



**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

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| Country | Democratic People's Republic of Korea (DPRK) |
| Humanitarian / Resident Coordinator | Jean-Pierre de Margerie |
| Reporting Period | 2007 |

I. Executive Summary

In 2007, the United Nations Country Team (UNCT) – Democratic People's Republic of Korea (DPRK) received Central Emergency Response Fund (CERF) funding three times - to address two emergencies (February measles outbreak and August floods) and to supplement resources for underfunded projects. In total, \$11.1 million were allocated to humanitarian programmes in DPRK from CERF in 2007.

In the wake of a measles outbreak in February, the Government of the DPRK requested United Nations assistance to conduct an emergency vaccination campaign. The funding situation of United Nations agencies in DPRK did not allow them to respond to the emergency by their own means. To swiftly mobilize vaccines and equipment for the campaign, an application was made by the United Nations Children's Fund (UNICEF) for a CERF Rapid Response (RR) grant. John Holmes, the Emergency Relief Coordinator (ERC), allocated \$3 million for these purposes.

In August, torrential rains caused severe flooding, land and mudslides in nine provinces and the capital Pyongyang. The floods left some 40,000 houses destroyed, more than 130,000 houses submerged and 67,000 badly damaged, directly affecting nearly one million people (i.e. those whose homes were destroyed, damaged or submerged). Due to the wide-spread damage to food stocks, water supply systems, and interruptions to basic medical services across the country, the actual number of flood-affected communities was much higher than those considered directly affected. The ERC allocated \$3.1 million on this occasion.

In response to the government request for international assistance, United Nations agencies and two international non-governmental organizations jointly developed an integrated response plan and appealed for \$14.1 million. Due to the urgent nature of the required response but limited level of funding secured through the Flash Appeal a month after the onset of the floods, the United Nations Country Team - DPRK prioritized most immediate lifesaving interventions and applied for a CERF Rapid Response (RR) grant.

As a result of the deterioration of the political situation between the DPRK and international community, programmes of some United Nations agencies stood significantly under-funded in early 2007. At the same time, international assistance continued to be critical in meeting the needs of vulnerable population. In light of the fragile humanitarian situation, the shortage of funds for addressing key concerns, and further to the CERF Secretariat letter to the United Nations Resident Coordinator informing about the under-funded grant opportunity, the United Nations Country Team - DPRK submitted its proposal for the CERF Under-Funded Emergency (UFE) grant.

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| Total amount of humanitarian funding required and received (per reporting year) | Required: \$14,102,922 (floods) + \$3,100,000 (measles) + \$65,200,000 (under-funded) Received from CERF: \$3,000,000 (floods) + \$3,100,000 (measles) + \$4,988,577 (under-funded) | | | |
| Total amount of CERF funding received by funding window | Rapid Response: \$6,100,000 (floods and measles) Under-funded: \$4,998,577 Grand Total: \$11,098,577 | | | |
| Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners | Total UN agencies/IOM: \$11,098,577 Total implementing partners: \$0 <i>Note: The grand total <u>must equal</u> the total CERF funding allocated</i> | | | |
| Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible) | Total | under 5 years of age | Female (If available) | Male (If available) |
| | <u>Floods:</u> Five million | 1,162,000 | | |
| | <u>Measles:</u> Six million | Six million children (age: six months to fifteen years) | | |
| | <u>Under-funded:</u> more than 6.5 million | More than eleven million | | |
| Geographic areas of implementation | <u>Floods:</u> Six flood-affected provinces and Pyongyang city <u>Measles:</u> Nationwide <u>Under-funded:</u> Most projects nationwide | | | |

II. Coordination and Partnership-building

(a) Decision-making process:

Floods: Most immediate, priority interventions among those planned under the Flash Appeal were proposed for CERF funding. The Flash Appeal itself had been based on the international agencies' rapid assessments, government and the Red Cross National Society data, and the Government request for assistance. Project selection was done jointly by the United Nations Country Team.

Measles: The CERF application was made based on the Government's data and request for an emergency vaccination campaign. The measles outbreak was confirmed through laboratory tests of carried out by the World Health Organization (WHO).

Under-funded emergencies: The selection was done by the UN Country Team, and priority was given to under-funded projects essential for humanitarian response in the health nutrition, food, and agriculture sectors. All proposed projects are part of the joint Government-UN Strategic Framework for the DPRK for 2007-2009.

(b) Coordination amongst the humanitarian country team:

Floods: Individual agencies worked closely with their respective government counterparts at all stages of the emergency response.

