

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
RAPID RESPONSE
DROUGHT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review was held on 19 May 2016 facilitated by the Resident Coordinator and with the presence of UNICEF, WFP, WHO and RCO/OCHA

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

As the proposal covered only two out of four sectors active in DPRK, it was not deemed necessary to convene the full UNCT. However, the report was discussed at length with concerned agencies, including sector coordinators.

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

YES NO

Due to a time lag in the deployment of a new (OCHA) Coordination Officer to the RCO in Pyongyang, work on the report was somewhat delayed and there was not sufficient time to share the report beyond those immediately concerned before submission. The final version will be shared locally as well as posted on the CERF website. NGOs are not implementing partners in DPRK.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 38,950,000 ¹		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,276,701
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	
	OTHER (bilateral/multilateral)	8,227,160
	TOTAL	14,503,861

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 16 July 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-075	Water, Sanitation and Hygiene	1,294,968
UNICEF	15-RR-CEF-076	Nutrition	1,458,949
WFP	15-RR-WFP-045	Nutrition	3,070,643
WHO	15-RR-WHO-027	Water, Sanitation and Hygiene	452,141
TOTAL			6,276,701

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,255,701
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	21,000
TOTAL	6,276,701

¹ This is the total sum of the globally required response estimated by 5 UN agencies. The proposals from two agencies (FAO and UNFPA) were not approved by the CERF Secretariat. The total requirements listed by agencies in this proposal amount to US\$32,000,000.

HUMANITARIAN NEEDS

DPRK is a forgotten and persistently underfunded crisis with chronic food insecurity and undernutrition compounded by frequent natural disasters. The undernutrition is caused by food inadequacy and lack of diversity to meet nutritional requirements for healthy growth. Food production is hampered by a lack of agricultural inputs, such as soybean seeds, fertilizer and plastic sheets, increasing the reliance on supplementary food. In addition to the lack of adequately diversified nutritious foods, deteriorated health and WASH services further exacerbate malnutrition particularly among women and children, and make them more susceptible to common life-threatening conditions. Some 18 million people, or 70 per cent of the population, depend on the Public Distribution System (PDS) for regular food rations, which are adjusted each month based on national production estimates and expected food availability. Ration sizes regularly fall below government targets and have historically been at their lowest during the “lean season” (Aug/Sept) between the two harvests. External assistance continues to play a vital role in safeguarding the health of millions of civilians in DPRK.

DPRK suffered an extended period of abnormally dry weather in 2014 and 2015 resulting in repeated droughts. In May 2015, total recorded precipitation was 57 per cent below average. As a consequence of the decreased water volume in dams, rivers and underground reservoirs, a significant increase in waterborne diseases and other health concerns was noted, including a 72 per cent (on average) increase in diarrhoea cases due to a lack of safe drinking water.

By June 2015, the Government of DPRK, recognizing that the severity and scale of the drought was exceeding national capacity, approached the UN for assistance to respond to the life-saving needs of people in the most affected areas. Initially, agencies were asked to reprioritize and/or expand existing programmes to assist with the impact of the drought. However, in view of the scale of the needs and the limited resources available, it was agreed to approach the CERF for rapid response funding for the expanded programming required to respond adequately to the emergency.

II. FOCUS AREAS AND PRIORITIZATION

A series of rapid assessments were carried out in mid-2015, including individual assessments by Concern to South Pyongan province on 4 and 9 June; a joint field observation mission with the DPRK Government and representatives from the RC Office, OCHA, FAO, UNDP, UNFPA, UNICEF, WHO, Premiere Urgence, Save the Children International, Triangle and SDC to North and South Hwanghae on 10 June; a rapid joint health, nutrition and WASH assessment carried out by WHO, UNFPA and UNICEF in North Hwanghae province on 1-2 July; and a joint analysis paper prepared by the HCT based on the findings of the joint field observation mission and data provided by the GoDPRK on rainfall levels, incidences of diarrhoea and land cultivation statistics. Among the information collected, in June there had been a 30 per cent increase in the incidence of waterborne diseases, a 20 per cent increase in acute respiratory disease and a 20 per cent in skin and eye infections. Data shared by the Ministry of Public Health (MoPH) indicated a steep increase in diarrhoea among children under five. Diarrhoea directly contributes to increased rates of malnutrition. Based on an assessment of all community-based management of acute malnutrition (CMAM) programme sites nationwide, the total number of wasted children under five “with and without complications” treated in the CMAM programme from January to June 2015 was 30,158, a significant increase from the year before (when 26,407 children under five were treated for malnutrition over 12 months). Field assessment mission to South Hwanghae and North Pyongan provinces carried out in May/June 2015 identified the most severe cases of SAM even observed, with children’s heights and weights reported as being minus 4 and minus 5 standard deviations from the norm.

