

**DEMOCRATIC PEOPLE'S  
REPUBLIC OF KOREA  
UNDERFUNDED EMERGENCIES  
ROUND I  
FOOD INSECURITY  
2020**

**20-UF-PRK-41744**

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RESIDENT COORDINATOR A.I./CHAIR OF THE HUMANITARIAN COUNTRY TEAM

# PART I – ALLOCATION OVERVIEW

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## Reporting Process and Consultation Summary:

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

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An After Action Review did not take place due to the specificities of this particular allocation, where half of the agencies were not able to implement at all the proposed projects and the remaining agencies had to send some funding back to the CERF secretariat as not all resources were disbursed. At the time of reporting (End of February 2022), there is no indication that CERF-procured goods, such as oxytocin, have been able to reach any beneficiaries, due to the existing COVID-measures imposed by the DPRK government, such as border closure and strict limitation of importation of goods into the country, with lengthy disinfection prior and at arrival in the DPRK.

Where there has been some-level of implementation, such as the procurement of goods, the relevant agencies were requested to report on the outputs and results, even if partial, of their projects.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes  No

Please confirm that the final version of this report was 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

# 1. STRATEGIC PRIORITIZATION

## Statement by the Resident/Humanitarian Coordinator:

The humanitarian situation in DPRK has been characterized by underfunding over the past ten years. The CERF UFE projects were designed to allow the swift delivery of much needed assistance for the vulnerable population. At its conception, the projects followed the prioritization of programmes targeting women and girls, following the objectives of the 2020 Needs and Priorities Plan, which focused primarily on women and children. The sectoral projects were targeting food security, nutrition, WASH in health facilities and primarily reproductive health.

Unfortunately, due to the border closure as part of the COVID-19 measures imposed by the DPRK government since January 2020, the implementation of the projects were severely affected, with various agencies (WFP, WHO and UNICEF) having to take the decision to return the CERF-received funds as they were not able to carry out their planned activities.

While the other projects were also severely impacted by the imposed restrictions, some agencies were able to procure humanitarian goods or carry out a limited number of activities, such as the provision of agricultural supplies by FAO, which contributed to improving the nutritional status of 27,000 households in Kangwon, North Hwanghae, and South Hwanghae Provinces and Samjiyon County in Ryanggang Province. Oxytocin was also procured by UNFPA to allow the treatment of pregnant women through the CERF funds. Once the shipment clears the disinfection process, this essential medication will be distributed to the Ministry of Health to improve the reproductive health of 267,000 pregnant women in 2022.

Despite the challenges, all agencies worked closely together and communicated in time when challenges faced, requesting the support of the CERF secretariat through non-cost extensions to ensure the procurement of much needed humanitarian supplies. Once delivered, these supplies will help in improving the lives of the vulnerable in DPRK.

## CERF's Added Value:

Despite the border closure, as a COVID-19 prevention measure introduced by the DPRK Government in January 2020, the CERF allocation UFE played a crucial role for agencies to continue, whenever possible, life-saving activities in DPRK. Despite major disruptions in the originally conceived plans, some agencies were able to procure and distribute, in a limited manner, much needed life-saving commodities. Such is the case of FAO agricultural supplies, which contributed to improving the nutritional status of 27,000 households (approximately 150,000 people) in 30 cooperatives in Kangwon, North Hwanghae, and South Hwanghae Provinces and Samjiyon County in Ryanggang Province.

UNFPA was also able to procure and ship oxytocin to support the health interventions for pregnant women to DPRK. The medicines are currently undergoing a long process of disinfection before being able to reach the different health facilities for distribution. Once cleared, the medical supplies will contribute to the health of 267,000 pregnant women for nine months in 2022.

Finally, despite the supply constraints, the CERF UE allocation did enable completion of three water and sanitation projects in three hospitals. This was made possible by local partners undertaking construction with locally procured materials such as sand, gravel, and timber.

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

Yes

Partially

No

### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

### Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

### Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

At the conception of the allocation, the CERF UE funding was supposed to address the needs of the most vulnerable, by (1) supporting activities for reproductive health in the benefit for women in reproductive age and (2) supporting other aspects of protection. Moreover, the well-being of disabled people, although not directly targeted, was also one key objective of the different programmes, which intended to improve the lives of the vulnerable population in DPRK.

Due to the border closures as part of the COVID-19 measures imposed by the DPRK government, the projects were not able to be implemented as initially conceived. Nonetheless, FAO's project contributed to improving the nutritional status of pregnant and lactating women through the increase of nutrient-rich foods in hospitals through the supported cooperatives. The project also prioritized people with disabilities through offering suitable labour jobs in greenhouses.

As for UNICEF WASH services are targeting the installation of basic WASH services at health facilities, which provide support to pregnant and lactating women and prevent disease and death amongst children under five.

Finally, once UNFPA procured oxytocin is distributed to the MoPH, the lives of 267,000 pregnant women will be improved.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>107,000,000</b>
CERF	4,999,689
Country-Based Pooled Fund (if applicable)	-
Other (bilateral/multilateral) <sup>2</sup>	40,300,000
<b>Total funding received for the humanitarian response (by source above)</b>	<b>45,299,689</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
FAO	20-UF-FAO-015	Food Security - Agriculture	700,000
UNFPA	20-UF-FPA-019	Health - Health	700,069
UNICEF	20-UF-CEF-026	Health - Health	699,887
UNICEF	20-UF-CEF-027	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	500,000
WFP	20-UF-WFP-019	Nutrition - Nutrition	1,444,000
WFP	20-UF-WFP-019	Food Security - Food Assistance	456,000
WHO	20-UF-WHO-018	Health - Health	499,733
<b>Total</b>			<b>4,999,689</b>

<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

<sup>2</sup> Total Funding received for DPRKorea in 2020 was US\$ 31.6m through the Response Plan and \$8.7m outside of the Response Plan. <https://fts.unocha.org/appeals/935/summary>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>US\$4,999,689</b>
Funds sub-granted to government partners*	-
Funds sub-granted to international NGO partners*	-
Funds sub-granted to national NGO partners*	-
Funds sub-granted to Red Cross/Red Crescent partners*	-
<b>Total funds transferred to implementing partners (IP)*</b>	<b>-</b>
<b>Total</b>	<b>US\$4,999,689</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

The humanitarian situation in DPRK is characterized by chronic food insecurity, undernutrition and lack of access to life-saving quality services. It is estimated that at least 10.1 million people are in urgent need of food assistance, a total of 10.4 million need nutrition support as well as improved access to basic services such as health, clean water and sanitation and hygiene. Furthermore, insufficient agricultural production drives high levels of food insecurity, while poor food consumption and inadequate dietary diversity has a direct impact on chronic malnutrition, especially on children, women of reproductive age and the elderly.