The Health and Nutrition cluster, recipient of 53 percent of the CERF allocation, comprised the Ministry of Public Health and all international agencies in the DPRK involved in health and nutrition: Save the Children (UK), and Premiere Urgence, International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Population Fund (UNFPA), UNICEF and WHO. The designated cluster lead is WHO. The cluster first held meetings on weekly basis, then fortnightly from November 2007 and monthly from December 2007 to January 2008. During the meetings information on funds, activities, plans, constraints, field findings were exchanged. The information from three non-resident non-governmental organizations providing flood response was obtained.

World Food Programme (WFP), chair of the Food Security Group, and Food and Agriculture Organization of the United Nations (FAO), chair of the agriculture group, kept their international partners informed on the developments through sector groups meetings, circulation of rapid assessment findings, statistics and other relevant information.

Cross-sectoral coordination was a prominent feature of the integrated flood response (esp. between Health & Nutrition and Water and Sanitation clusters). Very close collaboration among partners (national and international) also took place within Water and Sanitation cluster (although no CERF grants were applied for it).

General coordination with the Government counterparts and humanitarian country team were carried out through Office of the Coordination of Humanitarian Affairs (OCHA). Resident international community was informed on the response through weekly inter-agency meetings chaired by the United Nations Resident Coordinator a.i., while the broader international community was updated through regular Situation Reports (17 in total).

Measles: A technical working group, comprising UNICEF, WHO, IFRC and the Ministry of Public Health (MoPH), was established to provide a swift, effective integrated response to the emergency. Taking into consideration the needs of vulnerable groups, available resources and capacity of cold chain system, the campaign was designed to be carried out in two phases and roles and responsibilities were divided between all participating agencies.

Under-funded emergencies: Consultations and coordination with partners take place through deliberations of Theme Groups, chaired by various UN Agencies.

(c) Partnerships:

Floods: In all sectors there was close collaboration between international partners at all stages of the emergency operations, from joint planning and rapid assessments to joint verification and monitoring.

In the Health and Nutrition sector, the recipients of CERF grants were UNFPA, UNICEF and WHO; Agencies closely coordinated interventions with each other and the Ministry of Public Health (MoPH). The consultations ensured complementarity both in terms of type of assistance and geographical areas covered. Monitoring activities were well-coordinated through the health cluster meetings.

Information sharing with international partners in the Food Security and Agriculture sectors was carried out through respective Theme Groups.

In general, cooperation with national counterparts was marked by a greater than usual degree of openness, which included the granting of temporary visas for additional international emergency staff and permissions for rapid assessments and monitoring of affected/supported areas.

Measles: The massive immunization campaign was jointly carried out by UNICEF, WHO, IFRC and Ministry of Public Health. CERF grants were used by UNICEF for procurement of supplies for the first, most immediate phase of vaccination campaign, covering children 6 months – 15 years old. Procurements for the second phase were shared between United Nations Children’s Fund, WHO and IFRC. The Ministry of Public Health played very active role in the campaign implementation; covered all operation cost including internal transportation, training cost, social mobilization and staff cost.

Under-funded emergencies: No special partnership arrangements were made as the projects were implemented within the framework of the Agencies’ regular programmes; collaboration with national counterparts is carried out on a routine basis. Consultations/information sharing with other partners is carried out through the work of United Nations Theme Groups.

(d) Prioritization process:

For both Rapid Response and Under-funded Emergency grants, project selection was made jointly by the United Nations Country Team under the overall leadership of the United Nations Resident Coordinator and in consultation with national partners and thematic groups.

For the floods rapid response, priority was given to the most immediate life-saving interventions. Due consideration was given to the fact that the government of the DPRK identified health as the first priority for international assistance, emphasizing the need for essential medicines, medical supplies, basic medical equipment and restoration of basic health services to the affected population as the key aspect of the required flood relief. In the agriculture sector, CERF funding was directed to farms suffering most from flood damages, in areas of comparative advantage in five of the main cereal producing lowlands provinces, having water availability from irrigation and better soils. Decisions were taken in conjunction with Ministry of Agriculture (MoA) counterparts. The Government officially requested WFP to provide immediate food assistance for a period of three months in 37 flood-affected counties. Beneficiaries were identified jointly by WFP and the Government on the basis of their level of vulnerability as a result of the floods. Criteria included destruction/damage of domiciles, displacement, disruption of livelihoods and loss of food stocks and livestock.

In case of under-funded emergency grant requests, the selection of sectors was informed by the CERF letter to the United Nations Resident Coordinator. Priority was given to under funded projects essential for humanitarian response in the DPRK.

III. Implementation and Results

Rapid Response Projects

At the time of CERF proposal formulation and submission, the Flash Appeal was seriously under funded. Availability of CERF grants enabled timely critical humanitarian interventions in three sectors.