Based on assessments, available data and discussions with the Government, four provinces (South and North Hwanghae, South Pyongan and South Hamgyong) were identified to be the most affected by the drought. These provinces are also known as the country’s “rice bowl,” producing more than three quarters of the country’s annual food needs. Overall, 11 million people live in the four provinces, almost half of the country’s population. Among the 11 million people, PDS-dependent households (7.7 million) are estimated to be more vulnerable to food insecurity and nutritional deficiencies due to a lack of self-sufficiency, coping by reducing food consumption, gathering wild foods, or diluting meals with water. Of these, pregnant and lactating women (PLW) and children under five (1.7 million) are particularly at risk of malnutrition and disease due to limited coping mechanisms.

It was agreed to centre the proposal on the immediate needs of an estimated 1.29 million of the most vulnerable people in the four most affected provinces for a period of six months particularly to cover the gap until the main harvest in October. The strategy was designed to prioritize additional and life-saving interventions for the drought response above but complementing the ongoing protracted humanitarian response outlined in the DPR Korea Needs and Priorities 2015 document. Activities were focused on the sectors of Nutrition and WASH. While nutrition remains a cornerstone of the humanitarian response in DPRK, the Government had also particularly identified WASH as a

priority sector to respond to the needs arising from the escalating levels of diarrhoea, recognizing that life-saving WASH interventions such as water purification and safe storage commodities to hospitals were key to reducing overall morbidity and excess mortality.

Projects were designed to consider the need for gender mainstreaming. In the DPRK context this is facilitated by the active representation of women in local committees engaged in the design, operation and maintenance of facilities targeted for support. Women's participation was also sought in additional parts of the projects, e.g. hygiene promotion and distribution of supplies, and gender equality considerations were incorporated in relevant guidance and training on best practice.

III. CERF PROCESS

Following the field observation and assessment missions conducted in June and July 2015, under the leadership of the RC, the sectors met to determine the key priorities for the response in line with the indications of needs received from the Government. The WASH, Health and Nutrition Sector Working Groups (SWGs) subsequently met to discuss and review complementary projects to ensure that CERF funding would address the key priority needs with life-saving activities. Attention was also paid to ensuring that the response by the humanitarian community would complement the actions undertaken by the Government as well as the 2015 Needs and Priorities document.

The rationale for the selection of activities and projects was based on the need to target vulnerable children and women in the drought-affected areas. In the specific case of nutrition interventions, the target population was centred on children suffering from moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). Agencies involved in the respective sectors have been working on such interventions in the past and have a proven track record in DPRK, including in the implementation of projects funded by CERF through the unfunded window. Projects were designed to complement each other using a holistic approach, with the various sectoral needs of the target population being addressed through the different sector projects.

The HCT was convened and met on three occasions to assess the situation and agree on a strategy. Given the limited donor interest in DPRK, it was agreed that the UNCT would pursue a CERF Rapid Response application in consultation with the SWGs, whose membership includes INGOs, IFRC and bilateral donors. The non-UN members of the HCT are not eligible to apply for the CERF, and in the DPRK context they are not able to work in partnership as implementing partners (and were not included in the Needs and Priorities document until 2016). Nevertheless, it was agreed by all parties that it was important to consult the SWGs to ensure that the proposed activities are coordinated with the wider humanitarian response. In their meetings, sectors also discussed the availability of stockpiles, as well as the human and financial capacity. The CERF proposals were broadly coordinated with the humanitarian community operating in DPRK.

Resource mobilization for DPRK remains a challenge. Donor funding for humanitarian response regularly falls well beyond established needs (normally around 30 per cent). As a result, CERF has become, and continues to be, a critical funding source, especially for rapid response to a natural disaster. The Republic of Korea, Switzerland, Sweden and the European Union (EU) – also provide modest humanitarian funding. Other major international donors to the UN—USA, UK or ECHO do not provide funding to DPRK. The RC and UNCT/HCT engage with donors and Member States at various levels to mobilize resources, including through donor briefings, press releases and dissemination of advocacy materials and infographics.