Undernutrition remains a protracted and chronic concern and health facilities lack sufficient medicines, equipment, and expertise to provide quality services. The consequences are particularly acute for women and children, with a lack of reproductive health services, a key driver of the maternal mortality rate (65.9 per 100,000 live births). Diarrhea and pneumonia remain the two main causes of death among children under the age of five. The spread of diseases, such as tuberculosis (TB) - including multidrug-resistant TB, and malaria, remain a major public health concern. About 39 per cent of the population does not have access to a safely managed water source, and 16 per cent does not have access to basic sanitation facilities. The situation is worse in rural areas, where nearly half of all children are exposed to significant risks of illness and malnourishment.

Despite there being no-officially reported COVID-19 cases in DPRK, border closures imposed as a measure to prevent the spread of the pandemic into the country are exacerbating pre-existing needs. With borders closed since January 2020, the major impact is the inability to import vital goods, including those necessary for humanitarian programming such as agricultural and health supplies, with commensurate impacts on food production and cultivation, the ability of people to access essential services and also the suspension of most life-saving humanitarian assistance. Furthermore, due to the absence of international staff on the ground, the depletion of prepositioned supplies, and the suspension of the vast majority of projects, operational capacity in DPRK is at the lowest it has been for a number of years.

Unfortunately, the lack of access to the country by international staff and the inability of national staff to travel beyond Pyongyang means that no data is available to assess accurately the needs of the people on the ground.

### Operational Use of the CERF Allocation and Results:

Humanitarian activities in DPRK have been critically underfunded over the last decade, and the needs of the most vulnerable people, particularly women and children have not been met. The 2019 Needs and Priorities Plan was only 28.2 per cent funded, the lowest funded globally, resulting in a number of agencies scaling back their humanitarian programmes. Despite the border closure, as a COVID-19 prevention measure introduced by the DPRK Government in January 2020, the CERF allocation UE played a crucial role for agencies to continue, whenever possible, life-saving activities in DPRK. The border closures resulted in substantial disruptions and delays to the planned programme implementation of the United Nations Strategic Framework. These measures included strict limitations on the importation of supplies between January and August 2020 which were followed by a complete embargo on all humanitarian supplies between August 2020 and August 2021 leading to stock outs of life-saving supplies and disruption of health, nutrition, and WASH programme delivery.

Nonetheless, thanks to the CERF UE allocation, a minimal of activities and humanitarian supplies were able to be carried out and procured, such as the procurement by FAO of agricultural supplies, which contributed at improving the nutritional status of 27,000 households (approximately 150,000 people) in 30 cooperatives in Kangwon, North Hwanghae, and South Hwanghae Provinces and Samjiyon County in Ryanggang Province. Furthermore, UNFPA was able to procure and ship oxytocin to support the health interventions for pregnant women to DPRK. The medicines are currently undergoing a long process of disinfection before being able to reach the different health facilities for distribution. Despite the supply constraints, the CERF UE allocation did enable completion of three water and sanitation projects in three hospitals. This was made possible by local partners undertaking construction with locally procured materials such as sand, gravel, and timber. With a small presence, UN agencies seek to maximise the impact of their programmes through closely coordinating and harmonizing programmes.

**People Directly Reached:**

The situation with regards to humanitarian access and border openings has remained extremely unpredictable and challenging in the DPRK since the border closure in January 2020, as part of the COVID-19 measures undertaken by the DPRK government. In light of this situation, only FAO was able to implement some of the planned activities directly reaching beneficiaries. Other agencies such as UNICEF and UNFPA, were able to import CERF procured items, but those humanitarian commodities are currently undertaking a lengthy disinfection process, prior to be able to hand over to either the Ministry of Public Health (MoPH) or be delivered to the different project sites. As such, the exact beneficiary numbers cannot be provided. UNFPA estimates that once the health intrants can be handed over to the MoPH, the project will be able to address one of the major objectives of ensuring sustained and continuous supply of oxytocin to 267,000 pregnant women for 9 months in 2022.

**People Indirectly Reached:**

Due to the border closure, it is impossible at the moment to quantify the total number of people who will be able to indirectly benefit from the allocation activities for the WASH of the projects. For all other projects, the funds were returned due to the inability to operation or the targeting is to a very specific group of beneficiaries (pregnant women).

**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster\***

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	63,540	56,460	15,414	15,250	150,664	63,340	55,996	15,414	15,250	<b>150,000</b>
Food Security - Food Assistance	17,379	15,907	6,980	7,217	47,483	-	-	-	-	-
Health - Health	1,539,158	1,093,419	357,253	343,243	3,333,073	<b>0*</b>				<b>0<sup>3</sup></b>
Nutrition - Nutrition	43,984	0	0	0	43,984	-	-	-	-	-
Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	3,556	144	7,800	7,200	18,700	-	-	-	-	<b>0<sup>45</sup></b>
<b>Total</b>	<b>1,667,617</b>	<b>1,165,930</b>	<b>387,447</b>	<b>372,910</b>	<b>3,593,904</b>	-	-	-	-	<b>150,000</b>

<sup>3</sup> Note: 165,000 pregnant women were provided with life-saving medicine from UNFPA pre-positioned stock during 2021 received from other donor funds.

<sup>4</sup> The situation with regards to humanitarian access and border openings has remained extremely unpredictable and challenging in the DPRK since the declaration of the COVID-19 pandemic. As UNICEF awaits final delivery of the supplies to the project locations, exact beneficiary numbers cannot be provided. However, it will be possible to provide this information later in the year, once supplies have been utilized at the project sites, and UNICEF is committed to providing an ad-hoc update to CERF to this effect at that time.

<sup>5</sup> Note: UNFPA estimates that once the health intrants can be handed over to the MoPH, the project will be able to address one of the major objectives of ensuring sustained and continuous supply of oxytocin to 267,000 pregnant women for 9 months in 2022.

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees		0
Returnees		0
Internally displaced people		0
Host communities		0
Other affected people		3,593,904
<b>Total</b>		<b>3,593,904</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

Sex & Age	Planned		Reached		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached	Planned	Reached
Women	1,667,617	63,340	0	-	0	-
Men	1,165,930	55,996	0	-	0	-
Girls	387,447	15,414	0	-	0	-
Boys	372,910	15,250	0	-	0	-
<b>Total</b>	<b>3,593,904</b>	<b>150,000</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>-</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 20-UF-FAO-015

1. Project Information			
<b>Agency:</b>	FAO	<b>Country:</b>	Democratic People's Republic of Korea
<b>Sector/cluster:</b>	Food Security - Agriculture	<b>CERF project code:</b>	20-UF-FAO-015
<b>Project title:</b>	Supporting production of vegetables and soybean to improve nutrition of children, women, and patients		
<b>Start date:</b>	08/06/2020	<b>End date:</b>	31/05/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 10,200,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 700,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 700,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ -</b>
	Government Partners	US\$ -
	International NGOs	US\$ -
National NGOs	US\$ -	
Red Cross/Crescent Organisation	US\$ -	

### 2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO aimed at improving the nutrition of children, pregnant and lactating women, and patients in hospitals through increasing the production of nutrient-rich food in farm cooperatives, which are mandated to provide food for these groups (among others). To achieve this objective, FAO supported 27,000 households (approximately 150,000 people) through the distribution of agricultural production inputs to 30 cooperatives in Kangwon, North Hwanghae and South Hwanghae Provinces and Samjiyon County in Ryanggang Province which included 63,340 females, 55,996 males and 30,664 children (15,414 girls and 15,250 boys).