FLOODS

Food

The government of the DPRK on 21 August 2007 officially requested WFP to provide immediate food assistance for a period of three months in 37 flood-affected counties. While the CERF grant was only confirmed on 25 September, WFP had received earlier indications from Office for the Coordination of Humanitarian Affairs that funding would be made available. These indications gave WFP confidence to begin advancing food stocks already in country under the ongoing Protracted Relief and Recovery Operation 10488.0 (PRRO) to allow for a rapid start-up of food distributions. A total of 3,491 metric tons of mixed commodities were borrowed from the Protracted Relief and Recovery Operation. Food distributions began already on 5 September and by the second week of September 5,476 metric tons had been distributed to the affected areas. This was when the flood-affected people were at their most vulnerable; the limited food aid made available by the Government was running out and many displaced families were still living in simple plastic tents or in public buildings. A second distribution round of 4,750 metric tons of food took place in October/November, with the final 32 metric tons distributed to beneficiaries in North Hwanghae and South Pyongyang in December 2007.

The immediate availability of the entire CERF cash contribution of \$800,000 and the lack of purchasing restrictions gave WFP the flexibility to procure food in the most rapid and efficient manner. WFP used the donation from the CERF to buy 1,140 metric tons of pulses, sufficient to meet the protein needs of 211,100 flood-affected people for the 90 feeding days envisaged under the emergency operation. The food was procured in China to expedite shipping time and minimize transport costs. It arrived by rail through Sinuiju on 8-17 November and was used to pay back the advanced food from the Protracted Relief and Recovery Operation at a tonnage calculated on a value basis.

Contributions from the CERF and other donors enabled WFP to distribute food to 212,059 people, 98.6 percent of the target figure. All beneficiaries received full food rations of 500 grams of mixed commodities. Overall distributions were timely and took place according to distribution plans. WFP monitoring visits show that beneficiaries were very satisfied with the quality and quantity of the food rations provided. WFP rations arrived only days after the floods occurred and in most counties, it was the only food aid provided to meet the emergency needs of the flood-affected populations. Interviews show that most households only had WFP food in their stocks and that the food had been crucial to sustain them until they had recovered their livelihoods and/or homes. There is no evidence of any deterioration in beneficiaries' nutritional status during the food intervention as the food rations distributed were sufficient to cater for 93 percent of their nutritional needs.

Health and Nutrition

Diarrhoea control and prevention were identified among most urgent flood response priorities as the majority of rapid assessments and Government data were estimating a 30-40 percent increase in the number of diarrhoeal diseases above normal. The CERF grant enabled UNICEF to timely procure and distribute to the affected areas three million Oral Re-hydration Salt (ORS) sachets. Additionally, 100,000 bottles of 20mg Zinc tablets were supplied to the flood affected areas in order to effectively treat and manage acute diarrhoea cases. An explanatory leaflet on the use of zinc tablet for the treatment of acute diarrhoea was developed and translated into Korean. 500,000 copies were printed and distributed to the caregivers.

In-service training on diarrhoea prevention and treatment of acute diarrhoea was organised for the section doctors and caregivers in nurseries and kindergartens in UNICEF focus areas. During training, leaflets on diarrhoea prevention and use of zinc tablets were distributed to all participants. Practical

demonstration sessions were organized on Oral Re-hydration Salt preparation and hand washing with soap.

Moreover, UNICEF helped the Ministry of Public Health to organize Child Health Day and carry out a nation-wide diarrhoea prevention and control campaign, directly related to the post flood response. In addition to the regular supplementation of Vitamin A to all under-five children and de-worming of school children, distribution of leaflets on diarrhoea to all caretakers of under-five children on the preparation and use of Oral Re-hydration Salt, distribution of hygiene promotion leaflet to all caretakers. Besides those nation-wide activities new formula Oral Re-hydration Salt packets, Zinc tablets for the clinical management of acute diarrhoea were distributed to 19 severely flood affected counties and soap was distributed to all health facilities, nurseries, baby homes and kindergartens. Mothers and caretakers of under-five children were also taught on Oral Re-hydration Salt preparation and hand washing with soap by the section doctors during the child health day.

No outbreaks were recorded during or after the floods.

In many areas the floods have crippled primary health care, in particular maternal health services, which could lead to increased maternal morbidity and mortality as well as infant mortality. UNFPA assisted to restore maternal health services at 250 clinics, out of which 150 were supplied under the CERF funding with emergency Reproductive Health kits targeting over 150,000 women at birth age. Based on the distribution plan, all 150 midwifery kits were distributed to 150 clinics in nine counties of South Pyongyang, Kangwon and South Hamgyong provinces. Follow-up visits by UNFPA international and national staff in sample areas, namely three counties and thirteen clinics, confirmed the completion of the distribution. These kits were welcomed by the service providers based on interviews in the field. Some midwives were proud of being able to use them to provide the delivery services soon after receiving them. The timely procurement of the emergency Reproductive Health kits averted a dramatic increase in maternal death.