A complicating factor is that the political situation in DPRK, particularly in the last two years, has deteriorated, impacting on the ability of the UN and partners to raise additional funds or secure new commitments from donors. Trend analysis demonstrates that where political tensions are high between DPRK and the international community, funding has significantly dropped. DPRK does not have a country-based pooled fund. In this context, the CERF grant crucial in allowing agencies to rapidly release in-country stockpiles, on the understanding that they could later be replenished, as well as some internal regional emergency funds.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 11 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Nutrition	45,939	23,587	69,526	44,373		44,373	90,312	23,587	113,899
Water, Sanitation and Hygiene	37,350	599,460	638,810	37,250	536,000	573,250	74,600	1,135,460	1,210,060

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

BENEFICIARY ESTIMATION

The rationale for the selection of activities and projects was based on the need to target vulnerable children and women in the drought-affected areas. In Nutrition, UNICEF worked to address the critical nutritional needs of wasted children and pregnant and lactating women (PLW) through an integration of Community Management of Acute Malnutrition (CMAM) and promotion of optimal Infant and Young Child Feeding (IYCF) practices to 89 county hospitals. WFP focused its support on a targeted supplementary feeding programme (TSFP) in 13 focus counties, where children and PLW were provided with fortified and blended foods UNICEF activities were primarily carried out through hospitals, while WFP worked primarily through children's nurseries. In common geographic areas, both agencies worked closely together on case identification and referral of children for proper treatment and rehabilitation under the CMAM framework. In the WASH sector, UNICEF beneficiaries were targeted at the household level, while WHO supported critical interventions at health institutions.

It is estimated that the majority of PLW targeted (20,000) would have benefited from both Nutrition and WASH services, as well as some 12,000 U5 SAM children (6,000M/ 6000F). Similarly, U5 children (242M/ 253F) in hospitals that will benefit from both nutrition and WASH services may be double counted.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	77,036	603,047	680,083
Male	75,381	536,000	611,381
Total individuals (Female and male)	152,417	1,139,047	1,291,464

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

In the WASH sector, new activities were added to UNICEF's existing response to ensure the life-saving improvement to drinking water safety and prevention of escalation of incidence of diarrhoea in 90 counties in the four drought-affected provinces. Commodities for water treatment and safe storage of drinking water were provided to approximately 280,000 families (30,000 above original target) including the families of all children under five who had been identified with severe acute malnutrition (12,000 children), as well families of pregnant and lactating women. Some 200 child care institutions received water treatment supplies, including aqua tabs, jerry cans, buckets and soap. The number of children reached through these institutions exceeded the original target due to the greater number of children enrolled in these institutions. In addition, Nutrition and WASH services were integrated through nutrition/CMAM interventions for children under treatment for complicated SAM.

WHO expanded its activities to ensure safe drinking water and sanitation and hygiene needs of an estimated 170,460 patients expected to be admitted to 110 identified hospitals (90 county hospitals, 4 city hospitals and 16 provincial hospitals) in the four most affected provinces, and the provision of technical and logistic support to national and provincial health authorities to establish 110 mobile health teams for identification of most vulnerable groups of people at community level, support for immediate treatment or referral to appropriate hospitals.

Using CERF funds, WHO provided four Inter-Agency Diarrheal Disease control Kits (IDDK) to four paediatric hospitals (one at each affected province). The kits included essential drugs for treatment of diarrheal diseases and hygiene and sanitation items for hand washing. In addition to these kits, 110 supplementary IDDK kits were provided to all 110 county- and city-level hospitals for improving sanitation conditions of hospital premises. One hundred thousand blisters of water purification tablets were distributed to 1,740 hospitals to improve quality of drinking water in health facilities.

An additional 110 water testing kits were provided to 110 county, city and province level anti-epidemic stations for regular monitoring of quality of drinking water in all water sources in affected counties.

WHO released from its emergency stockpiles one big institution water tank for 1,000 litres to North Hwanghae Paediatric Hospital to cover the needs for safe drinking water. Using WHO regional funds for South-East Asia, WHO purchased and distributed 110 submersible water pumps to all above mentioned health institutions to enhance water supply to health facilities, including safe drinking water as well as water for sanitation and hygiene needs of patients and hospitals.