The health-related restrictions that were put in place by the Government of the Democratic People's Republic of Korea in response to the COVID-19 pandemic, limited the distribution of inputs to some of the targeted beneficiaries. However, FAO successfully procured the planned inputs and provided to 30 cooperative farms with a total of 60 kg of hybrid vegetables seeds, 53 units of ready to install prefabricated greenhouses, 56,250 plastic seedling trays, 11,600 m of high-density polyethylene (HDPE) water supply pipes, 60,000 m<sup>2</sup> of polypropylene (PP) mulch ground cover, 1,200 rolls of plastic sheeting to construct plastic tunnels (to enable the cultivation of vegetables and soybean under protected environment), and 240 units of water bladders. Consequently, FAO contributed to improving the nutritional status of 27,000 households (approximately 150,000 people) in 30 cooperatives in Kangwon, North Hwanghae, and South Hwanghae Provinces and Samjiyon County in Ryanggang Province. Additionally, FAO indirectly contributed to improving the nutritional status of school pupils, orphaned children and patients (who receive support from cooperatives), but quantifiable indirect beneficiary data

are not available due to travel restrictions inland, affecting access of FAO personnel to the project sites to conduct the required assessment.

### **3. Changes and Amendments**

Following the outbreak of the COVID-19 pandemic, DPRK Government announced on 30 January 2020 several essential health-related restrictions, including the suspension of cross border transportation, travel restrictions, and suspension of all international flights. The Government of the Democratic People's Republic of Korea also imposed a ban as of 1 March 2020 on entry and exit of all foreign nationals from the country until the national emergency anti-epidemic system is removed. Furthermore, the Government of the Democratic People's Republic of Korea announced a state of emergency on 28 July 2020 which restricted entry of people and shipments to the country across the border. These measures impacted the schedule of planned activities of the project and the project could not achieve all the targets despite the approval of a no-cost extension by the CERF Secretariat until 31 December 2021. Moreover, the project initially planned to provide drip irrigation systems to the targeted cooperative farms, however, due to the unavailability of competitive suppliers in the Democratic People's Republic of Korea, these irrigation systems were replaced by 11,600 m of HDPE water supply pipes and 60,000 m<sup>2</sup> of PP mulch ground cover.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	-
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	0	0	0	0	0	-	-	-	-	-
Other affected people	63,540	56,460	15,414	15,250	150,664	63 340	55,996	15,414	15,250	150,000
<b>Total</b>	<b>63,540</b>	<b>56,460</b>	<b>15,414</b>	<b>15,250</b>	<b>150,664</b>	63 340	55,996	15,414	15,250	150,000
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The project interventions contributed to improving the nutritional status of patients and pregnant and lactating women (among other groups) due to the increased availability of nutrient-rich foods in hospitals (e.g., vegetables and soybean). However, quantifiable indirect beneficiary data are not available due to travel restrictions inland, hampering the access of FAO personnel to the project sites to conduct the required assessments. Moreover, the project prioritized people with disabilities through offering suitable labour jobs in greenhouses.

## 6. CERF Results Framework

**Project objective** Ensure food security of vulnerable groups at risk of undernutrition – children, women, and patients at pre-school nurseries, hospitals, and household settings.

**Output 1** Increased production to augment local supplies of nutrient-rich vegetables and soybean

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster		Food Security - Agriculture		
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Vegetable seeds, prefabricated greenhouses, plastic sheets, seedling trays, and water bladder are procured and distributed to beneficiary cooperative farms	Distribute 60 kg of vegetable seed, 60 units of ready-to-install greenhouses each 240 m <sup>2</sup> ; 1,200 rolls of plastic sheeting	The project provided cooperative farms with 60 kg of hybrid vegetables seeds, 53 units of ready to install prefabricated greenhouses, 56 250 plastic seedling trays, 11,600 m of HDPE water supply pipes, 60,000 m <sup>2</sup> of PP mulch ground cover, 1,200 rolls of plastic sheeting to construct plastic tunnels to enable the cultivation of vegetables and soybean under protected environments, and 240 units of water bladders.	Data from the Ministry of Agriculture and cooperative farms (MoA).
Indicator 1.2	Drip irrigation systems are procured and installed in greenhouses and plastic tunnels.	A total of 14,400 m <sup>2</sup> area in greenhouses and plastic tunnel houses equipped with drip irrigation sys	Due to the unavailability of competitive suppliers in the Democratic People's Republic of Korea, these irrigation systems were replaced by 11,600 m of HDPE water supply pipes and 60,000 m <sup>2</sup> of PP mulch ground cover	Not Applicable
Indicator 1.3	Technical oversight and support	4 person months of technical consultancy support	The Lead Technical Officer (LTO) of the project provided the required technical backstopping for the project. The technical specifications of all the procured equipment were technically cleared and approved by the LTO. All the Terms of Reference (ToRs) of international and national consultants were technically cleared by the LTO before recruitment.	Due to the health-related restrictions that were put in place by the DPRK Government, the LTO could not undertake field missions to the project sites. However, the LTO undertook a desk review and provided necessary technical inputs for the project. These technical inputs were verified through technically

				cleared ToRs of national and international consultants, technically cleared specifications of project inputs and equipment.
Indicator 1.4	Impact monitoring and evaluation	4.5 person months of consultancy support	Initially, field monitoring missions were undertaken by the Deputy FAO Representative and international consultants. However, due to the health-related restrictions that were put in place by DPRK Government, the field monitoring activities of international consultants were not possible. However, MoA and FAO staff in the country office closely monitored the distribution of inputs in the field.	Back to Office Reports, mission reports, inputs distribution records provided by beneficiaries, cooperative farms, and MoA.
<b>Explanation of output and indicators variance:</b>		Due to the unavailability of competitive suppliers in the Democratic People's Republic of Korea, these irrigation systems were replaced by 11,600 m of HDPE water supply pipes and 60,000 m <sup>2</sup> of PP mulch ground cover.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procure inputs through open tendering process	FAO		
Activity 1.2	Distribute inputs to selected cooperative farms	FAO (international staff), FAO national staff and Ministry of Agriculture (MoA).		
Activity 1.3	Install greenhouses and plastic tunnel houses, plant vegetables in protected environment	FAO and beneficiaries		
Activity 1.4	Technical support for selection of appropriate vegetable crop species and varieties, cultivation in plastic tunnels and greenhouses, water saving irrigation technology and other appropriate agronomic measures	FAO, international consultants, LTO from FAO Regional Office for Asia and the Pacific.		
Activity 1.5	Intensive monitoring of project implementation to ensure appropriate and optimal use of resources. Assessment of project impact, including gender and age differentiated impacts.	FAO international consultants, FAO national staff and MoA.		
Activity 1.6	Collection and analysis of relevant information and data. Timely submission of necessary reports.	FAO, international consultants, FAO national staff and MoA		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>6</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