Finally, to allow the delivery of basic health services and life-saving medicine in selected geographic areas (not receiving UNICEF or IFRC supplies of essential medicines), WHO procured 44 emergency health kits. The kits were distributed to 44 affected hospitals reaching 80,000 pregnant women and almost 600,000 children under five.

Agriculture

For prompt resumption of autumn/winter and spring cropping before December 2007, it had been originally planned to use the CERF grant to provide an adequate quantity of inputs (seed and fertilizer) to 200 cooperative farms affected by the flood damage and loss of food crops in five provinces.. However given the increased cost of seed procured from China, considerably fewer quantities were purchased.

Funds were received by the FAO in September 2007. It had been planned to procure seeds and fertilizers for autumn crops (wheat). By then it was too late to order wheat seed. A decision was made to purchase barley seed for sowing in late-winter and early spring, supplemented by fertilizers and plastic sheeting.

Procurement was initiated by standard international tender for 300 tonnes of urea, 390 tonnes of barley seed and 2,078 rolls of plastic sheeting. A Beijing-based supplier was selected. Supplies arrived in country on February 2008, in time for sowing of barley in nursery seedbeds.

This CERF rapid response funding came at a critical time when there was an acute shortage of seed for autumn and spring planting. The seed procured was certified and of good quality. All inputs were of immediate use for sowing in late February following distribution. Spring crops will be harvested in June. It can be estimated that with the supplied fertilizer, barley yields will potentially increase to approximately 2.5 MT/ha and the overall benefit extended well beyond the 43 cooperative farms.

MEASLES IMMUNIZATION CAMPAIGN

The massive measles immunization campaign was a critical life-saving intervention in which the CERF grant was vital, covering 62 percent of vaccine and about 45 percent of devices for both phases of the campaign. Using the CERF grant, the UNICEF covered the cost of:

- Procurement of 6,300,000 doses of measles vaccine;
- Procurement of 63,000 boxes of syringes 0.5 ml;
- Procurement of 6,300 boxes of 5 ml syringes;
- Procurement of 2,800 PAC safety boxes for disposal of used syringes;
- Procurement of 7,100 packs/ 500 Vitamin A 200,000 IU.

As the result, the first, most immediate phase of the vaccination campaign, covering more than 6 million children aged 6 months – 15 years old, was successfully carried out.

Under-funded projects

As was reported to the CERF Secretariat in early August 2007, the under-funded emergency grants had already been utilized, enabling United Nations agencies to continue with the assistance to the most vulnerable groups among children, pregnant women, mothers and their families.

The WFP procured 3,200 metric tons of food. This was combined with WFP's overall operation targeting 291,909 vulnerable beneficiaries (consisting of pregnant and lactating women and young children) over a period of four months.

Essential medicines kits were provided to 2,152 health facilities by UNICEF with the CERF grant. (In the original grant application, the planned number of health facilities to benefit from distribution of essential medicines was 2,917. However, following the government's refusal to grant UNICEF monitoring visits to Ryanggang and North Hamgyong provinces and in line with the international agencies policy of "NO ACCESS, NO SUPPORT", UNICEF informed the government that effective May 2007 distribution of essential medicine would be suspended for the above-mentioned provinces.) In addition, UNICEF procured BCG (tuberculosis), OPV (polio), measles vaccines for 200,000 children under one year old and TT (tetanus) vaccine for 200,000 pregnant women nationwide. Regular immunization carried out as scheduled. For the treatment of severe malnutrition of 3,600 children under-five years for the duration of five months, 48 tons of therapeutic milk F-100 were procured and distributed to provincial and county hospitals with high rates of severe malnutrition. In addition, 15,000,000 capsules of multi-micronutrients were procured and distributed.

UNFPA used a CERF under-funded emergency grant to improve basic emergency obstetric and neonatal services in 150 clinics of nine counties in South Pyongyang, Kangwon and South Hamgyong provinces targeting over 150,000 women of child-bearing age. During the project, each clinic received a tailored midwifery kit which includes essential reproductive health drugs, renewable items intended for 50 normal deliveries (the average deliveries of a village in one year) and some basic medical instruments and equipment. Follow-up visits by UNFPA international and national staff confirmed the completion of the distribution of the midwifery kits. In addition to that, together with the UNICEF essential drugs programme, the provision of oxytocin and iron folic acid on quarterly basis were added to complement the basic reproductive health services at primary health care level for emergency obstetric care and anemia among pregnant women. The CERF assistance is an indispensable component of the UNFPA reproductive health programme in DPRK which complements other UNFPA activities in these clinics such as IEC/BCC campaigns and local trainings on EmONC.

With a CERF grant, the FAO supplied fertilizers to 18,000 families or about 70,000 persons, including 45,000 women and children on 36 co-operative farms. Official Ministry of Agriculture crop data was not available for inclusion in this report, however rice and maize yields potentially increased to approximately 4 MT/ha with fertilizer and overall benefit extended well beyond the 36 cooperative farms.