In the Nutrition sector, UNICEF facilitated the establishment and sustained delivery of CMAM services in 60 "new" counties with CERF funding in addition to 30 counties already supported by the regular programme, More than 12,000 boys and girls afflicted with severe wasting with and without medical complications were treated in the 60 sites as per draft data obtained from Ministry of Public Health (MoPH)² Data collected during regular monitoring field visits shows a recovery rate of more than 80 per cent, with a relapse rate of around 18 per cent and a case fatality rate of less than 1 per cent.

UNICEF conducted monitoring field visits during which CMAM treatment protocols and skills related to CMAM and Infant and Young Child Feeding practices were reviewed and discussed with service providers in paediatric wards in CMAM integrated health facilities in the counties. UNICEF through these monitoring visits ensured that health workers are familiar with the standard CMAM treatment protocols and they are utilising programme supplies properly and efficiently.

The CERF rapid response grant enabled WFP to resume the acute undernutrition prevention programme in 13 counties from August 2015 when they suffered from drought but were earlier dropped because of underfunding. The food assistance covered most of the winter period up to January 2016. The DPR Korea Government supported the operation through taking responsibility, under WFP oversight, for the operation of the local food production factories, port operations, warehousing and transportation of raw ingredients. The Government also handles distribution of the produced fortified foods directly to children's institutions, and to PLW through the Public Distribution Centres using WFP ration cards.

Children under five were provided daily with 100 g of FBF, 50 g of pulses and 25 of g through institutional feeding. Pregnant and lactating women were provided with 3 kg of FBF, 5 kg of pulses and 1.7 kg of vegetable oil, distributed on monthly basis. The FBF distributed for the beneficiaries were produced in WFP-assisted local factories in partnership with the Government. Raw materials were provided by WFP

² Final figures still need to be verified by the Central Bureau of Statistics.

while the Government contributed to the project by covering the cost of the factories, warehouses, staff, electrical power and maintenance. Given a lead time of 3-6 months for food purchase, transport and local production, and the urgency of responding to the drought being experienced in the country, WFP-in-country stocks were immediately mobilized to cater to the planned needs. With these in-country stocks, local factories produced the required 276 mt of FBF every month. The FBF, pulse and oil were able to cover the needs of 78,312 under-five children and 23,587 PLW from August 2015 to January 2016. Using the CERF contribution, a total of 4,519 mt of raw commodities (3,378mt of cereals, 529 mt of sugar and 612 mt of vegetable oil) were purchased internationally to replenish the WFP in-country stocks.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding was crucial in allowing for the rapid release of stockpiles to the worst affected areas with the assurance that they could be replenished. For example, normal procurement time for WFP is four months, but with the assurance of CERF funding the agency was able to release additional food to the drought-affected areas without negatively impacting on overall programming for the country. This was further facilitated by the regular coordination of stockpiles between agencies since the Rasoon floods earlier in the year for which the CERF also provided rapid response funding.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

Yes, see response a).

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

YES PARTIALLY NO

Unfortunately and as explained in greater detail in section III of this report, the current political climate does not facilitate resource mobilization for the humanitarian situation in the DPRK, even in the event of natural disaster. An additional difficulty is posed by the hesitation on behalf of the Government of DPRK to declare an emergency or aggressively fundraise for it as such. As a result, out of the three appealing agencies, WFP was the only agency able to raise any significant funding outside the CERF although WHO and UNICEF both released internal funds to support the response.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

e)

The quick and positive response from the CERF Secretariat strengthened coordination through the preparation project proposals and joint assessments to ensure a common understanding of the situation. This benefit stretched beyond the international humanitarian community as the understanding of CERF requirements further encouraged the participation of national stakeholders in the joint assessments.

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

Throughout the AAR, agencies underlined the importance of the CERF as one of the most consistent donors to the humanitarian situation in the DPRK, which is critical to allowing UN agencies to stay in the country and deliver humanitarian assistance.

³ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Access to updated data related to drought or any emergency situation in DPRK is not available and not easy to generate when needed. During the lean season in 2015, WFP adjusted monitoring reports from monthly to weekly, highlighting field observations on agricultural activities, ground water availability, PDS ration and diseases of children reported during visits to WFP operational areas. The weekly reports provided timely information and rapid feedback on progress of implementation, challenges and field situation.	WFP to generate weekly monitoring data during the peak of lean season (July-August). WFP to continue strong field presence as part of regular monitoring activity, whenever resources are available.	WFP
Government coordination structure has restrained technical links to other line agencies, that led to time-consuming dialogue on nutrition assistance. In the end, MAM treatment was not implemented due to institutional barriers. In the future, agreement will be made with the Government on necessary technical links <i>prior</i> to agreeing to provide MAM treatment.	Pursue establishment of regular technical consultation with the Ministry of Public Health on appropriate nutrition intervention for the vulnerable population. The coordinating Government partner will be consistently followed-up to facilitate such consultation dialogues.	WFP
Joint field visits with ICN-MoPH is important to 1) identify capacity gaps and material needs; 2) ensure timely delivery and use of CMAM therapeutic supplies and programme data, and 3) further improve CMAM and IYCF services offered to mothers and children.	Share and disseminate outcomes and follow-up actions of field visits with Government partners and members of the Nutrition SWG.	UNICEF, ICN and MoPH
Integrating technical components of the CMAM programme into the monitoring visits was very important to continuously improve and efficiently deliver life-saving CMAM and IYFC services.	Sustain and scale up monitoring visits.	UNICEF and UN agencies
Involving different stakeholders from other agencies and government sectors at the provincial and county level is important to strengthen the linkages among different sectors to address the underlying causes of undernutrition.	Ensure concerned county officials are informed and carry out joint field visits with sister agencies to encourage involvement of different stakeholders.	UNICEF and UN agencies
Integrated WASH and Nutrition planning and monitoring led to effective coverage.	Further enhance joint planning and joint monitoring to ensure maximum synergy of actions and resources in the future.	MoCM, MoPH, UNICEF and UN agencies

<p>Some equipment, e.g. water pumps, could not be purchased with CERF funds as it was not considered life-saving. Instead these were purchased with WHO regional funds and operated with resources from MoPH. This provided an important lesson in the limitations of CERF grants and an incentive for cost-sharing and co-ownership with national authorities.</p>	<p>Continue to encourage cost-sharing and joint ownership of projects</p>	<p>All recipient agencies</p>
<p>Joint needs assessment, planning and monitoring with MoPH during the emergency was useful for identification of exact needs of health institutions and provision of cost-effective and user-friendly kits and commodities for water and sanitation.</p>	<p>This experience should be shared with UN and NGO partners.</p>	<p>WHO and MoPH</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF WHO	5. CERF grant period:	11/08/2015 – 10/02/2016 (UNICEF) 14/07/2015 – 13/01/2016 (WHO)			
2. CERF project code:	15-RR-CEF-075 15-RR-WHO-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Life-saving drinking water safety and prevention of escalation of incidence of diarrhoea among 11 million people directly affected by prevailing drought in DPRK					
7. Funding	a. Total funding requirements ⁴ :	US\$ 12,500,000	d. CERF funds forwarded to implementing partners:			
	. Total funding received ⁵ :	US\$ 1,884,269	NGO partners and Red Cross/Crescent:			
	. Amount received from CERF:	US\$ 1,747,109	Government Partners:		US\$ 21,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	37,350	37,250	74,600	37,350	37,250	74,600
Adults (≥ 18)	599,460	536,000	1,135,460	599,460	536,000	1,135,460
Total	636,810	573,250	1,210,060	636,810	573,250	1,210,060
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	1,210,060			1,210,060		
Total (same as in 8a)	1,210,060			1,210,060		