<sup>6</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

**a. Accountability to Affected People (AAP)<sup>7</sup>:**

FAO ensured accountability to affected populations at the design and planning phases through extensive consultations with primary stakeholders and beneficiary cooperative farms. During project implementation, FAO closely cooperated with MoA officials at the national and provincial levels and cooperated with the People's Committees (representing the affected people) at the county-level to ensure that the project's inputs were delivered to the beneficiaries as scheduled and that all activities were completed as planned. Records of the procurement and the delivery of inputs certified by cooperative farm management and People's Committees also served as accountability tools. Additionally, Assistant FAO Representative (Programme) closely monitored the distribution of inputs in coordination with MoA and cooperative farms.

**b. AAP Feedback and Complaint Mechanisms:**

FAO closely cooperated with MoA officials at national and provincial levels to provide the affected people, the main stakeholders of the project, with relevant information about the response. However, due to COVID restrictions by DPRK Government, FAO could not communicate with the project's direct beneficiaries to collect their feedback and receive their complaints. Additionally, the health-related restrictions limited the movement in country of FAO personnel and their ability to access project sites.

**c. Prevention of Sexual Exploitation and Abuse (PSEA):**

Addressing SEA-related complaints is part of the overall mechanism through the National Committee (NC) for FAO. During the project's implementation period there was no reports of any SEA cases.

**d. Focus on women, girls, and sexual and gender minorities, including gender-based violence:**

The project contributed to improving the nutritional status of pregnant and lactating women (indirect beneficiaries) through increasing the availability of nutrient-rich foods in hospitals (e.g. vegetables and soybean) in cooperatives. However, quantifiable indirect beneficiary data are not available due to COVID-related restrictions, limiting the access of FAO personnel to the project sites to conduct the required assessments.

**e. People with disabilities (PwD):**

The project prioritized people with disabilities through offering suitable labour jobs in greenhouses. Quantifiable data are not available due to COVID-related restrictions, limiting the access of FAO personnel to the project sites to conduct the required assessments.

**f. Protection:**

Not applicable in the context of project

**g. Education:**

Not applicable in the context of project.

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
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<sup>7</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

No	Choose an item.	-
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
-	-	US\$	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
-	-

## 3.2 Project Report 20-UF-FPA-019

1. Project Information			
Agency:	UNFPA	Country:	Democratic People's Republic of Korea
Sector/cluster:	Health	CERF project code:	20-UF-FPA-019
Project title:	Ensuring maternal, neonatal and under-five health and saving lives		
Start date:	08/06/2020	End date:	31/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 2,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 847,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 700,069</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ [0]</b>
			<b>Direct execution modality (DEX)</b>
	Government Partners		US\$ -
	International NGOs		US\$ -
National NGOs		US\$ -	
Red Cross/Crescent Organisation		US\$ -	

## 2. Project Results Summary/Overall Performance

With 2019 CERF funding, the main goal of UNFPA interventions was to contribute to the reduction of preventable maternal, neonatal and under-five child mortalities and morbidities through the provision of life saving medicine at the national level to 267,000 pregnant and lactating women and emergency reproductive health kits and contraceptives to 9 prioritized counties across 4 provinces: North Hwanghae (Hwangju, Pongsan, Unpa, Sohung) South Hwanghae (Chongdan, Unryul), Kangwon (Pangyo, Sepo) and Ryanggang (Samjiyon).

The DPRK government enforced COVID-19 prevention measures since late January 2020 and accorded the highest priority by closing its international borders – for incoming international staff and supplies. The anti-epidemic restrictions have been extended to internal mobility of people as well. However, in mid-2021, shipments were exceptionally allowed with a 90-day quarantine at seaport.

UNFPA, upon receipt of funds in June 2020, placed the procurement orders through its Procurement Services Branch in Copenhagen, Denmark. However, DPRK closed the sea-route in July 2020. The purchase orders were issued and the shipment containing oxytocin reached the Chinese Port, Dalian in September 2020.

With no clarity from the DPRK government on the resumption of sea-freight services, UNFPA reviewed in Q3 2020 the different options to ensure the smooth implementation of the project, under the assumption of DPRKs borders reopening during the second quarter of 2021. A request for a seven month no-cost extension was sought from the CERF Secretariat and granted in May 2021. After review of shelf life of items, UNFPA cancelled some orders (contraceptives, and emergency kits) to reduce the risks, and diverted majority of the orders to other countries that could make good use of the products (customized dignity kits). UNFPA utilized also its organizational Emergency Trust Funds to cover for some of the costs of the diverted products.

In July/August 2021, the DPRK government exceptionally allowed the entry of some UN life-saving commodities-shipments. The UNFPA shipment (oxytocin) reached DPRK in September 2021 but was docked offshore under a compulsory de facto 90 day-quarantine period (against 10-15 days prior to the pandemic). After having finally arrived in December, 2021, it is going through a disinfection phase (duration unknown and still being held as on 28/01/2022) before they can be cleared through customs and handed over to the DPRK Ministry of Public Health for distribution. High fees have been incurred for port storage, electricity fee, demurrage, and additional freight/electricity cost while the reefer container was under 90-day quarantine in the vessel and for disinfection after landing. UNFPA from its end is presently working out with DPRK authorities on the release of the consignment. Additionally, UNFPA is working on downloading the log of the temperature readings from the containers to ensure efficacy of the oxytocin. Once handed over to the Ministry of Public Health, the project will be able to address one of the major objectives of ensuring sustained and continuous supply of oxytocin to 267,000 pregnant women for 9 months in 2022. Given the exceptional circumstances due to no access to the country, the project will be considered as complete once the items have been handed over to MoPH.

**While the project implementation related issues remained, UNFPA was able to ensure continuity of supply of oxytocin through its pre-positioned stock (support from other project) and this has enabled to reach about 165,000 pregnant women from January until July 2021. In addition, to complement CERF project interventions, UNFPA in 2021 explored and pursued intranet-based training programmes in SRH and trained over 500 service providers to enhance the quality of services besides developing mobile-based applications on SRH communication for adolescent boys and girls, men and women. This is expected to enhance the SRH knowledge levels of the population across the country.**

### 3. Changes and Amendments

The project outcomes/outputs were not modified at the time of the request for the non-cost extension from the CERF Secretariat. There was an expectation that DPRK would reopen its sea-routes first and later the international borders during the latter half of year 2021. However, with DPRK not doing so and giving only an exceptional clearance of the stranded consignment in China in July/August 2021, the other procurements made under the project had to be cancelled or diverted to reduce the risks and losses. All the stakeholders, including the CERF Secretariat, UNRC, OCHA, UNFPA regional and Geneva offices and the UNFPA headquarters were regularly updated about the ground situation.