(a) Monitoring and Evaluation

Rapid response - FLOODS

In general, the Government showed a greater than usual degree of openness during the emergency response, which included the granting of temporary visas for additional international emergency staff, inc. for monitoring purposes, and permissions for rapid assessments and monitoring in affected/supported areas.

Food: With the launch of the Emergency Operation (EMOP), WFP was granted access to 25 counties not accessible under the Protracted Relief and Recovery Operation, bringing total access under both programmes to 55 – the highest coverage since 2005. WFP did not encounter any problems with visiting the assisted counties and was even permitted some degree of randomness in selecting the distribution sites to be visited. WFP received effective facilitation from government authorities at central and local levels.

The WFP international programme officers were present at food distribution sites and could interview beneficiaries collecting rations. Questions focused on the impact of the floods on household food security, beneficiaries' ability to cover food needs presently and their perceived need for further support.

Following the conclusion of the Emergency Operation, WFP undertook a final evaluation in January - February 2008. WFP international staff visited 19 of the 37 counties (over 50 percent) as previously agreed with the Government. Interviews were conducted with local officials from the health, education, and agriculture sectors. WFP also did focus group discussions with beneficiaries and observational walks in the affected areas to inspect the rehabilitation process.

Health and Nutrition: More than 100 monitoring visits were administered. The visits were meant to monitor the delivery of the procured items, to assess the utilization and effectiveness of the supply, obtain feedback, explore further needs, as well as to collect key health indicators. The monitoring activities were well-coordinated between all the agencies through the health cluster meetings.

Visits were administered to the medical warehouses (central and provincial) to check the goods on arrival and to support the stock management. The monitoring activities in the field confirmed that the aid reached the targeted health facilities and there were no reported restrictions on the field visits. The kits and medicine were used by the health staff to treat the population. The health staff expressed their appreciation for the kits and medicine provided. The findings of the field visits and the information provided by the Ministry of Public Health's disease surveillance teams allowed tracking of the diseases patterns especially among pregnant women and children. The findings of the visits were shared, discussed and assessed during the cluster meetings with the Ministry of Public Health and further decisions were taken consequently.

Agriculture: Following distribution of inputs to the 43 beneficiary cooperative farms, regular visits by the Food and Agriculture Organization jointly with Ministry of Agriculture counterparts will ensure follow-up on land preparations, sowing, fertilizer applications, on crop growth observations, June harvesting and post-harvest processing.

(b) Initiatives which complemented CERF-funded projects

In general, projects funded by the CERF were an integral part of the overall flood response plan that had been developed by United Nations agencies and two non-governmental organizations. Moreover, flood relief operations by the United Nations and non-governmental organizations were very closely coordinated with the response by the International Red Cross, ensuring mutual complementarity and safeguarding against duplication and waste of efforts and resources.

In the food sector, the Government has not shared the specific details on food aid provided by other sources but WFP field monitoring indicates that bilateral assistance was received from Republic of Korea (ROK) through the Korean Red Cross and that the central Government provided some food aid to affected areas. According to WFP officials, a specific coordinating body was established to harmonize food aid from the various sources to ensure all affected people were reached and eliminate duplication.

Health and Nutrition: The activities funded by CERF were part of the overall plan that had been developed by the health and nutrition cluster members based on their experiences in the country together with the assessments and information provided by the government. Other complementary activities, funded through other sources, included monitoring health threats and risks through disease surveillance to prevent critical threats like outbreaks; ensuring coordination with the Ministry of Public Health and all humanitarian actors in the health sector; provision of vaccines; improvement of access to safe water; strengthening water quality monitoring; rehabilitation of the most affected first level health facilities; monitoring of nutritional status and provision of emergency supplementary nutrition. Moreover, given the big amount of supplies, support was provided to the logistic capacity of the Ministry of Public Health in order to expedite the delivery of supplies. From the onset of the response, a common matrix was developed depicting all types of assistance and geographical areas covered by each of the humanitarian actors in the Health and Nutrition cluster. The matrix was updated regularly. Information on the assistance was also obtained from three non-governmental organizations and fed into the common matrix.

Agriculture: Collaboration with non-governmental organizations and the Red Cross and other international organizations took place through an Agricultural Theme Group, chaired by FAO.

IV. Lessons learned (For internal use only)

Food:

For many years, WFP has included a contingency component in its regular programme to deal with emergency food needs. While natural disasters such as flooding are almost annual occurrences, the devastation caused by the August 2007 floods was much greater than in 'normal' years and the food needs exceeded WFP's contingency provision. This meant that food had to be diverted from regular programme activities such as school feeding and mother/child nutrition to meet the emergency needs of the flood-affected populations. For future programmes, WFP should consider expanding the size of the contingency provision to avoid disrupting regular activities.