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	n/a
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CERF Result Framework			
9. Project objective	To mitigate occurrence and proliferation of WASH related diseases by improving the drinking water safety, sanitation and hand washing practices at 100 major hospitals, 1,740 ri hospitals and among 250,000 families (school children, U5 children and Pregnant and Lactating Women) living in 90 counties in the four targeted drought affected four provinces. (S. Hamgyong, S. Pyongan, S Hwanghae and N. Hwanghae)		
10. Outcome statement	<p>1. 250,000 families - including 12,000 SAM affected U5 children and Pregnant and Lactating Women - in 90 counties targeted in the four targeted provinces (S. Hamgyong, S. Pyongan, S Hwanghae and N. Hwanghae) - practice household water treatment, safe water storage and proper handwashing with soap at critical times.</p> <p>2. Estimated 170,460 patients, admitted to target hospitals in all affected areas will improve access to basic water, sanitation and nutrition services in order to cope with impact of drought to their health and nutrition conditions</p>		
11. Outputs			
Output 1	Provide supplies for household water treatment and safe storage in 250,000 families in 90 counties targeted by the nutrition-specific interventions in response to the drought.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of counties that return signed Goods Receipts	90 Counties	90 Counties
Indicator 1.2	Number of families that receive the full package of water purification and safe storage supplies (aqua tabs supply for 3 months, 2 no. 10 litre foldable jerry cans, 1 no. 14 litre bucket)	250,000	280,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure the commodities (9m no. aqua tabs; 100,000 no,10 litre foldable jerry cans, 50,000 no. 14 litre buckets; 250,000 tablets soap; 200 no. water filtration units; 20 tonnes calcium hypochlorite) and delivery to County	UNICEF	100 per cent procurement and distribution of supplies ensured.
Activity 1.2	Distribute of commodities (9 million aqua tabs; 100,000 x 10 litre foldable jerry cans, 50,000 x 14 litre buckets; 250,000 tablets soap; 200 water filtration units to households and (20 tonnes calcium hypochlorite) to Counties.	MoCM and County Peoples' Committees	100 per cent procurement and distribution of supplies ensured.
Activity 1.3	Provide monitoring	UNICEF and MoCM	More than 32 monitoring visits in 4 months by UNICEF and MoCM
Output 2	Provide commodities for water filtration and hand washing in learning institutions and baby/children's homes, and health facilities (200 institutions)		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportion of children in using safe drinking water and hand washing facilities in learning institutions	90 per cent	90 per cent
Indicator 2.2	Proportion of children using safe drinking water and hand washing facilities in baby homes	80 per cent	80 per cent
Indicator 2.3	Proportion of children using safe drinking water and hand washing facilities in health facilities	80 per cent	80 per cent
Indicator 2.4	Proportion of Sub-county (ri) clinics and county hospital that have and use water filtration units and hand washing facilities	100 per cent	100 per cent
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure the commodities (water filtration units; soap) and distribute the commodities to County	UNICEF	100 per cent procurement and distribution of supplies ensured
Activity 2.2	Print and distribute immediately needed hygiene promotion materials	GPSH and UNICEF	Fully achieved through development and dissemination of key messages among affected population
Activity 2.3	Supportive supervision and monitoring activities	MOCM and UNICEF	Thirty-two monitoring visits conducted and used as quality assurance and supportive supervisory opportunities
Output 3	Improve access to safe drinking water and sanitation in provincial, county and ri hospitals in drought affected areas		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	All children at four provincial pediatric hospitals have access to safe drinking water, basic sanitation facilities and IDDK for treatment of waterborne diseases	100 per cent (21,350 girls, 21,250 boys)	100 per cent (21,350 girls, 21,250 boys)
Indicator 3.2	Safe drinking water and sanitation items are sufficient at all major hospitals	110	110
Indicator 3.3	Health workers are actively promoting safe drinking water, sanitation and hygiene at community level through established mobile teams: each team consists of three staff	330 (175 women and 155 men)	330 (175 women, 155 men)

Indicator 3.4	All 1,740 ri hospitals provide safe drinking water to patients	1,740	1,740
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Replenishment of IDDK, complete and supplementary kits, containing, buckets, chlorine powder and brushes to four provincial paediatric hospitals in affected areas	WHO	WHO
Activity 3.2	Distribution of IDDK, complete and supplementary kits, containing, buckets chlorine powder and brushes to four provincial paediatric hospitals in affected areas.	WHO and MoPH	WHO and MoPH
Activity 3.3	Procurement of water testing kits, water purification units and tablets and sanitation items	WHO	WHO
Activity 3.4	Distribution of water testing kits, water purification units and tablets and sanitation items	MoPH	MoPH
Activity 3.5	Establishment of 110 mobile medical teams for sanitation education and prevention and control of waterborne diseases	WHO and MoPH	WHO and MoPH
Activity 3.6	Procurement of water purification tablets to 1,740 ri hospitals	WHO	WHO
Activity 3.7	Distribution of water purification tablets to 1,740 ri hospitals	WHO and MoPH	WHO and MoPH

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

One of the major achievements of the CERF funding was treatment of water in 20 Ri water sources in 90 counties (1,800 Ris in total), which ensured access to clean drinking water to 280,000 families, exceeding the original target of 250,000.