On the unspent balance, the financial statement as of now indicates a different figure based on actual expenses already incurred. With the procurement still stranded at Nampo Port, DPRK and **going through a disinfection phase**, the total cost of the storage/demurrage fees in Dalian Port, China, the cost of off-shore 90 days quarantine and the current costs relating to storage, demurrage and emergency power supply to ensure continuous supply of electricity for the reefer container during disinfection are being worked out. The final costs incurred will be clearer after the consignment is released from customs. Once this is clear, the unspent balance will be returned to the donor hopefully before the end of first quarter of 2022.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	267,000	0	0	0	267,000	0*				
<b>Total</b>	<b>267,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>267,000</b>	<b>0*</b>	-	-	-	-
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

\*Note 1: 165,000 pregnant women were provided with life-saving medicine from UNFPA pre-positioned stock during 2021 received from other donor funds.

\*\* Note 2: UNFPA estimates that once the health intrants can be handed over to the MoPH, the project will be able to address one of the major objectives of ensuring sustained and continuous supply of oxytocin to 267,000 pregnant women for 9 months in 2022.

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

UNFPA, in line with its regular annual programme in 2021, initiated capacity building and skill enhancement initiatives related to midwifery, cervical cancer, STI, MISP for health service providers at the national and other levels. These initiatives have enhanced the quality of services rendered (as measured through the pre and post-test training scores) while at the same time; mobile-based SRH information software has been developed and launched. This intervention has targeted adolescents, men and women in the country and is expected to have a multitude effect on the targeted population.

## 6. CERF Results Framework

<b>Project objective</b>	To reduce maternal, neonatal and under-five child health morbidity and mortality through critical life-saving health care interventions			
<b>Output 1</b>	Sustained supply of one life-saving drug and related supplies for 267,000 pregnant and lactating women nationwide in 210 county and provincial level hospitals.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Proportion of hospitals supplied with emergency life-saving reproductive health medicines	100% 210 hospitals at county and provincial levels	No	-
Indicator 1.2	Proportion of hospitals supplied with related supplies of life-saving RH medicines	100% 210 hospitals at county and provincial levels	No	-
Indicator 1.3	Number of women accessing life-saving drugs during pregnancy and childbirth	267,000	No	-
<b>Explanation of output and indicators variance:</b>		Pre-positioned stock enabled reaching out to about 165,000 pregnant women until July 2021 (other donor funds)		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of Oxytocin	UNFPA		
Activity 1.2	Procurement of infusion sets, disposable syringes and safety boxes	Cancelled		
Activity 1.3	Development of distribution plan for procured drugs and supplies	UNFPA and Ministry of Public Health		
Activity 1.4	Distribution of drugs and supplies to hospitals at county and provincial level	Not applicable; pending clearance after disinfection phase		
Activity 1.5	Sharing of distribution report/s with UNFPA	Not applicable		

**Output 2** Hygienic safe deliveries ensured through provision of Delivery Kits and others supplies in 9 counties of 4 provinces – North and South Hwanghae, Kangwon and Ryanggang:

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Clean Delivery Kits distributed in target areas	100	-	-
Indicator 2.2	Number of Referral Kits (11B) distributed in target areas	18	-	-
Indicator 2.3	Number of Dignity Kits prepositioned for supply during emergencies	1000	-	-

**Explanation of output and indicators variance:** Had to be cancelled/diverted due to uncertainty of regular resumption of sea-freight services by DPRK

Activities	Description	Implemented by
Activity 2.1	Procurement of Clinical Assistance Delivery kits: Kit 2A-Individual,	Cancelled
Activity 2.2	Distribution of Clinical Assistance Delivery Kit 2A and Sharing of Distribution Report	Cancelled
Activity 2.3	Procurement of Referral Kit: Kit 11B	Cancelled
Activity 2.4	Distribution of Referral Kit 11B and Sharing of Distribution Report	Cancelled
Activity 2.5	Procurement and prepositioning of Dignity kits	Absorbed by another UNFPA country office.

**Output 3** Ensured wider contraceptive choice to couples in the 4 provinces of North and South Hwanghae, Kangwon and Ryanggang Provinces

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of couples covered who received contraceptives (oral pills, condoms, injectables and implants) in the target areas	32,000	Cancelled the procurement order	-
Indicator 3.2	Number of service providers oriented on injectables and implants-UNFPA regular resources	40	Not applicable-Training postponed to 2023	-

**Explanation of output and indicators variance:** Cancelled all the related procurements due to border closure

Activities	Description	Implemented by
Activity 3.1	Procurement of contraceptives	Cancelled
Activity 3.2	Distribution of contraceptives	Not applicable
Activity 3.3	Service providers trained in use of injectables and implants	Not applicable

**Output 4** Monitoring of Project ActivitiesWas the planned output changed through a reprogramming after the application stage? Yes  No 

<b>Sector/cluster</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	Number of monitoring visits by UNFPA staff	4	Not applicable	-
Indicator 4.2	Number of joint monitoring visits with other UN partners (WHO & UNICEF)	2	Not applicable	-
Indicator 4.3	Number of joint reviews with WHO, UNICEF & MoPH	3 (1 per quarter)	Not applicable	-

**Explanation of output and indicators variance:** Project related procurements are yet to reach the Ministry of Public Health and over and above in-country mobility restrictions are in-place

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 4.1	Conduct regular monitoring visits to health facilities to monitor the distribution, utilisation and storage of the drugs and RH kits at the ground level	-
Activity 4.2	Organize joint field monitoring visits with UNICEF and WHO to ensure efficient and cost-effective utilization of CERF resources	-
Activity 4.3	Organize joint review meetings with UNICEF, WHO and MoPH	-
Activity 4.4	Sharing of distribution reports and submitting final project report	-

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>8</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>9</sup>:

Discussions within the health sector working group, comprising of UN agencies and INGOs, and the report on the situational analysis of women and children in DPRK formed the basis of discussion with the government. As few agencies, such as UNICEF and UNFPA already had field interventions underway, it was felt that CERF interventions would address the existing gaps and complement the on-going interventions in a holistic manner. The areas of intervention were selected given the topography, vulnerability to natural disasters and lack of availability of quality service provisions in the health facilities.

<sup>8</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>9</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

**b. AAP Feedback and Complaint Mechanisms:**

Not applicable

**c. Prevention of Sexual Exploitation and Abuse (PSEA):**

Not applicable

**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

The focus of the entire project is related to addressing the sexual and reproductive needs of the women.

**e. People with disabilities (PwD):**

Disaggregated data on women with disabilities was not available but the projected estimates for the project included all women of reproductive age (15-49 years).

**f. Protection:**

The selection of the 4 provinces and 9 counties were prioritized based on geographic vulnerability to frequent natural disasters. It also complements the child interventions of UNICEF in these counties.