The fact that WFP was permitted to launch the Emergency Operation represents an acknowledgement by the DPRK authorities that humanitarian assistance will be required when sudden emergencies surpass domestic response capacity. In the same vein, the Emergency Operation illustrated the commitment by the international community (underlined by the strong donor support) to provide such assistance when called upon. The Emergency Operation has given impetus to a renewed debate on the need for disaster mitigation and emergency preparedness programmes, activities which WFP will increasingly pursue in its future programmes in the DPRK.

Health and Nutrition:

- Pre-positioned emergency stock of supplies and equipment should be ensured in order to account for delays in procurement;
- The Health and Nutrition Cluster extended the coordination to non-resident partners, a practice that should be maintained and expanded in future;
- Information on bilateral assistance is also highly desirable;
- Cross-checking on delivery and/or distribution of other partners' supplies during field trips is an effective measure particularly when there is a limited human capacity and number of visits that can be performed;
- Joint disaster risk reduction initiatives should be promoted. There are many examples of joint initiatives between the agencies. This could be extended to emergencies, e.g. procurement, stock pre-positioning, warehousing, transportation;
- Timely availability of funds makes a substantial difference. It is advisable to ensure more funding flexibility in order to allow its use in the transition post-emergency phase.

Agriculture: There have been no obvious "lessons learned" during the decision-making and implementation of this CERF rapid response project. Natural disasters occur on a regular basis and adequate disaster preparedness by Government and international agencies helps to be ready to react and respond rapidly when the need arises. FAO relies on the Ministry of Agriculture personnel at various levels (especially county level) to provide accurate and realistic on the spot reports following these types of calamities.

V. Results

| Sector/ Cluster | CERF projects per sector (Add project nr and title) | Amount disbursed (\$) | Number of Beneficiaries (by sex/age) | Implementing Partners | Expected Results/Outcomes | Actual results and improvements for the target beneficiaries |
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| Food | 07-WFP-058 "Emergency Assistance to Flood-Affected Populations" | 800,000 | 215,000 flood- affected people: -79,400 women -62,050 children | National Coordinating Committee for WFP (Gov't counterpart) | 215,000 flood-affected persons in 37 counties receive a ration of food to meet their immediate needs and prevent deterioration in the nutritional status of the most vulnerable groups. | WFP food distributions benefited 212,059 people, 98.6 percent of the target figure. WFP monitoring visits show that beneficiaries were very satisfied with the quality and quantity of the food rations provided and reported no evidence of deterioration in their nutritional status. |
| Health | 07-CEF-073 | 500,000 | 500,000 children under five | Ministry of Public Health (MoPH) | Approximately 500,000 children under five in 149 flood affected counties will have increased access to improved treatment of diarrhoea episodes in health facilities at the county and ri levels Families with children under five and child care institutions nationwide will increase knowledge of diarrhoea control and prevention through an education campaign conducted during the national Child Health Day. | No diarrhea outbreak registered/reported. <ul style="list-style-type: none"> ■ Procurement of ORS sachets and Zinc tablets allowed prompt control of diarrhea at the flood affected areas; ■ Training of section doctors and caregivers in nurseries and kindergarten in UNICEF focus areas on diarrhoea prevention and control: hand washing with soap, ORS preparation, treatment of diarrhoea using ORS and Zinc; ■ During the Child Health Day, December 2007, in addition to the regular Vitamin A and de-worming activities, a nation-wide diarrhoea prevention and control campaign focused on the post flood response: Distribution of leaflets on diarrhoea to all caretakers of under five children on the preparation and use of ORS, distribution of hygiene promotion leaflet to all caretakers in health facilities, nurseries, baby homes and kinder gardens. Mothers and caretakers of under five children were also taught on ORS preparation and hand washing with soap by the section doctors. |

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| Health | 07-WHO-064 | 800,000 | Five million, including more than 80,000 pregnant women and almost 600,000 children under 5. | Ministry of Public Health (MoPH) | Emergency Health Care for the population in the flood affected areas provided | 44 interagency emergency health kits (IEHK) were procured for distribution to 44 affected counties' hospitals or the first referral level of almost 5 million population including more than 80,000 pregnant women and almost 600,000 children less than five years. |
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| Health | 07-FPA-028 | 300,000 | 150,000 Women at Child Bearing Age | Ministry of Public Health (MoPH) | <ul style="list-style-type: none"> ■ Improved access of 150,000 women of child bearing age to basic reproductive health services after floods; ■ Restoration of basic reproductive health services after the disaster in 150 clinics. | Essential drugs and medical kits provided to 150 clinics in nine UNFPA assisted counties. Iron/folic acid and oxytocin provided for nation-wide distribution to women of reproductive age. |
| Agriculture | 07-FAO-047 | 600,000 | 21, 500 families or approximately 107,500 persons | Ministry of Agriculture | To provide an adequate quantity of inputs (most especially seed and fertilizer) for prompt resumption of autumn/winter and spring cropping before end-December 2007, to 200 cooperative farms in 5 provinces | 300 tonnes of urea (N: 46-P: 0-K: 0), 390 tonnes of barley seed and 2,078 rolls of plastic sheeting procured and distributed. |
| Health | 07-CEF-025 | 3,100,000 | Six million children (six months to fifteen years) out of total more than 16 million children and adults | Ministry of Public Health | To reduce mortality and morbidity of measles through conducting massive measles campaign including vitamin A supplementation | Phase one of emergency vaccination campaign carried out. About 50,000 service providers including household doctors, cold chain technicians, EPI officers were mobilized. More than 6 million children vaccinated aged six months to fifteen years. |
| Food | 07-WFP-021 | 2,298,577 | 291,909 | National Coordinating Committee for WFP (Gov't counterpart) | Two months worth of food (3,127 metric tons) for the humanitarian component of WFP's DPRK operation, namely Vulnerable Group Feeding (VGF). | <p>3,200 metric tons of food procured:</p> <ul style="list-style-type: none"> ■ 1,320 MT of pulses (soya beans) ■ 96 MT of oil ■ 1,757 MT of wheat flour ■ 128 MT of dried skimmed milk <p>Combined into WFP's overall operation food stocks, the food targeted at 291,909 vulnerable beneficiaries, inc. children and pregnant women.</p> |

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| Health | 07-CEF-017 | 1,700,000 | 11.2 million population including 200,000 pregnant women and 440,000 children < five; 200,000 children < 1. 3,600 severely malnourished children and 84,000 pregnant women nationwide | Ministry of Public Health | 11.2 million people including 200,000 pregnant women and 440,000 children < 5 will have access to vital essential medicine for three months 200,000 children < one and 200,000 pregnant women will receive vaccines for 6 months. 3,600 severely malnourished children will be treated and 84,000 pregnant women nationwide will be supplied with Multi micronutrients. | Essential medicines kits provided to 2,152 health facilities; BCG, OPV, measles vaccines for regular immunization of 200,000 children under one year old and TT vaccine for 200,000 pregnant women nationwide. Regular immunization carried out. For the treatment of severe malnutrition of 3,600 children under five years for the duration of five months, 48 tons of therapeutic milk F-100 were procured and distributed to provincial and county hospitals with high rates of severe malnutrition. In addition, 15,000,000 capsules of multi micronutrients were procured and distributed. |
| Health | 07-FPA-009 | 300,000 | 6.5 million women of reproductive age (15-49) nationwide; 280,000 women of reproductive age (15-49) in 150 Ris | Ministry of Public Health | Increased capacity of providers in Ri clinics and county hospitals to provide Emergency Obstetric Care and Neonatal Services (EmONC) in 2007 | Essential drugs and medical kits provided to 150 Ri clinics in nine UNFPA assisted counties. Iron/folic acid and oxytocin provided for nation-wide distribution to women of reproductive age. |
| Agriculture | 07-FAO-010 | 700,000 | 14, 000 cooperative farm families or approximately 70, 000 persons | | Ministry of Agriculture | 1,600 tonnes of urea (N: 46-P: 0-K: 0) provided to the 36 cooperative farms. However, as rice and maize yields potentially increased to approximately four MT/ha with fertilizer, the overall benefit extended well beyond those 36 farms that had received fertilizer. |

VI. CERF IN ACTION: Success stories

CERF IN ACTION: Diarrhoea prevention campaign during Child Health Day

By Sawsan Rawas



The diarrhoea prevention campaign that was conducted on 5th December 2007 was planned nationwide with focus on flood-affected counties where more supplies of Zinc tablets, Oral Re-hydration Salt sachet, soap and two million leaflets on prevention and treatment of diarrhoea were distributed. Supplementations of Vitamin A and Mebandazole for over than two million children were provided. The campaign was in response to the recent flood emergency affecting over 100,000 people in 149 counties, most of them children and women.

One mother who participated in the campaign said “I am so glad that at I participated in the child health day as my child is protected by vitamin A and deworming tablets and I know about the importance of hand washing and how to prepare Oral Re-hydration Salt whenever is needed”.



Section Doctors highlighted that the immediate response from the government and United Nations Children’s Fund/WHO mobilized resources and distributed Oral Re-hydration Salt, Zinc tablets and two million leaflets which were developed and distributed after the flood emergency nationwide. Now all children are being provided with Vitamin A supplementation and being given Oral Re-hydration Salt and Zinc tablets whenever needed.

United Nations Children’s Fund, together with WHO, will further support the government with the prevention and treatment of diarrhoea and will continue until there are enough awareness on the prevention of diarrhea through the most effective method which is hand washing with soap and water.



Flood-affected woman collects food rations provided by WFP at a Public Distribution Centre in Suan County (North Hwanghae Province) rendered vulnerable by the floods of August 2007. WFP/Michael Dunford

CERF IN ACTION: Food

The DPRK is exceptionally vulnerable to natural disasters. Much of the country’s food is grown on mountain slopes that have been deforested for firewood and cultivation and can easily be washed away by heavy rains. The severe floods of 2007 had a drastic impact on household food security as families became homeless and had their livelihoods disrupted.

Many lost vegetables and cereals grown in ‘kitchen gardens’ (small plots of land next to their houses or apartments) and chickens and rabbits they had been raising for meat and eggs. Families rely on these extra food sources to provide some protein, fats and micronutrients to their otherwise poor diet. For the most vulnerable, like single women and elderly people living an already precarious food security situation, there is simply no possibility to withstand the additional shock of the floods. According to Ms. Kim, a female 43-year old beneficiary interviewed by WFP during food distributions in Pihyon County in North Phyongan, her house had been submerged and she lost nearly 20 kg of stored food in the floods.

Local authorities simply did not have the capacity or the resources to handle the massive needs brought on by the floods, which in some areas were the worst in 40 years according to state report. Support from the central government was also insufficient; WFP rapid assessments found that some counties had received only two to three days of food while others had not received anything at all.

Thanks to the timely contributions from the CERF and other donors, WFP was able to quickly mount an emergency operation which benefited 212,059 of the most vulnerable people in 37 affected counties. Regional procurement of food commodities helped expedite the shipping time and bring the food to the affected people as rapidly as possible. In interviews during WFP monitoring visits, local officials expressed that WFP's emergency aid was most appreciated as it helped them bridge the food gap before the harvest and cover the immediate needs of the homeless people. It similarly allowed them to concentrate on reconstructing roads, homes and bridges destroyed by the waters. When WFP visited the counties in November 2007, 80 to 100 percent of houses had already been rehabilitated, allowing most homeless people to return before the harsh Korean winter.

Ms. Kim also confirmed the value of the food intervention: "WFP food arrived only days after the floods, and it is now the only food I have to feed my family of two." When WFP spoke to her in late October she was back in her house, which had been rehabilitated with support of the community. She expressed a great satisfaction with the food received from WFP.



Women collect food rations provided by WFP at a Public Distribution Centre in Sohung County (North Hwanghae Province)



CERF IN ACTION: Agriculture

Most of the cooperative farms grow maize in summer, often in conjunction with soybeans. In Sariwon, North Hwanghae province, satisfactory spring crop yields were confirmed in June 2007, but soil fertility levels for the maize and paddy rice were low and in urgent need of fertilizer application. Although the Ministry of Agriculture had distributed to most of the farms at transplanting time, there was a shortfall on national requirements (totalling 700,000 tonnes NPK and/or urea). Mr Pak, above, and his colleagues in crops work team No.49, expressed their concern about below-average production the previous summer due to flooding and subsequent water logging, exacerbated by strong winds when much of the maize was blown over and failed to recover.

Some weeks later, Mr Pak and friends were overjoyed to welcome us back when we accompanied the delivery of urea. Delivery was timely as the transplanted rice was in need of top-dressing. That was the same urea that was procured from the CERF under-funded window support. All the cooperative farms' work teams were highly appreciative of the timely arrival of this assistance that directly benefited the rural population. As a consequence, average rice yields reached a satisfactory four tonnes/hectare, complemented by reasonably good maize production. Farms in North Hwanghae province received some 250 tonnes of fertilizer, out of a total of 1,600 tonnes provided through this CERF funding thereby enabling additional applications on 5,333 hectares. This resulted in an increased harvest in excess of 21,000 tonnes of rice and maize, and justifies further requests of support from this funding source.

List of Acronyms

CERF- Central Emergency Response Fund

DPRK –Democratic People’s Republic of Korea

EMOP -Emergency Operation

FAO- Food and Agriculture Organization of the United Nations

IEHK -Interagency Emergency Health Kits

IFRC- Initial Response Force Commander

MoA- Ministry of Agriculture

MoPH- Ministry of Public Health

OCHA: Office of the Coordination of Humanitarian Affairs

ORS -Oral Re-hydration Salt

PRRO- Protracted Relief and Recovery Operation

RH -Reproductive Health

RR- Rapid Response

UFE -Under-funded Emergency

UNCT-United Nation Country Team

UNFPA -United Nations Population Fund

UNICEF- United Nations Children’s Fund

WFP- World Food Programme