In addition, 110 mobile health teams were established to provide health education, identification of sick people and provision of sanitation and hygiene items among the population in all affected counties and cities. This established body was fundamental for disease prevention and control, which avoided epidemic outbreak of waterborne diseases in drought affected areas.

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

Access to beneficiaries is tightly controlled and largely discouraged in DPRK, making the inclusion of beneficiaries in all aspects of the programme extremely difficult. However, People's Committees in the targeted counties were involved in the implementation and monitoring of the projects. UNICEF WASH specialists conducted joint monitoring with Nutrition experts and representatives of the Ministry of City Management (MoCM) to ensure timely delivery of supplies to the intended counties. A total of 32 monitoring visits were carried out in four months, providing supportive supervision to enhance skills and practices of service providers. The development and dissemination of key messages on the use of clean drinking water, hand washing with soap, and sanitation practices in targeted counties is expected to have long-term impact on the wellbeing of children and mothers.

MoPH and provincial health authorities in affected areas took responsibility for distribution and effective utilization of WHO provided kits and commodities and provided additional labour for the establishment of water purification units at hospitals. The 110 health mobile teams regularly identified sick people for timely provision of appropriate treatment.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the short duration of the project, all resources were focused on delivery of critical assistance and a formal evaluation was not possible. All activities were regularly monitored both by implementing and recipient parties as elaborated under point 13 above. The in-depth inter-agency After Action Review facilitated by the RC provided further opportunity for joint evaluation of the challenges and achievements of the projects.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	21/08/2015 – 20/02/2016 (WFP)		
2. CERF project code:	15-RR-CEF-076 15-RR-WFP-045		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Saving lives of under five children, pregnant and lactating women through implementation of nutrition-specific interventions in the drought affected provinces of DPR Korea					
7. Funding	a. Total funding requirements ⁶ :	US\$ 19,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 11,160,643	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 4,529,592				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	45,950	44,350	90,300	45,939	44,373	90,312
<i>Adults (≥ 18)</i>	24,000		24,000	23,587		23,587
Total	69,950	44,350	114,300	69,526	44,373	113,899
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	114,300			113,899		
Total (same as in 8a)	114,300			113,899		

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework (UNICEF)			
9. Project objective	To reduce excess mortality among U5 children with increased vulnerability because of the drought by establishing 60 'new' service delivery sites to treat SAM affected U5 children in 60 counties in the four affected provinces.		
10. Outcome statement	Sixty Community Management of Acute Malnutrition (CMAM) service delivery sites are operational in 60 counties in the four targeted provinces (South Hwanghae, North Hwanghae, South Pyongan and South Hamgyong) to treat 12,000 'additional' SAM children.		
11. Outputs			
Output 1	Establishment of 60 new CMAM and IYCF service delivery sites in the counties' general hospitals and in associated communities for treatment and prevention of SAM with and without complications.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 SAM children (with and without complications) enrolled and treated in the 60 CMAM sites	12,000	12,000
Indicator 1.2	Number of health workers skilled to deliver in-patient and out-patient care to SAM affected children with and without complications respectively	1,200	1,200
Indicator 1.3	No. of operational CMAM sites in the 60 targeted counties' hospitals to address increase in numbers of affected SAM children due to drought)	60	60
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of therapeutic supplies and related CMAM medicines (antibiotics, rehydration solutions including i.v fluids, micronutrients.	UNICEF and MoPH only (No partnerships with NGOs)	UNICEF and MoPH only (No partnerships with NGOs)
Activity 1.2	Facilitation of in-country logistics to ensure availability of the stated above therapeutic supplies and related CMAM medicines (antibiotics, rehydration solutions including i.v fluids, micronutrients at all the 60 'new' service delivery sites		Three rounds of distributions were carried out
Activity 1.3	Supportive supervision, monitoring field visits and on-the-job training and technical support.	MoPH and UNICEF	36 field visits conducted

CERF Result Framework (WFP)			
9. Project objective	Prevent a deterioration in the nutritional status of U5 children and pregnant and lactating women who live in the most drought-affected counties, by providing supplementary fortified foods and treating moderate acute malnutrition as life-saving interventions.		
10. Outcome statement	63,300 U5 children, 15,000 U5 children suffering from MAM, and 24,000 pregnant and breastfeeding women will achieve/maintain an acceptable nutritional status by consuming locally-produced fortified foods during the period when the impact of the drought will be most severely felt.		
11. Outputs			
Output 1	Distribution of supplementary food rations		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 children received Fortified Blended Food (FBF), pulses and oil	63,300	78,312
Indicator 1.2	Number of pregnant and breastfeeding women received FBF, pulses and oil	24,000	23,587
Indicator 1.3	Number of U5 children with MAM received FBF, pulses and oil	15,000	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and import ingredients for local production of FBF. FBF for the 13 CERF counties will be produced in three factories which have enough capacity to produce the required monthly amount of super cereal within 10 days.	WFP	WFP/DPRK Government
Activity 1.2	Delivery of FBF to the Government Institutions (nurseries, hospitals and PDCs)	WFP, NCC, Provincial Food Administration, Children's Institutions, Public Distribution Centres	WFP, NCC, Provincial Food Administration, Children's Institutions, Public Distribution Centres
Activity 1.3	Beneficiary monitoring visits	WFP	WFP
Output 2	Establishment of MAM treatment in 247 children's nurseries where 15,000 U5 children will be provided with nutritional support		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Cure Rate	>75%	0
Indicator 2.2	Defaulter Rate	<15%	0
Indicator 2.3	Non-Response Rate	<15%	0
Indicator 2.4	Death Rate	<3%	0
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	On site demonstrations on cooking fortified food	WFP	0
Activity 2.2	Supportive supervision and monitoring	WFP	0

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The Moderate Acute Malnutrition (MAM) treatment planned to be operational in 247 children's nurseries for about 15,000 under-five children was not implemented. Preparatory activities including implementation guidelines, joint WFP-UNICEF training for local staff and food distribution plan were initiated. However, due to unforeseen structural impediments and despite protracted dialogue with the Government, approval to proceed with the plan was not received. As agreed by the DPRK Government, WFP re-allocated the resources for MAM treatment into supplementary feeding to under-five children and PLW for additional one month, making the assistance period for six months in total. Although the reallocation of resources was less than 15 per cent of the overall funds received, WFP consulted with OCHA and RC DPRK Offices and informed Country Office Nutrition Sector Partners ahead of time.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Under WFP's monitoring system, staff, including international Korean-speaking monitors, were given access to beneficiary institutions allowing WFP to verify food deliveries, interact with beneficiaries to understand food utilization and acceptability. The nature and degree of WFP's access continued to underpin WFP's level of assurance in food reaching its intended beneficiaries.</p> <p>WFP field monitoring visits to children's nurseries confirmed a consistently positive picture of beneficiaries' appreciation of WFP food assistance. Nursery staff interviewed during monitoring mentioned that the quality of WFP food was good and that it helped to improve their nutritional status. In all nurseries, children were observed eating bread, pancakes and gruel produced from WFP FBFs. During monitoring visits, PLW and women's groups continued to share detailed information, showing a growing understanding of their food security and nutritional situation. There is also better awareness of FBF. County officials consistently commented on the link between the provision of WFP food and healthier mothers and young children. They also observed that WFP distributions have led to better breast-feeding practices among young mothers.</p> <p>UNICEF conducted monitoring field visits during which CMAM treatment protocols and skills related to Infant and Young Child Feeding (IYCF) practices were reviewed and discussed with service providers in pediatric wards in CMAM integrated health facilities in the counties. Through these visits, UNICEF ensured that health workers are familiar with the standard CMAM protocols and they are utilizing programme supplies properly and efficiently. More than 90 health workers were interviewed and their technical skills were found to be adequate. A pediatrician from the Institute of Child Nutrition (ICN) accompanied these visits and provided technical feedback to service providers and to the national level programme managers in MoPH. The intensive field presence afforded by the CERF grant provided an excellent opportunity to identify capacity gaps and material needed to further improve CMAM and IYCF services offered to mothers and children in county hospitals. During the first month of implementation of the CERF RR project, UNICEF facilitated four provincial workshops and trained 1,200 pediatricians and health workers from all county hospitals affected by the drought. Funds from CERF were complemented by the use of UNICEF's other resources for these trainings.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Given the short duration of the project, all resources were focused on delivery of critical assistance and a formal evaluation was not possible. However, regular monitoring of activities was carried out as elaborated under point 13. The in-depth inter-agency After Action Review facilitated by the RC provided further opportunity for joint evaluation of the challenges and achievements of the projects.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-WHO-027	Water, Sanitation and Hygiene	WHO	Ministry of Public Health	Yes