**g. Education:**

Education per se has not been considered but on-the-job capacity building of health care service providers through UNFPA regular programmes have been factored into the project formulation stage. In the process, several SRH training programmes on EmONC, Cervical Cancer, STI, MISP and MPDSR initiatives were undertaken.

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	-

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
-	-	US\$	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
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### 3.3 Project Report 20-UF-CEF-026

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Democratic People's Republic of Korea
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	20-UF-CEF-026
<b>Project title:</b>	Provision of life-saving essential medicine for Integrated Management of Neonatal and Childhood Illnesses (IMNCI) services		
<b>Start date:</b>	09/06/2020	<b>End date:</b>	31/05/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 6,808,245</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 2,954,100</b>
	<b>Amount received from CERF:</b>		<b>US\$ 699,887</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ -</b>
	Government Partners		US\$ -
	International NGOs		US\$ -
National NGOs		US\$ -	
Red Cross/Crescent Organisation		US\$ -	

### 2. Project Results Summary/Overall Performance

Due to the border closure, as part of the DPRK COVID-19 related mitigation measures, the project was not carried out. The CERF secretariat was informed of the developments in country and it was jointly decided to return the funds.

### 3. Changes and Amendments

Due to the border closure, as part of the DPRK COVID-19 related mitigation measures, the project was not carried out. The CERF secretariat was informed of the developments in country.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	-
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	0	0	0	0	0	-	-	-	-	-
Other affected people	1,043,740	1,002,809	357,253	343,243	2,747,045	-	-	-	-	-
<b>Total</b>	<b>1,043,740</b>	<b>1,002,809</b>	<b>357,253</b>	<b>343,243</b>	<b>2,747,045</b>	-	-	-	-	-
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

-

## 6. CERF Results Framework

<b>Project objective</b>	To reduce preventable and avoidable mortality and morbidity through provision of life-saving interventions among children U5			
<b>Output 1</b>	Health - Health			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of EMK Kits procured	2600	-	-
Indicator 1.2	Number of counties that receive EMK kits quarterly	25	-	-
Indicator 1.3	Average percentage of children under 5 reported with pneumonia treated with antibiotics	95%	-	-
<b>Explanation of output and indicators variance:</b>		-		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of EMK Kits	-		
Activity 1.2	Quarterly distribution of EMK Kits to 25 counties	-		
Activity 1.3	Field monitoring to all counties receiving EMK Kits	-		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>10</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>11</sup>:

-

### b. AAP Feedback and Complaint Mechanisms:

<sup>10</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>11</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

-

**c. Prevention of Sexual Exploitation and Abuse (PSEA):**

-

**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

-

**e. People with disabilities (PwD):**

-

**f. Protection:**

-

**g. Education:**

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	-

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
-	-	US\$ -	Choose an item.	Choose an item.
-	-	US\$ -	Choose an item.	Choose an item.
-	-	US\$ -	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
-	-

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

### 3.4 Project Report 20-UF-CEF-027

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Democratic People's Republic of Korea
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene	<b>CERF project code:</b>	20-UF-CEF-027
<b>Project title:</b>	WASH in Health care facilities to prevent disease and death among pregnant and lactating women and new-borns		
<b>Start date:</b>	09/06/2020	<b>End date:</b>	31/12/2021
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 5,800,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 2,156,545</b>
	<b>Amount received from CERF:</b>		<b>US\$ 500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

Activities planned with the contribution from the CERF UE included the provision of basic water, sanitation, and hygiene services for hospitals in Kangnam, Kosong and Junghwa counties, to benefit 18,700 people in the catchment areas. This intervention was considered critical to prevent mortality and morbidity among pregnant and lactating women and new-borns through the provision of equitable access to clean and safely managed water, sanitation, and hygiene services. This project was designed to complement ongoing support for the delivery of a comprehensive package of critical health and nutrition services in these counties as part of UNICEF's convergence county approach. This includes provision of emergency obstetric and neonatal care, integrated management of new-born and childhood illnesses, management of acute malnutrition and provision of essential medicines and multiple micronutrients.

COVID-19 prevention measures introduced by the DPRK Government in January 2020 resulted in substantial disruption and delays to the planned programme implementation, not just of this project but the entire operation and delivery of the United Nations Strategic Framework. These measures included strict limitations on the importation of supplies between January and August 2020 which were followed by a complete embargo on all humanitarian supplies between August 2020 and August 2021 leading to stock outs of life-saving supplies and disruption of health, nutrition, and WASH programme delivery. In this context, UNICEF froze all new procurements to reduce mounting demurrage fees on a large number of supplies stranded for months in warehouses and with manufacturers.

Since August 2021, UNICEF was able to bring three shipments of 49 containers of health and nutrition supplies into the country, which were released from the port in December 2021 following a lengthy quarantine and disinfection process. These critical items were prioritized to address the stockouts of essential medicines, vaccines, and fortified foods for treatment of cases of severe acute malnutrition. Given this prioritization and the limited volume of supplies allowed to enter, it was not possible to include WASH supplies as part of these

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

shipments. A total of US\$ 381,301 worth of WASH supplies, including those funded by CERF were however procured and readied for importation in manufacturers warehouses in China in anticipation of clearances from the DPRK Government. The supplies under the CERF grant were manufactured according to the specifications of the specific construction projects and UNICEF is thus legally obligated to pay for them. These supplies show up as “commitments” and not “expenditures” in UNICEF’s financial reporting system as the supplies have not arrived at project location – however the suppliers have been paid in full and the supplies readied for shipment.

The supplies required for completion of the projects funded by CERF include pipes, fittings, and solar panels. UNICEF has a total of 19 ongoing Water, Sanitation and Hygiene projects in the DPRK. Despite the supply constraints, the CERF funding did enable completion of three water and sanitation projects in three hospitals. This was made possible by local partners undertaking construction with locally procured materials such as sand, gravel, and timber.

In February 2022, the Government of the DPRK re-opened the railway route with China, considered by UNICEF to be a breakthrough towards the resumption of regular supply flows into the country. UNICEF has been working diligently with the Ministry of Urban Management (MoUM) to secure the necessary approvals to bring in the CERF funded WASH supplies and the MoUM has indicated that WASH supplies should start to move by train by March 2022.

In terms of programme monitoring, UNICEF has developed and agreed with the Government an interim remote monitoring process through which MOUM engineers conduct site visits using reporting templates and checklists including use of photographic evidence based on quality assurance guidelines developed. This enables a degree of programmatic assurance and quality oversight of programme implementation in the DPRK despite the lack of presence of international personnel.

### 3. Changes and Amendments

The situation with regards to humanitarian access and border openings has remained extremely unpredictable and challenging in the DPRK. In light of this situation, UN Agencies had initially been granted a No-Cost Extension (NCE) of CERF funded programmes until 31 December 2021 under the assumption that borders would be reopened for cargo and entry of international staff by August 2021.

In July 2021, UN agencies were informed that due to uncertainties over the prolonged border closures, unspent balances were requested to be returned to CERF. UNICEF has already returned the unspent balance for the 2020 CERF allocation to UNICEF’s Health programme and is taking steps to return the unspent balance on the WASH contribution (approximately US\$ 92,000). UNICEF is working with the Government to import the supplies already manufactured and paid for and anticipates that importation could be possible within the first quarter of 2022

As UNICEF awaits final delivery of the supplies to the project locations, exact beneficiary numbers cannot be provided. However, it will be possible to provide this information later in the year, once supplies have been utilized at the project sites, and UNICEF is committed to providing an ad-hoc update to CERF to this effect at that time.

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	3,556	144	7,800	7,200	18,700					
<b>Total</b>	<b>3,556</b>	<b>144</b>	<b>7,800</b>	<b>7,200</b>	<b>18,700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project.

No awareness/information campaign was carried out and has not reached any indirect beneficiaries.

## 6. CERF Results Framework

<b>Project objective</b>	Reduce preventable mortality and morbidity among pregnant women and lactating women and new-borns through equitable access to safely managed water, sanitation and hygiene services in health facilities.			
<b>Output 1</b>	Three county hospitals with have safely managed, reliable water, sanitation and hygiene facilities and practices that meet the needs of at least 300 hospital staff members and about 3,400 pregnant women and 15,000 U5 children.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Basic Water services: Water is available from an improved source on the premises. No. of hospitals with basic water services. Number of people with access to basic water services	3 hospitals; 18,700 Disaggregation Hospital staff: 300 Pregnant Women: 3,400 U5 Children: 15,000	-	-
Indicator 1.2	Basic Sanitation services: Improved sanitation facilities are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet. Accessible for people limited mobility. No. of hospitals with basic sanitation services Number of people with access to basic sanitation services	3 hospitals; 18,700 Disaggregation Hospital staff: 300 Pregnant Women: 3,400 U5 Children: 15,000	-	-
Indicator 1.3	Basic Hygiene services: Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets. .No. of hospitals with basic sanitation services Number of people with access to basic sanitation services	3 hospitals; 18,700 Disaggregation Hospital staff: 300 Pregnant Women: 3,400 U5 Children: 15,000	-	-
<b>Explanation of output and indicators variance:</b>		n/a		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Detailed feasibility and design of WASH services in the hospitals in Kangnam, Kosong and Junghwa counties.	With the technical support from Ministry of Urban Management, feasibility and detail design of WASH services in three hospitals completed		
Activity 1.2	Procurement of supplies such as solar-powered water heating and supply systems-pumps, pipes, fittings, chlorine, water testing consumables, soap, hand sanitizers, etc.	Based on the final designs and bill of quantities, offshore supplies for the projects have been ordered. The supplies are with manufacturers in China and ready for shipment.		

Activity 1.3	Distribution of supplies to hospitals in Kangnam, Kosong and Junghwa.	Based on the final designs and bill of quantities, offshore supplies for the projects have been ordered. However, the COVID-19 prevention measures introduced by the Government, UNICEF was not able to deliver the supplies including pipes, fitting, solar panels, etc which are currently in manufacturers' warehouses in China outside the country and waiting for government. However, the local government has contributed local materials like sand, gravel and timber required for the project and in store at project site.
Activity 1.4	Installation of basic water, sanitation and hygiene services in hospitals in Kangnam, Kosong and Junghwa.	The installation of water and sanitation facilities has not started yet because of delay in delivery of offshore procurement like pipes and fittings.
Activity 1.5	Monitoring and supervision of delivery and use of supplies and installation of basic WASH services in hospitals in Kangnam, Kosong and Junghwa.	Travel restrictions continue, and on-site monitoring and technical supervision by international staff are not possible. However, UNICEF agreed with the Ministry of Urban Management to engage government engineers for an interim remote monitoring process using reporting templates and checklists based on the guidelines developed.

## 7. Effective Programming

### a. Accountability to Affected People (AAP) <sup>12</sup>:

UNICEF intended to reach crisis affected people in collaboration with the Ministry of Urban Management and the People's Committees in the targeted counties and monitor the construction of the project. Communities are involved in the project through the People's Committees.

### b. AAP Feedback and Complaint Mechanisms:

In the usual DPRK context, it is not possible for UNICEF to engage directly with beneficiaries without presence of national stakeholders. Formal feedback and complaint mechanisms for AAP are not feasible. In the current context, UNICEF international staff are not present in the country to conduct international staff field monitoring. As an alternative, Government engineers equipped with checklists, monitoring guidance and cameras will conduct field monitoring on behalf of UNICEF and assess quality and impact of project.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

Any programme supported by UNICEF is within the framework of its organizational policy and operational procedure on PSEA. However, in the political and social context of DPRK actual implementation of this policy is limited.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Installation of basic WASH services at health facilities provide support to pregnant and lactating women and prevent disease and death amongst children under 5.

### e. People with disabilities (PwD):

Installation of basic WASH facilities serve all populations visiting the hospitals and those living in the immediate catchment areas including people with disabilities.

### f. Protection:

<sup>12</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Installation of basic WASH services at premises of health facilities provide protection to women and girl to use the services at all time.

**g. Education:**

N/A

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No		

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	<u>Restriction</u>
-	-	-	-	-

**9. Visibility of CERF-funded Activities**

Title	Weblink
-	-

### 3.5 Project Report 20-UF-WFP-019

1. Project Information			
<b>Agency:</b>	WFP	<b>Country:</b>	Democratic People's Republic of Korea
<b>Sector/cluster:</b>	Nutrition Food Security - Food Assistance	<b>CERF project code:</b>	20-UF-WFP-019
<b>Project title:</b>	Nutrition Support for Vulnerable Pregnant and Lactating Women and Food Assistance for Disaster-Affected Vulnerable People		
<b>Start date:</b>	08/06/2020	<b>End date:</b>	31/05/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 53,250,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,900,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ -</b>
	Government Partners		US\$ -
	International NGOs		US\$ -
	National NGOs		US\$ -
Red Cross/Crescent Organisation		US\$ -	

### 2. Project Results Summary/Overall Performance

Due to the border closure and the imposed ban as of 1 March 2020 on entry and exit of all foreign nationals from the DPRK, as part of the DPRK government COVID-19 preventive measures, the project couldn't be carried out as no international staff was no longer on the ground. The CERF Secretariat was informed by WFP of the changes in the environment and it was decided for the agency to return the funds.

### 3. Changes and Amendments

Due to the border closure and the imposed ban as of 1 March 2020 on entry and exit of all foreign nationals from the DPRK, as part of the DPRK government COVID-19 preventive measures, the project couldn't be carried out as no international staff was no longer on the ground. The CERF Secretariat was informed by WFP of the changes in the environment and it was decided for the agency to return the funds

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	-
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	0	0	0	0	0	-	-	-	-	-
Other affected people	43,984	0	0	0	43,984	-	-	-	-	-
<b>Total</b>	<b>43,984</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43,984</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	-
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	0	0	0	0	0	-	-	-	-	-
Other affected people	17,379	15,907	6,980	7,217	47,483	-	-	-	-	-
<b>Total</b>	<b>17,379</b>	<b>15,907</b>	<b>6,980</b>	<b>7,217</b>	<b>47,483</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

-

## 6. CERF Results Framework

**Project objective** The project objectives are to: Provide food assistance through resilience building for the disaster-affected vulnerable to improve food security; and Provide nutrition support to the vulnerable pregnant and lactating in the most vulnerable provinces as per severity scale; of Kangwon; North Hwanghae; South Hwanghae.

**Output 1** Community assets damaged by disasters repaired and rehabilitated in targeted communities

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people supported with food assistance	47,483	-	-
Indicator 1.2	Quantity of food distribution in MT	974	-	-

**Explanation of output and indicators variance:** -

Activities	Description	Implemented by
Activity 1.1	Project formulation, field verification, and approval	-
Activity 1.2	Community mobilization	-
Activity 1.3	Implementation of the project	-
Activity 1.4	Mid-term assessment	-
Activity 1.5	Final assessment	-
Activity 1.6	Food distribution and monitoring	-
Activity 1.7	Post distribution monitoring	-
Activity 1.8	Project closure	-

**Output 2** Prevent acute and chronic malnutrition of the vulnerable group of PLW

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Nutrition - Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of beneficiaries assisted disaggregated by type age and sex	43,984	-	-
Indicator 2.2	Quantity of fortified food provided	1,605	-	-

**Explanation of output and indicators variance:** -

Activities	Description	Implemented by
Activity 2.1	Transformation of raw materials into fortified food commodities at 05 WFP-supported factories.	-

Activity 2.2	Food delivery and distribution to public distribution centres for PLWG.	-
Activity 2.3	Monitoring visits to public distribution centres and households	-

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>13</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>14</sup>:

-

### b. AAP Feedback and Complaint Mechanisms:

-

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

-

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

-

### e. People with disabilities (PwD):

-

### f. Protection:

-

### g. Education:

-

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	-

<sup>13</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>14</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
-	-	US\$ -	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

**Guidance (to be deleted):** Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
-	-

### 3.6 Project Report 20-UF-WHO-018

#### 1. Project Information

<b>Agency:</b>	WHO	<b>Country:</b>	Democratic People's Republic of Korea
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	20-UF-WHO-018
<b>Project title:</b>	Prevention of disabilities in the vulnerable population		
<b>Start date:</b>	27/07/2020	<b>End date:</b>	31/05/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

#### Funding

<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 24,000,000</b>
<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 12,000,000</b>
<b>Amount received from CERF:</b>	<b>US\$ 499,733</b>
<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ -</b>
Government Partners	US\$ -
International NGOs	US\$ -
National NGOs	US\$ -
Red Cross/Crescent Organisation	US\$ -

#### 2. Project Results Summary/Overall Performance

Due to the COVID-related restrictions and related border closure, the project wasn't carried out. The CERF secretariat was informed of the constraints in country and it was agreed that the funds will be return in their entirety.

#### 3. Changes and Amendments

Due to the COVID-related restrictions and related border closure, the project wasn't carried out. The CERF secretariat was informed of the constraints in country and it was agreed that the funds will be return in their entirety.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	-
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	0	0	0	0	0	-	-	-	-	-
Other affected people	228,418	90,610	0	0	319,028	-	-	-	-	-
<b>Total</b>	<b>228,418</b>	<b>90,610</b>	<b>0</b>	<b>0</b>	<b>319,028</b>	-	-	-	-	-
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	-	-	-	-	-

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

-

## 6. CERF Results Framework

**Project objective** To prevent disability by provisioning screening tests and medicines for diabetes and hypertension for the vulnerable population

**Output 1** The vulnerable population in the project area is screened for diabetes and treatment-initiated Health - Health

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Vulnerable adult population (overweight & more than 18 years) are screened for diabetes in 3 provinces and one city Samjiyon of Ryanggang province	319,028	-	-
Indicator 1.2	The diabetic population detected in 9 counties/city are initiated on treatment	14,000	-	-
Indicator 1.3	Gestational diabetes is treated	1,400	-	-

**Explanation of output and indicators variance:** -

Activities	Description	Implemented by
Activity 1.1	Procurement of diagnostics (urine-gluco test strips and blood glucometer strips), anti-diabetic medicines and supplies	-
Activity 1.2	Development of distribution plan for procured diagnostic, medicines, and supplies	-
Activity 1.3	Distribution of diagnostics, medicines and supplies to provincial and county level health facilities	-
Activity 1.4	Sharing of distribution report/s with WHO	-

**Output 2** The vulnerable population in the project area is screened for hypertension and treatment initiated including pregnancy induced hypertension and other complications

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Vulnerable adult population (over weight and more than 18 years) are	319,028	-	-

	screened for hypertension in 3 provinces and Samjiyon city of Ryanggang province through MoPH PEN Package			
Indicator 2.2	The hypertensive population detected in the 9 counties/city are initiated on treatment through CERF-UF project	30,000	-	-
Indicator 2.3	Pregnancy induced hypertension detected and treatment initiated for hypertension and other complications	3,000	-	-

**Explanation of output and indicators variance:** -

Activities	Description	Implemented by
Activity 2.1	Procurement of anti-hypertensive medicines, blood bags, emergency life-saving medicines and supplies	-
Activity 2.2	Development of distribution plan for procured medicines and supplies	-
Activity 2.3	Distribution of medicines and supplies to provincial and county level health facilities	-
Activity 2.4	Sharing of distribution report/s with WHO	-

**Output 3** Monitoring of Project Activities

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of monitoring visits by WHO staff	4	-	-
Indicator 3.2	Number of joint monitoring visits with other UN partners (UNFPA & UNICEF)	2	-	-
Indicator 3.3	Number of joint reviews with UNFPA, UNICEF & MoPH	3 (1 per quarter)	-	-

**Explanation of output and indicators variance:** -

Activities	Description	Implemented by
Activity 3.1	Conduct monitoring visits to health facilities to monitor the distribution, utilisation and storage of the medicines and supplies	-
Activity 3.2	Organize joint field monitoring visits with UNICEF and UNFPA to ensure efficient and cost-effective utilization of CERF-UF resources	-

Activity 3.3	Organize joint review meetings with UNICEF, UNFPA and MoPH	-
Activity 3.4	Sharing of distribution reports and submitting final project report	-

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>15</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>16</sup>:

-

### b. AAP Feedback and Complaint Mechanisms:

-

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

-

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

-

### e. People with disabilities (PwD):

-

### f. Protection:

-

### g. Education:

-

<sup>15</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>16</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

-

### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
-	-	US\$ -	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
-	-

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

Not applicable.