT (6% increase) of vegetables compared to 2017. They have also achieved cultivating mushrooms (*Agaricus subfunereus*) along with the vegetables and produced 2 MT. The farmers have suggested that they can be the trainers to other potential farms in doing the same. Juksan farm has also experimented paddy integrated mudfish aquaculture (Loach-mud fish, *Misgurnus anguillicaudatus* (slippery eel) Cobitidae) and requests FAO support for Shellfish culture in the sheltered waters of Wonsan city.

The community and the farm manager extended their thanks for the technical and financial assistance by FAO in restoring the capacity in producing food.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CERF	Central Emergency Response Fund
CHD	Child Health Days
CMAM	Community-based Management of Acute Malnutrition
CMW	Central Medical Warehouse
CMW	Central Medical Warehouse
DPRK	Democratic People's Republic of Korea
EMK	Emergency Medical Kit
EmONC	Emergency Obstetric and Neonatal Care
FAO	Food and Agriculture Organization of the United Nations
HHD	Household Doctor
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
MAM	Moderate Acute Malnutrition
MDR TB	multi drug-resistant tuberculosis
MNP	Micronutrient Powder
MoA	Ministry of Agriculture
MoPH	Ministry of Public Health
MoUM	Ministry of Urban Management
MT	Metric Tonnes
NCC	National Coordinating Committee
OCHA	United Nations Office for Coordination of Humanitarian Affairs
PLW	Pregnant and Lactating Women
RC	Resident Coordinator
RCO	Resident Coordinator Office
ROAP	OCHA Regional Office for Asia and the Pacific
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SWG	Sector Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization