RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012[1]

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	12,920,667
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral)	104,556,133
	TOTAL	117,476,800
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	10,965,527
	Second Round	0
	Rapid Response	
	Floods	1,955,140

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the 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 ☐

b. 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, cluster/sector coordinators and members and relevant government counterparts)?

YES ☐ NO ☒

The final version was shared for review with recipient agencies prior to submission; however other stakeholders, including Government counterparts, will receive a copy after submission.

[1] *Does not include late 2011 allocation.*

PART 2: CERF EMERGENCY RESPONSE – NUTRITION CRISIS (RAPID RESPONSE 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: **US$ 9,288,000**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	427,131
	OTHER (Bilateral/Multilateral)	4,585,283[2]
	TOTAL	**5,012,414**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 23 December 2011			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNICEF	11-CEF-068	Health-Nutrition	427,131
Sub-total CERF Allocation			**427,131**
TOTAL			**427,131**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	427,131
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	0
TOTAL	427,131

In 2010-2011, the agricultural season in the Democratic People's Republic of Korea (DPRK) suffered from a very cold winter with drought in the spring followed by heavy rain and typhoons in the summer, challenging the food production. The Crop and Food Security Assessment Mission report 2011 (CFSAM) indicated that the Government had decreased the food ration in the lean season to about 200 grams or less per day per person and that food aid received in 2011 was not sufficient to cover this deficit[3]. Consequently, the combination of the challenges brought by the weather conditions in 2011 led to a food deficit of about 400,000 metric tons. It was expected that in the following months, the vulnerable children in the most food insecure provinces (Ryanggang, North Hamgyong, South

[2] *The other emergency funding sources received by UNICEF in 2012 covered not only the Community Management of Acute Malnutrition (CMAM) activities but also the micronutrient supplementation of children and women, infant and young child nutrition activities and the National Nutrition Survey conducted in 2012, as well as capacity strengthening of the Ministry of Public Health in the area of nutrition.*

[3] *FAO/WFP CFSAM, November 2011.*

Hamgyong and Kangwon) would be at high risk of acute malnutrition and that the moderate acute malnourished children could become severely malnourished if not considered in the humanitarian efforts.

In September 2011, UNICEF specifically supported the Ministry of Public Health (MoPH) to train doctors up to the Ri/Dong level in cascade trainings. In close collaboration with MoPH, UNICEF led the screening of 181,300 children under age 5 with mid-upper arm circumference (MUAC) (88 per cent of the 209,297 children aged 6-59 months in the 25 counties). Results showed that 2.8 per cent of the children (4,916) were severely acute malnourished (SAM) and a total of 31,161 children (17.4 per cent) were acutely malnourished (moderate and severe included).

Given the fact that the number of children detected as moderately or severely acute malnourished was above initial estimates made by UNICEF, it resulted that the entire stock of RUTF (Ready-to-Use Therapeutic Feeding) and other supplies UNICEF had in DPRK had to be dispatched at once; hence totally depleting additional stock of nutritional therapeutic products in the country.

II. FOCUS AREAS AND PRIORITIZATION

Based on the results of the community screening completed in 2011, this project, initiated in January 2012, was in line with the life-saving criteria as defined by CERF and intended to address the out-patient treatment of severe acute malnutrition in children 6 to 59 months.

The implementation of the management of acute malnutrition was done in 25 focus counties in the four North-Eastern Provinces (Ryanggang, North Hamgyong, South Hamgyong and Kangwon). These counties were identified in collaboration with WFP as the most food insecure counties among those covered by WFP intervention. The management of severe acute malnutrition in children under 5 was implemented in all Ri/Dong clinics in the 25 counties as well as in the 25 county hospitals and the four Provincial Paediatric Hospitals. The intervention was targeting the 4,916 severely acute malnourished children identified during the screening, completed with MoPH.

The nutrition response initiated with the CERF funding covered the supply needs for three months for the management of 3,000 severely acute malnourished children with RUTF and other essential medicines in the 25 counties. In January, February and March 2012, the MoPH had three local consultants ensuring the coordination of the MoPH national level with the provinces. Additional international technical support was offered to MoPH to strengthen this coordination.

III. CERF PROCESS

Until December 2011, the nutrition interventions were discussed by both the Health and Food Security and Agriculture Theme Groups. However, the 2011 crisis outlined the importance of having a separate nutrition theme group to address nutrition in a comprehensive way. UNICEF and Save the Children both selected the most food insecure 50 counties (25 counties each) based on the list used by WFP for food aid interventions and started interventions separately.

UNICEF began the treatment for severe acute malnutrition at the Ri/Dong clinic level in 2011. According to the Multiple Indicator Cluster Survey (MICS) 2009, no gender difference was found in the prevalence of acute malnutrition so the intervention was implemented to ensure coverage of boys and girls without distinction. However, UNICEF available funding was not sufficient to cover all children identified with severe acute malnutrition in these 25 counties.

This CERF allocation complemented other funding which UNICEF leveraged in 2011 to respond to the nutrition emergency, a priority which was identified in collaboration with other agencies, as reflected in the 2011 Overview Funding Document (OFD).

The CERF proposal complemented food interventions carried out by WFP as well as health interventions through provision of vital essential medicines for the treatment of common childhood diseases, including diarrhoea, and routine vaccination, in these counties.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: **11,183**[4]				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health-Nutrition	1,911	1,989	3,900

The total number of severe acute malnourished children identified during the extended community screening was 4,916, which was above estimation based on the 2009 MICS data. To ensure a maximum of coverage, UNICEF used all RUTF and other nutritional supplies in stock depleting the entire country stock. This was funded by multiple sources including CERF allocation in 2011 (11-CEF-027). However, end of 2011, it was estimated that 3,000 children (1,470 girls and 1,530 boys) would still need nutritional therapeutic products to fight against severe acute malnutrition and there was no additional stock available; thus a new request was submitted to CERF in December 2011. In addition, as severe acute malnourished children are present throughout the year and the transportation cost in particular was less than initially anticipated, a no-cost extension was granted to UNICEF to cover an addition 900 severely acute malnourished children.

The 2008 Population Census in DPRK was used to estimate the number of girls (49 per cent) and boys (51 per cent).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	1,470	1,911
Male	1,530	1,989
Total individuals (Female and male)	3,000	3,900
Of total, children under 5	3,000	3,900

CERF Results

Treatment of 3,900 severely acute malnourished children

In January 2012, UNICEF procured supplies with CERF funds as planned: 3,360 cartons of Therapeutic Spread, four packs of Vitamin A capsules, four packs of folic acid, four packs of amoxicillin in capsules and 25 packs of mebendazole for a total cost of $217,957.59. The proposal included the cost for air transportation from Beijing to Pyongyang. However, Air Koryo, the only regular cargo plane company for DPRK, was not available for fast transportation of supplies to Pyongyang. A truck company was then hired to bring the supplies from Beijing to Pyongyang in due time. This change in plan decreased the expected cost for transportation. An international Community Management of Acute Malnutrition (CMAM) consultant was also hired to assist UNICEF in the coordination of the activities and to offer technical support to MoPH. The development of the CMAM guidelines with the National Technical Group (NTG) took more time than initially expected. For this reason, the training was postponed, leaving unspent the $22,400 planned for this activity.

As there were savings in the transportation cost and as the training activity was delayed, UNICEF requested and was granted a no-cost grant extension in August 2012 to be able to *(i)* procure more supply items for an additional 900 Severe Acute Malnourished children in

[4] *This number includes children with severe acute malnutrition without complications who were treated in 2012.*

the same 25 counties, *(ii)* cover the extra cost of the CMAM consultant, and *(iii)* to ensure more logistical support to handle the supplies. The procurement of an additional 1,000 cartons of Therapeutic Spread, four packs of Vitamin A capsules, four packs of folic acid and 2,500 bottles of amoxicillin in syrup was done. These nutrition supplies were used essentially to save the lives of children with Severe Acute Malnutrition (SAM) during the rainy season in the 25 focus counties, where an increase in diarrhoea was followed by an increase in severe acute malnutrition.

In 2012, CERF funding contributed to the treatment of 3,900 severe acute malnourished children, over a total of 11,183 children treated as out-patients in the communities for severe acute malnutrition, thus about 33 per cent of the children were treated in 2012. These children covered by this CERF allocation were treated with RUTF and other essential medicines in about 1,000 Ri/Dong clinics of the 25 CMAM focus counties in the four North-Eastern Provinces (Ryanggang, North Hamgyong, South Hamgyong and Kangwon). Other funding allowed for the out-patient treatment of 7,283 severe acute malnourished children in 29 counties; the 25 covered by CERF and four additional in other provinces (Sinkye and Yonthan in North Hwanghae, Jangyong in Kangwon, and Pyoksong in South Hwanghae) and 1,426 children in the 14 Baby Homes across the country (orphanages for children 0 to 3.9 years). In addition, 2,887 children were treated in 12 provincial hospitals, the Pyongyang Medical University Hospitals and the Institute of Child Nutrition, and 2,089 children were treated in 59 county hospitals. This activity was also supported by UNICEF through other funding sources.

The quality performance of the treatment of severe acute malnutrition was very good in all types of institutions with more than 75 per cent children cured, which is higher than the minimum Sphere standards[5] as follows:

- In the Ri/Dong clinics, among the 11,183 children treated, 91 per cent were cured, 9 per cent deceased/defaulter/non-respondent.
- In the Baby Homes, among the 1,426 orphans children treated, 92 per cent were cured, 4 per cent transferred to hospitals, less than 1 per cent deceased, 4 per cent non-respondent.
- In the Provincial Hospitals, among the 2,887 children treated, 86 per cent were cured, less than 1 per cent deceased, 14 per cent defaulter/non-respondent.
- In the County Hospitals, among the 2,089 children treated, 84 per cent were cured or sent to Ri/Dong clinics to complete their treatment, 3 per cent sent to Provincial Hospitals, less than1 per cent deceased, 12 per cent defaulter/non-respondent.

CMAM approach endorsed by the Government for scaling up

Before 2011, the CMAM approach was piloted in four counties, mainly in baby homes. Most of the severely acute malnourished children were referred to hospitals for in-patient treatment. Not only was such a referral costly as families, most mothers, had to stay with the child during hospitalization, but it did also not allow for large scale nutrition interventions. Therefore, it was important to offer the appropriate treatment to severely acute malnourished children who do not require hospitalization, mainly as out-patient with RUTF, to decrease the burden on the health system. The scaling up of the CMAM programme was used as an opportunity to advocate to the Government to adopt a community approach for screening children and treating severe acute malnutrition. The successful treatment of severe acute malnourished children convinced the Government that such an approach was cost-effective in DPRK and could reduce risks as children could be detected and treated early at community level, while empowering the health staff in addressing this problem. If complemented by a similar approach at community level for the moderate malnourished children, this could, in turn, reduce drastically the number of severely acute malnourished children in the future, and thus prevent more deaths in children. Advocacy for the implementation of management of moderate acute malnutrition to the Government and WFP is ongoing.

CERF funding allowed UNICEF to ensure quality technical support to the MoPH through an international CMAM consultant from 30 March to 30 June 2012. Initially, the CMAM interventions were coordinated by three local consultants working for MOPH (September 2011 to March 2012). While, in March 2012, the MoPH decided to further strengthen the coordination of the CMAM interventions by creating a National CMAM technical group for the coordination of interventions. The international consultant's contribution ensured valuable technical support to the CMAM technical group through the revision of CMAM guidelines for national use as well as the facilitation of the central and provincial level training on CMAM (supported through another grant). The consultant also strengthened the supervision skills through joint supervision with the Technical group and monitoring of the CMAM intervention. UNICEF staff (national

[5] *The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response, 2011: The proportion of discharge from therapeutic care who are cured should be >75%, who have died during treatment <10% and who defaulted <15%.*

and international) also ensured a total of 20 days of field monitoring visits. This grant also contributed to ensure one month's salary for the supply logistical support needed to improve the coordination of the distribution of all supplies procured through this grant.

CERF Added Value

Without CERF funding, 3,900 children with severe acute malnutrition in DPRK would not have received treatment for their condition and could have died from malnutrition. This funding source was part of the important achievement for not only saving children lives but also to create a momentum around nutrition and its importance in a child's growth and development. The implementation of this intervention is contributing to the learning opportunities for the Government about the type of essential nutrition interventions during emergency situations and to the preparedness for the next emergency. The MoPH, through the National CMAM Technical Group, is actively participating and coordinating the CMAM implementation. The success of the interventions based on the high percentage of cured children was the best advocacy tool to the Government on the importance to consider nutrition as an essential part of child car]es. Based on these results, the Government is requesting UNICEF to extend CMAM to all Ri/Dongs in the four North-Eastern Provinces to go toward equity for all children in these provinces as well as to assist them in the advocacy to WFP in order to consider the moderate acute malnutrition in the package of services. Limitation of funding is preventing UNICEF to fulfil the extension request but advocacy for the management of moderate acute malnutrition continues.

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

CERF funding was made available on time, allowing UNICEF to ensure fast procurement of supplies and fast distribution to the provinces.

b) Did CERF funds help respond to time critical needs[6]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funding ensured the out-patient treatment of 3,900 severely acutely malnourished children over a total of 11,183 reached during the year, so about 33 per cent of all children treated. This funding was essential for these children to receive the appropriate care, as the nutritional therapeutic products are not available in the country and have to be procured by UNICEF or other agencies/NGOs.

It also allowed providing quality technical support to MoPH and the National CMAM Technical group to strengthen its understanding and ensure net positive progress in the involvement of the MoPH in the treatment of severe acute malnourished children as well as the monitoring of the cases and the nutritional situation.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF funding gives UNICEF the time to look for other funding sources during the year, which all contributed to the treatment of 11,183 severe acute malnourished children as outpatient in the Ri/Dong clinics.

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

The increased interest in CMAM created by the technical support offered to MoPH and the quality results obtained in the treatment of the severe cases increase the advocacy opportunities to the Government and to WFP. Discussions were held at the technical and coordination levels to advocate on the importance of the management of the moderate acute malnutrition as an essential step in the prevention of the development of severe cases. These discussions on the best approach to target the moderate acute malnourished children are positively continued.

[6] *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*).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
The positive CMAM results highlighted the importance of considering the emergency CMAM intervention not only as an emergency response but also as an essential child health service in the communities in which a prevention dimension could easily be added.	Continued support is necessary to MoPH through UNICEF to ensure that SAM children are identified and treated in the communities while prevention of malnutrition is strengthened through the promotion of optimal infant and young child feeding practices and micronutrient supplementation for children and their mother.	UNICEF
The technical support offered to the National CMAM technical group was an essential aspect in this proposal.	The quality of the collaboration with the MoPH increased throughout the year toward an enhanced coordination by the National CMAM technical group. This support needs to continue to ensure continued improvement and good interventions quality.	UNICEF
Planning exact financial figures is a challenge due to factors beyond control of the agency such as unit cost of supplies as well as transportation costs, which vary regularly depending of the world market and exchange rates.	UNICEF uses standard costs but experience shows that there are still variations over time. Thus flexibility is essential to use the savings. Increase in targets/quantities within a budget line for the same activity could be left to the decision of the agency.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
This emergency response also helped in building a momentum on nutrition within the MoPH and the National Coordination Committee, and with partners.	On-going advocacy to the Government by the RC and related UN agencies (FAO, WFP, WHO and UNICEF) is needed to increase multi-sectoral interests in the treatment and prevention of malnutrition through continued investment to address the different underlying causes of malnutrition (food security, care practices, access to quality health care and access to safe water, hygiene and sanitation facilities).	RC, FAO, WFP, WHO and UNICEF
Essential to address the moderate acutely malnourished children at community level and in large scale to reduce number of	On-going advocacy to the Government by WFP and UNICEF, under the leadership of the RC, as well as to donors is needed to have a programmatic shift in the food related interventions.	RC, WFP, OCHA, UNICEF

severely acute malnourished children whose life is at risk.		

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	4 January - 18 October 2012
2. CERF Project Code:	11-CEF-068	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project Title:	Management of severe acute malnutrition in 25 vulnerable counties		
7.Funding	*a. Total project budget:*		US$ 9,288,000
	b. Total funding received for the project:		US$ 5,012,414
	c. Amount received from CERF:		US$ 427,131

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,470	1,911	No-cost extension authorized in August 2012 to increase beneficiaries from 3,000 to 3,900 severe acute malnourished children.
b. Male	1,530	1,989	
c. Total individuals (female + male):	3,000	3,900	
d. Of total, children under 5	3,000	3,900	

9. Original project objective from approved CERF proposal

- An estimated 3,000 severely acute malnourished children aged 6-59 months without medical complication in 25 focus counties will benefit from community-based management of severe acute malnutrition.

10. Original expected outcomes from approved CERF proposal

- An estimated 3,000 children admitted for severe acute malnutrition
- At least 75% of children are cured from severe acute malnutrition
- Less than 10% of children die during treatment for severe acute malnutrition
- Less than 15% of children abandon their treatment for severe acute malnutrition

11. Actual outcomes achieved with CERF funds

CERF funding contributed to a larger intervention, which treated in total 11,183 severe acute malnourished children. Among them, 736 children were still in treatment at the end of the reporting period. The expected outcome was fulfilled as the monitoring results showed that 91% of the children treated were cured from severe acute malnutrition (9,544 cured over a total of 10,447 exits).

- 3,900 children admitted for severe acute malnutrition.
- At least 75% of children are cured from severe acute malnutrition.

Monitoring of interventions improved all along the year through the technical support given to MOPH. The results for these last 2 indicators are not available separately. Results show that 9% of severe acute malnourished children died, were abandoned or did not respond during their treatment, which is in line with the recommended Sphere criteria suggested as indicators.

- Less than 10% of children died during their treatment for severe acute malnutrition.
- Less than 15% of children abandon their treatment for severe acute malnutrition.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- CERF funding was extended in August 2012 to allow UNICEF to cover an additional 900 severe acute malnourished children to the 3,000 planned for a total of 3,900 children.
- Due to the delays in the finalization of the National CMAM Guidelines, the training of 1,120 health staff on the management of acute malnutrition was postponed and finally covered with another grant.

  Delays in the finalization of the guidelines are due to the need for additional technical support, specifically for the management of SAM in hospitals to complete these guidelines. Specialized consultants involved in the preparation of the updated WHO recommendations were available only in the first quarter of 2013.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): According to the MICS results 2009, there is no gender difference in the prevalence of severe acute malnutrition in DPRK. No distinction was made throughout the intervention to target more one sex than the other.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

N/A

PART 2: CERF EMERGENCY RESPONSE – MULTIPLE EMERGENCIES (UNDERFUNDED ROUND I 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$ 198,066,562		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	10,965,527
	OTHER (Bilateral/Multilateral)	73,921,752[7]
	TOTAL	**84,887,279**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 16 February 2012			
FAO	12-FAO-001	Agriculture	1,897,244
UNFPA	12-FPA-001	Health	150,000
UNICEF	12-CEF-003	Health	1,225,000
WFP	12-WFP-006	Health-Nutrition	6,468,289
WHO	12-WHO-004	Health	1,224,994
Sub-total CERF Allocation			**10,965,527**
TOTAL			**10,965,527**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	10,965,527
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	0
TOTAL	**10,965,527**

The people of DPRK continued to suffer from chronic food insecurity and underdevelopment, and the consequences of frequent natural disasters. The country is facing a multiplicity of health challenges, particularly in the areas of maternal, child and reproductive health, compounded by degraded health care infrastructure and lack of medicines. Malnutrition rates constitute a major concern, with children under 5's rates of stunting estimated at the time of submission of the application to be 32.4 per cent.[8]

External assistance continued to play a vital role in safeguarding and promoting the well-being of those millions whose nutritional status and general health would otherwise had been seriously compromised. Even though humanitarian assistance should not be influenced

[7] *This figure is based on information provided by the UN agencies in-country on the contributions to their programmes in 2012.*
[8] *According to the MICS conducted in 2009.*

by geopolitical situations, recent developments in the Korean peninsula continue to have a negative impact on the levels of humanitarian funding. The dire funding situation left the UN agencies and other humanitarian actors concerned about the continuation of their programmes in DPRK. Inadequate medical supplies and equipment make the health care system unable to meet basic needs, while water supply and heating systems continue to fall into disrepair. Young children, pregnant and lactating women and the elderly are particularly vulnerable. Key aid priorities in 2012 included food and nutritional assistance, agricultural support and interventions in the health sector.

The CFSAM carried out by WFP/FAO in October 2011 concluded that around three million people would continue to require food assistance in 2012 in the five most food insecure provinces of Ryanggang, Chagang, North Hamgyong, South Hamgyong and Kangwon resulting from a food gap of 414,000 metric tons. Adverse weather conditions in July and August had negatively affected paddy and maize that constrained the overall improvement. It was feared that another year of prolonged food deprivation could have a serious impact on the health and nutrition situation of the people, and CFSAM therefore recommended a package of food-based nutrition interventions to address the deficit of protein and fats in the diet of young children and pregnant/lactating women.

Diarrhoea and pneumonia continued to be the main causes of deaths among children under 5 in DPRK. The country has limited financial resources for provision of basic equipment and medicines to treat life-threatening conditions/diseases. The latest UN estimate published in September 2011 showed that under-five mortality reduced slowly from 45/1,000 live births in 1990 to 33/1,000 live births in 2010; however the IMR (Infant Mortality Rate) went up from 23 per 1,000 to 26 per 1,000, respectively.

Maternal and newborn health remain an issue of concern. The latest Global UN estimates published in September 2011 have shown that the Maternal Mortality Ratio (MMR) reduced slowly from 85/100,000 live births (2008) to 81/100,000 live births. Main causes of maternal mortality remain postpartum haemorrhages (28.9 per cent), eclampsia (25 per cent), post-operative and post-abortion infection (26 per cent) and other pregnancy complications (20.1 per cent). Neonatal morbidity and mortality remain high, particularly among premature newborns with low birth weight. UN inter-agency report on *Levels and Trends in Child Mortality* (2012) has shown that neonatal mortality has slightly decreased from 22/1000 live births in 1990 to 18/1000 live births in 2011. Service delivery for most vulnerable mothers and their newborns requires further external funding and technical support.

Under-nutrition is one of the major underlying causes of maternal and child mortality and constitutes a serious public health problem. In 2012, DPRK continued to display high rates of malnutrition compared to other countries in the region. Findings from the 2009 MICS showed a 32 per cent rate of stunting, 19 per cent rate of underweight and 5 per cent rate of wasting for children under age 5. The provincial aggregated data showed stunting levels ranging between 23 to 45 per cent, underweight ranging from 14 to 25 per cent and wasting ranging between 2 to 8 per cent. Around 26 per cent of women, aged 15 to 49, were undernourished, with a mid-upper arm circumference (MUAC) of less than 225 mm and risk having babies with low birth-weight.

Towards end of 2012, the humanitarian situation improved slightly. According to the CFSAM conducted October in 2012, timely imports of food and provision of agricultural inputs had contributed to avoid a new food crisis (with a cereal deficit of 207,000 MT). However, while the food gap is the narrowest in many years, the majority of the people remain chronically food insecure and highly vulnerable to production shocks. Chronic under-nutrition remains a public health problem, and serious gaps remain between recommended and actual nutrient intake despite a modest improvement in the acute malnutrition rates. According to a nutrition survey conducted in October 2012, the global chronic malnutrition rate among children under 5 is 27.9 per cent, down from 32.4 per cent recorded in 2009.

II. FOCUS AREAS AND PRIORITIZATION

While the health system in DPRK slowly recovered from the setbacks suffered in the 1990s, it continued to face enormous challenges in providing quality health care. Humanitarian assistance continued to play an essential role in meeting the immediate needs of vulnerable groups. The situation was especially grim in the Northern provinces due to the fact that these areas were not accessible to humanitarian agencies from late 2005 until mid-2008. Because of an unstable economic situation, limited resources were allocated by the Government to the health sector, which meant that key life-saving health care interventions mostly were supported by international organizations.

Within the health sector, most-vulnerable groups of people were identified as women and their newborns, particularly those with low birth weight and children under 5, living at remote areas with limited access to health services. The interventions in the health sector were therefore mainly focused on provision of essential drugs for prevention of avoidable death from most common diseases and conditions among children and pregnant women. UNICEF provided essential drugs to children and UNFPA provided the two most essential drugs

for management of postpartum haemorrhage and to prevent eclampsia among women in delivery. WHO supported rehabilitation of key life-saving units at county hospitals and provided basic equipment, essential drugs and consumables for prevention of death from life-threatening conditions. All activities were coordinated among the three agencies and built up on complementarity and convergence with previous interventions.

In principle, the Public Distribution System (PDS) is to provide food rations equally to all PDS households in all regions of the country. However, in reality, the types and amounts of staples households receive vary by county and region depending on the main cereal grown/available in the area. More importantly, food supply in the country crucially depends on the levels of national food production. Despite some improvements in the early 2000s, the DPRK remained a chronically food-deficit country in terms of food production. The immediate consequence of limited food availability is high levels of under-nutrition, which is especially damaging to children and pregnant women. Reviews of food consumption of both PDS and cooperative farm households revealed that dietary intake primarily consisted of very little dense energy foods, other than cereals, and comprises mostly of vegetables.

Since 1995, WFP has been providing food assistance to DPRK, particularly targeting women and children. The main component in WFP's rations is the locally produced fortified and blended foods (Super Cereals and nutritious biscuits). WFP does not supply rice in its rations, but seeks beyond the provision of fortified blended foods to provide the oil and pulses component in the rations. If funding permits WFP also provides a cereal component of maize or wheat in the rations. Households are usually mixing the cereals with the fortified blended foods..

Under the food and agriculture sector, it was recognized that food assistance provided in the seven most vulnerable provinces in the North must be combined with agricultural inputs and support as without these, production in the "cereal bowl" surplus areas (North and South Hwanghae, North and South Pyongan provinces, Pyongyang and Nampo cities) could not reach levels whereby food may be transferred to deficit areas in support of the neediest communities. Provision of plastic sheet and fertilizer to produce food locally and enhance production resilience to harsh weather conditions is therefore a more efficient mean of increasing food availability for vulnerable groups and to improve their food security and nutrition situation.

III. CERF PROCESS

The decision-making process on development of the application was driven by the UN Country Team (UNCT) and involved consultations with humanitarian partners and government counterparts. Given the small size of the team (six resident agencies), and in the interests of inclusiveness and transparency, it was agreed that it would not be necessary to establish a working group. The prioritization strategy capitalized on each resident agency's comparative advantage within the system of leadership and accountability within the key areas of humanitarian activity in the DPRK. The agencies continued to work within the framework of the 2011 Overview Funding Document (OFD), which was prepared to ensure life-saving solutions for affected people.

On 19 December 2011, an ad-hoc UNCT meeting was convened to set priorities and determine which humanitarian activities would qualify and be eligible for CERF funding under the underfunded emergencies (UFE) window. In line with the overarching principles for the CERF UFE, the UNCT took into account the Crop and Food Security Assessment conducted in October 2011 and other situation reports including recent assessments and the financial tracking on pledges/contributions received.

The UNCT prioritized humanitarian interventions, based on assessed needs, inter-agency convergence to achieve greatest impact for vulnerable people, complementarity with Government priorities and the need to orient UNCT interventions more towards longer term responses to what were largely considered a chronic problem. Taking into account the level of funding received, which had impeded certain agencies' ability to respond to needs identified in the OFD, the UNCT concurred that Food and Agriculture and Health and Nutrition were to be prioritized for CERF funds.

As part of the decision-making process, agencies shared details on current levels of funding. Shortfalls were evident in all sectors, but were largest for FAO and WHO. The funding gap of UNICEF was smaller than other agencies.

During the prioritization exercise the UNCT acknowledged the need to take the following points into consideration:

- Respond in a balanced manner to the Government priorities towards food security and agriculture production.
- Ensure that the needs of the people are also addressed in the health and nutrition sectors.
- Promote inter-agency convergence to achieve greatest impact for vulnerable people.

- Reflect USG/ERC Valerie Amos' visit to DPRK on 17-21 October 2011 and her recommendations to orient UNCT intervention towards longer term responses to the chronic problems faced by the country.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: **Approximately 16 million**				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Agriculture	130,038	124,938	254,976
	Health	5,622,295	5,418,355	11,040,650
	Health-Nutrition	893,267	755,626	1,649,591

Agriculture

Usually the Government identifies the cooperative farms with shortages of agricultural inputs. Again, due to the resource limitation, a work team with critical shortage of inputs selects for input provision. Depending on the size of the cooperative farm, usually there are 8 to 10 work teams in the cooperative farm. In each cooperative farm FAO targeted three work teams composed of 120 to 130 households. The average family size taken is four; hence, to estimate the number of direct beneficiaries, the household number is multiplied by four. The total households reached was 63,744 in 166 cooperative farms, totalling a total beneficiary number of 254,976.

FAO addresses the concurrent support to stimulate the production and safeguard the vulnerability of production from abnormal conditions of weather and climate through the cooperative farms. The accrual of benefit is multipronged. This augments the overall supply of the food, percolates to the household members of work teams and disperses the skill of better farming methods in the farming community.

Health

Based on the general population disease burden in DPRK and in consultation with WHO, UNFPA and IFRC, the interventions targeted 746,800 children under 5 years (365,185 girls and 381,615 boys) and about 154,391 pregnant women covering 10.5 million people in five provinces and two cities in the country. One essential medicine kit is designed to treat common childhood disease cases among 4,000 people over a three-month period. In line with this estimation, the numbers of essential medicine kits are procured by partner agencies in the country. UNICEF covers 94 counties out of 208 counties with essential medicine kits based on the population figures living in those areas.

Availability of and access to vital essential drugs by the people in need at primary and secondary levels of health services are challenging in DPRK. Due to limited resources, humanitarian assistance is not able to support all health needs of the country which are not covered by the Government. It is therefore essential to maximize efficiency of the existing assistance and ensure coordination to avoid duplication. Therefore, in consultation with WHO, UNFPA and IFRC, UNICEF decided to target the prevention of complications from diseases and the response to common childhood diseases in five provinces and two cities, representing 94 counties out of 208 counties. The estimation of the population of 10.5 million including 746,800 children under five (365,185 girls and 381,615 boys) and about 154,391 pregnant women in need in UNICEF targeted area was based on the 2008 population census. Provision and distribution of vital essential medicine kit to the health facility was determined as one of low cost life-saving intervention in DPRK. One essential medicine kit is designed to treat common childhood disease cases for 4,000 people over a three-month period.

One of the key challenges of the health system in DPRK is the delay of medical supply distribution from the central to the lower level due to financial and logistical constraints. CERF fund has provided great support for the timely distribution of all essential medicine kits up to the end user's level (county and ri health facilities). Fuel coupons were also provided to the MoPH for speedy delivery of essential medicine kits to the project sites on a monthly basis.

WHO's total beneficiary numbers (194,350 people) were estimated based on the number of women, children under 5, and boys and girls who utilized hospital services at the selected target areas in 2012. These data may be incomplete, as in 2012, the hospitals were under

renovation for 2 to3 months and therefore worked in low hospital admission rate, and other hospitals in the provinces backed-up under-construction hospitals with patients' flow.

According to the latest data, the most common causes of maternal death are postpartum haemorrhage (49 per cent), and pregnancy-induced hypertension including eclampsia (13 per cent); thus continuous supply of life-saving drugs (Oxytocin and magnesium sulphate) is critical to reduce the post-partum haemorrhage and severity of eclampsia. Given inability of the Government to provide essential drugs for maternal care, UNFPA targeted all 350,000 pregnant women to provide Oxytocin for every delivery to control excessive bleeding during or after childbirth, and magnesium sulphate to prevent and treat high blood pressure during pregnancy, a life-threatening condition.

Health-Nutrition

The beneficiary numbers were based on previous needs assessment; the Crop and food Security Assessment (October 2011) and the Rapid Food Security Assessment Mission (RFSA), April 2011, which reconfirmed the need for urgent targeted nutritional assistance to women and children to combat hunger. Upon submission of project proposal, WFP had planned to reach around 1.34 million children and pregnant and breastfeeding women in 65 counties with the CERF contribution. The estimates were based on WFP's programming figures (as per project document). The project went through a budget revision in June 2012 reflecting an extension in time (12 months to June 2013) and a larger geographical coverage (from 63 to 85 counties) and beneficiary numbers, thus leading to a change in the overall budget. The larger (geographical) coverage took into account the vulnerabilities already known among the targeted beneficiary groups (children and pregnant and breastfeeding women) and included more coverage in the North Eastern parts of the countries where malnutrition rates are among the highest.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	6,501,023	6,645,600
Male	6,062,640	6,298,909
Total individuals (Female and male)	12,563,663	12,944,509
Of total, children under 5	1,222,032	1,345,866

CERF Results

UFE Allocation 12-FAO-001

FAO originally planned to procured 1,000 tons of urea fertilizer and 11,000 rolls of plastic sheets to reach 192,000 beneficiaries in 125 cooperative farms. Due to higher cost estimates of fertilizer and plastic sheets in the project document compared to the actual cost of the inputs, FAO was able to procure 1,200 tons of fertilizer and 13,948 rolls of plastic sheets. This allowed FAO to reach an additional 15,744 households in 41 cooperative farms. Therefore, the total number of direct beneficiaries increased from the 192,000 originally planned to 254,976.

UFE Allocation 12-FPA-001

Although there have been improvement in the work related to reproductive health, especially in the overall health status of the women, challenges remain. The maternal mortality was 85.1 per 100,000 live births in 2008,[9] nearly 300 maternal deaths occurs annually, which is a slight decrease in comparison with 2006 (90 per 100,000 live births). Levels of maternal mortality are not uniform across geographic areas, which can be due to a number of reasons such as differences in access to health facilities. The range varies from the capital to the provinces. The maternal death rate in rural areas (105) is higher than that in urban areas (70.7). The leading cause of maternal mortality is post-partum haemorrhage, accounting for 28.9 per cent of all maternal death cases. Eclampsia is another frequent cause of pregnancy-related maternal mortality.

[9] *This figure is based on the Maternal Mortality Validation Study (2009).*

Factors affecting high maternal mortality rate include the lack of essential drugs in health facilities, such as Oxytocin and magnesium sulphate. With funding support from CERF, UNFPA has been able to continue nationwide provision of two essential and life-saving reproductive health drugs, Oxytocin and magnesium sulphate, for 360,000 pregnant women annually on average since 2008. The continued supply of the two essential life-saving drugs will contribute to achievement of a national MDG goal by reducing the maternal mortality rate to 54 by 2015. In order to achieve this goal, maternal health care, including basic and comprehensive emergency obstetric care, must be further improved. Considering the fact that that 66.7 per cent of maternal deaths occur at home and three-quarters of all maternal deaths occur during and immediately after delivery, the rate of the delivery assisted by the health workers and the rate of delivery at hospital must reach 100 per cent, although it can be considered high with 87.9 per cent as of 2010.

The life-saving reproductive health drugs are supplied to health facilities in nine provinces and three municipal cities. The number of health facilities where the drugs are supplied is 133 central and provincial hospitals, 1,575 county and ri hospitals, and 6,263 poly clinics and ri clinics. The geographical coverage of the nationwide provision of two life-saving reproductive health drugs is 123,188 square kilometres.

UFE Allocation 12-CEF-003

In 2012, CERF funds allocated to UNICEF health programme were utilized for the provision of a total of 3,930 set-packed kits consisting of 22 vital essential medicines and basic consumables for the treatment of common childhood diseases. Although the initial plan was to procure 3,300, 630 additional essential medicine kits could be procured as there were some savings from freight cost. Savings were made available after the completion of the drug supply procurement and subsequent payment of the freight in November 2012. This decision regarding the additional essential medicine kits to be procured was taken in close consultation with the Ministry of Public Health.

The first batch of medicine kits (3,300 sets) arrived by August in the country. UNICEF, in close coordination with MOPH, ensured that all 94 counties were timely provided with essential medicine kits from September to December 2012. Distribution was undertaken based on a monthly distribution plan approved and monitored by both UNICEF and MoPH. An additional order of 630 essential medicine kits is expected to arrive in April 2013 in the country. These kits will be distributed to 630 ri clinics in Pyongyang, as this is a zone of intervention for UNICEF. With this support, around 3.2 million people, including 227,520 children under 5 (111,359 girls and 116,161 boys) and 46,080 pregnant women, will have the opportunity to get treatment free of charge for three months (May through July) when they are sick.

Collecting data on actual numbers of diarrhoea and pneumonia cases treated with standard treatment as either in- or out-patients from health facilities is one of the challenging areas for the programme. According to the programme agreement between UNICEF and the Government, all health programmes-related data should be provided to UNICEF on an annual basis. Routine health information data reported that 357,971 children under 5 out of 746,800 target populations living in the 94 programme supported counties suffered diarrhoea in 2012 and were timely treated with appropriate standard treatment. Moreover, 389,250 children under 5 among the same target group population and having acute respiratory infections including pneumonia in the reporting year have received the standard treatment. Especially, as a result of CERF support, 97 per cent of children under 5 (39,064 out of 40,190) in programme target areas and having pneumonia were treated with antibiotics that prevented further complications and death.

UFE Allocation 12-WFP-006

In March, 2012 CERF granted almost $6.5 million to the Protracted Relief and Recovery Operation (PRRO) “Nutrition Support for Women and Children” (12-WFP-006). The funds were used to source a total of 3,587 mt of maize (arrived in July 2012), 300 mt of vitamins and minerals (premix), 400 mt of dried skimmed milk (arrived in August 2012), and for covering associated costs for a Brazilian in-kind contribution of 4,600 metric tons of pulses (arrived throughout June to August).[10] The food commodities were used to produce fortified blended foods (Super Cereals) distributed to around 1.65 million children, pregnant and nursing women for five months in 85 counties/districts. The beneficiaries counted received all three commodities through the distributions of blended foods. The fortified blended food was delivered to child institutions from the factories, while food rations for pregnant and lactating women were distributed through the Public Distribution System (PDS). All paediatric hospitals at the provincial and county level have been supported with blended food.

[10] There were no delays in the arrival of Brazilian commodities for the 12-WFP-006 contribution. Delays relating to twinning of Brazilian commodities were from the 2011-WFP-15 funding allocation. The explanations have been submitted through a revised report for 2011.

In July 2012, WFP used an unspent balance of $870,000 of the CERF grant to procure minerals, vitamins and packaging materials for the Super Cereals and nutritious biscuits. The procurement process was stretched to October 2012 (instead of the foreseen August 2012) as some of the tenders from bidders were re-examined by headquarters and WFP regional bureau, and the organization requested and received a no-cost extension of the project to 30 March 2013. This process unfortunately caused some delays in the award procedures. According to IPSAS, disbursements can only be registered upon receipt of the goods. The commodities arrived in January and were immediately thereafter distributed to the factories producing the fortified blended foods.

UFE Allocation 12-WHO-004

The CERF funds were utilized for provision of rehabilitation work at key life-saving units of four county hospitals: Hwandae, Orang, Phungso and Kabsan, the most remote districts in the North-East of the country. Operating theatre, delivery room, intensive care unit, blood transfusion unit and basic laboratory of each county have been renovated up to required standards and essential life-saving equipment provided. These activities ensured improved access of population to safe hospital delivery, essential obstetric and paediatric surgery and life-saving intensive care, not only for women and children. The entire population of these counties have indirectly benefited from enhanced conditions of the hospitals.

Provision of essential drugs, hospital consumables and supplies to the above mentioned hospitals sustained essential service delivery to mothers, low birth weight newborns and children with infection complicated by malnutrition. These interventions supported saving lives of 1,200 pregnant women with severe pregnancy complications, 78 newborns with low birth weight and other 1,122 newborns at-risk during delivery as well as more than 1,000 children with complicated diarrheal diseases and pneumonia.

Training of 120 obstetricians, neonatologists, paediatricians and other medical staff in essential newborn care and emergency obstetric care enabled upgrading of professional skills in managing life-threatening conditions, utilization of modern equipment in life-saving units. The trained staff in four remote counties is now confident and skilled in service delivery to most vulnerable women, newborns and children and managing complications that contribute to maternal and child mortality.

CERF Added Value

UFE Allocation 12-FAO-001

Timely provision of agricultural inputs is a key factor to produce food in DPRK due to the short agriculture season, its vulnerability to the natural hazards and chronic shortage of agricultural inputs, such as seed, fertilizer and plastic sheets. Due to the quick project approval and timely disbursement of funds by CERF, FAO was able to provide fertilizer and plastic sheets before the planting season. Without CERF timely allocation and disbursement of funds, the crucial inputs would not have reached the beneficiary farmers. CERF allocation was an important tool to safeguard lives of the vulnerable farming families.

UFE Allocation 12-FPA-001

CERF contributed to reduction of maternal mortality ratio of 75.1 per 100,000 in 2011 down to 70 per 100,000 in 2012, according to the recent data provided by MoPH. CERF also enabled uninterrupted supply of Oxytocin and magnesium sulphate. The administration of Oxytocin and magnesium sulphate has become integral component of emergency obstetric care imposed by 2011-2015 DPRK Reproductive Health Strategy and obstetric care regulations.

UFE Allocation 12-CEF-003

CERF-fund support allowed UNICEF to provide uninterrupted supply of vital essential medicines to reach 10.5 million populations throughout the year as it complemented other funding sources. Not only children could be treated on time and have their life saved as described under the previous section, but it also provided UNICEF with stronger leverage to advocate with the Ministry of Public Health to review the efficiency and effectiveness of the programme. The Ministry of Public Health has agreed to carry out the first ever assessment survey on essential medicine kit assistance in 2013, with the support of UNICEF. This assessment would be one of the key sources to define the future strategy for supporting the provision of essential medicines to the health service in DPRK and this will assist all partner agencies.

UFE Allocation 12-WFP-006

The CERF funds were fundamental to ensuring that WFP could provide assistance to women and children during the height of the lean season (July/August), as the early commitments towards the operation, ensured the arrival of food in July, when the operation began.

The significant support from CERF allowed WFP to plan the pipeline to ensure that the production of blended foods enriched with vitamins and minerals were kept and distributed to the many children and women (1.65 million) in dire need of assistance. The value-added of the funding from CERF is not singular, as it enables to ensure provisions of aid in a timely manner (when the needs are at their highest and coping strategies almost depleted; the type of aid in the form of Super Cereals (blended foods enriched with vitamins and minerals) has an effect on the targeted populations nutrition and health status and a recognition of the continued humanitarian commitments towards a population with limited influence over their own living conditions.

UFE Allocation 12-WHO-004

The CERF funds, provided in a timely manner, greatly contributed to enhance service delivery and avoided death from pregnancy complications and main child killers (diarrhoea and pneumonia) in for counties of Ryanggang and North Hamgyong provinces. With quick approval of the agreement and prompt disbursement of funds, the WHO assistance has rapidly reached project beneficiaries and contributed in enhancing of health services in remote counties of DPRK. The project has also contributed to capacity building and ensuring sustainability and through long-term impact in health sector. Besides, most vulnerable women and children in the entire population of the four supported counties benefited from improved conditions of operating theatres, intensive care and blood transfusion units and county laboratories. The MoPH has acknowledged the CERF allocation as best example of effective utilization of resources with long-term impact and sustainable development of service delivery in the country. With CERF support, continued provision of essential drugs, equipment and consumables will contribute to achievement of the national MDG goals 4 and 5.

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

With timely CERF funds, agencies were able to procure and distribute medicines and emergency care essentials to affected populations in timely manner or expedite from stocks. CERF grants approved prior to WFP operation "nutrition assistance to women and children," ensuring aid delivery during first months of operation, when fundraising is often difficult. For agricultural inputs, the timely disbursement of funds means that critical needs are addressed in good time, given the short agricultural season.

b) Did CERF funds help respond to time critical needs[11]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped rehabilitation of life-saving units in hospitals and managed life-threatening conditions (WHO). Funds also ensured 32 per cent essential medicine kits to target populations during the year – essential for children to receive appropriate treatment. Considering the "lean season" (May to October), arrival of CERF funded commodities in July meant WFP support could be given to 1.65 million beneficiaries for five months. It is critical to protect main crop seedlings at early stage and provide fertiliser for seedbed and field application to safeguard yield and avoid exacerbating precarious food situation.

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

YES ☐ PARTIALLY ☒ NO ☐

Donors react to DPRK differently; without consolidated appeal is difficult to mobilize resources from other sources. The more donors supporting an operation, the higher donor confidence becomes: CERF for WFP significantly impacts donor confidence, considering donors know that CERF goes through internal prioritization process. Nevertheless, UNICEF felt that CERF gave time to look for other funding during the year, helping to fill a gap. There also remain challenges in addressing agricultural inputs; CERF assists FAO in this but need still remains large. The politicizing of humanitarian aid remains an issue – particularly considering the potentially large donations that could come from ROK (e.g. over US$12 million pledged to WHO is withheld).

d) Did CERF improve coordination amongst the humanitarian community?

[11] *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*).

YES ☐ PARTIALLY ☒ NO ☐

CERF helps facilitate coordination and gives opportunity for discussion on priorities for needs, fund allocation and joint assessment among all agencies in DPRK. Health coordination between WHO/UNICEF/UNFPA is a good example. It also provides another platform for advocacy on health issues as humanitarian needs beside food support. Though cooperation is greater under CERF, there is still some dissatisfaction amongst agencies, and coordination is not done with other donors.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Government needs to have better understanding of CERF life-saving criteria and engagement in CERF process.	Greater advocacy with Government is required to ensure their full understanding and participation in process and planning and help facilitate a clear communication channel.	All agencies
There is a lack of coordination across government ministries and agency counterparts.	Coordination between line ministries and group coordination to strengthen and improve MoPH needs in order to work with MoCM and EC to help inter-cluster coordination.	The Government
Involvement of MoPH essential for timely distribution.	Govt continues to need encouragement in this aspect (e.g. MoPH have worked well for some agencies timely disbursement of essential medicines but not so well with others).	UN agencies
There are some difficulties in managing finances due to fluctuations in costs outside agency control.	Highlighted by UNICEF – considering fluctuations over time in standard costs, allow agencies to have flexibility within the budget to meet changing costs	CERF
CERF approval and disbursement of funds is very timely.	This positive action should continue as it facilitates effective implementation by agencies.	CERF
Service Delivery for child and maternal survival is good example for others.	Recommend the project approach to UN and non-UN partners	WHO, UNCT
WFP pipeline is constantly at risk of impacting nutrition situation if commodities are delayed.	WFP must continue review of pipeline to manage risks.	WFP (Pipeline Officer/Management)
Improved resilience of food security from weather anomalies	Improved resilience of local food production system safeguards the food security at micro and macro levels from climatic risks and CERF considers supporting these measures	CERF, FAO

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Coordination has been good but needs strengthening across the sectors. Integrated approach needed to address key humanitarian needs.	Invest time in assessing the situation and developing integrated approach. Joint analysis of situation and priorities should be carried out prior to any discussion at UNCT. Interventions should be identified based on joint assessment of needs rather than agency-based.	UNCT, RC
Government does not participate enough in CERF process on line ministry level.	Regular meetings with NCC or a disaster risk reduction focal point in Government. Involving Government in all CERF sessions/exercises will improve understanding and cooperation.	NCC, Govt partners, UNCT, UN agencies
No common database or joint operation plan with Govt and humanitarian community.	Data group, UNCT and Central Bureau for Statistics (CBS) and NCC can improve the way they work together. Plus the understanding of the Govt is essential in all aspects of humanitarian response.	RC, CBS, NCC, UN agencies
Better agreements on funds allocation needed.	More regular meeting for UNCT to ensure better joint agreement on needs assessment and allocation of funding.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**FAO**	5. CERF Grant Period:	22 February - 31 December 2012
2. CERF Project Code:	12-FAO-001	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Food Security and Agriculture		
4. Project Title:	Emergency support to improve food security of vulnerable farming families during 2012 main cropping season		

7.Funding		
	a. Total project budget:	US$ 10,000,000
	b. Total funding received for the project:	US$ 1,897,244
	c. Amount received from CERF:	US$ 1,897,244

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	91,920	130,038	The project initially planned to procure 1,000 tons of urea fertilizer and 11,000 rolls of plastic sheets to 125 beneficiary cooperative farms. Due to higher cost estimates of fertilizer and plastic sheets in the project document compared to the actual cost of the inputs, the project was able to procure 1,200 tons of fertilizer and 13,948 rolls of plastic sheets and reached 166 cooperative farms, and the total number of direct beneficiaries reached increased from 192,000 to 254,976.
b. Male	88,080	124,928	
c. Total individuals (female + male):	192,000	254,976	
d. Of total, children under 5	12,000	16,000	

9. Original project objective from approved CERF proposal

The key objective of the project is to safeguard 192,000 lives of 48,000 food-insecure farming families in 125 cooperative farms in North and South Hwanghae, North and South Pyongan provinces and Pyongyang and Nampo cities.

10. Original expected outcomes from approved CERF proposal

Increased rice yield (currently on average 4.3 MT/ha to 5.3 MT/ha) and maize yield (currently on average 3.7 MT/ha to 4.5 MT/ha during the main 2012 cropping season from June to September.

11. Actual outcomes achieved with CERF funds

On average, the rice yield increased from 4.3 MT/ha to 4.99 MT/ha and maize yield increased from 3.7 MT/ha to 4.19 MT/ha.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Timely provision of fertilizer and plastic sheets increased rice and maize yield. Nevertheless, many factors can affect the yield per hectare, such as environmental and agronomic factors. During 2012, the gain in productivity of rice and maize, despite inclement weather conditions of dry spells in summer and cyclonic disturbances in August is noteworthy. The outcomes of the project are a

clear indication of how timely provisions of fertilizer and plastic sheets are important measures to safeguard the lives and food security of the vulnerable farming families.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** No gender issue The improvement in food security status due to better availability of food reflects on households and benefit spread over household members regardless of their gender.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNFPA**	5. CERF Grant Period:	8 March – 31 December 2012
2. CERF Project Code:	12-FPA-001	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Safe motherhood in DPRK		

7.Funding		
	a. Total project budget:	US$ 1,900,000
	b. Total funding received for the project:	US$ 800,000
	c. Amount received from CERF:	US$ 150,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	350,000	346,300	
b. Male	0	0	
c. Total individuals (female + male):	350,000	346,300	
d. Of total, children under 5	0	0	

9. Original project objective from approved CERF proposal

Contribute to maternal mortality reduction through better management of pregnancy complications and delivery using essential life-saving drugs

10. Original expected outcomes from approved CERF proposal

Enhanced capacity of health facilities in responding to emergency maternal cases through availability and use of appropriate life-saving drugs

11. Actual outcomes achieved with CERF funds

- Contributed to reduction of MMR from 85.1 per 100,000 live births in 2008 to 75.1 in 2011, and eventually to 70 per 100,000 live births in 2012[12] through uninterrupted supply and utilization of the 2 essential reproductive health drugs, Oxytocin and Magnesium sulphate, nationwide. The drugs helped to prevent excessive bleeding during and after childbirth and prevented and treated pregnancy-induced hypertension.
- Enhanced capacity of health facilities in responding to emergency maternal cases through availability and use of appropriate life-saving drugs. Although a nationwide assessment on the proper utilization and impact of the two essential drugs is yet to be done in 2013, provincial data collected during monitoring trips in the programme areas show that Oxytocin contributed to reduction of risks of haemorrhage related to childbirth. For instance, in South Pyongan province alone, 40-50% of pregnant women suffered from haemorrhage before and after childbirth before 2008; this figure has been reduced to 5-6% now.

[12] *Preliminary figure on MMR for 2012 is obtained from the Health Management Information System (HMIS), MoPH*

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** A total of 346,300 pregnant women nationwide are direct beneficiaries of the life-saving reproductive health drugs	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
N/A	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	5 March – 31 December 2012[13]
2. CERF Project Code:	12-CEF-003	6. Status of CERF Grant:	☐ On-going
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Support life-saving health service among the population in 94 dong/counties.		
7.Funding	*a. Total project budget:*		US$ 5,618,000
	b. Total funding received for the project:		US$ 4,380,583
	c. Amount received from CERF:		US$ 1,225,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,135,870	5,100,000	
b. Male	5,366,924	5,400,000	
c. Total individuals (female + male):	10,502,794	10,500,000	
d. Of total, children under 5	746,800	745,000	

9. Original project objective from approved CERF proposal

Prevent death due to common childhood diseases and its complication among the population of 10.5 million, including 746,800 children under 5 (365,185 girls and 381,615 boys) and about 154,391 pregnant women in 94 dong/counties of 5 provinces (North Hamgyong, Ryanggang, North and South Hwanghae and Kangwon) and 2 cities (Pyongyang and Nampo) through providing 3,300 essential medicine kits to the health facilities on a monthly basis distribution from September to December 2012.

10. Original expected outcomes from approved CERF proposal

Improved treatment of infectious/contagious childhood diseases in all primary and secondary health facilities in 94 dong/county hospitals 5 provinces and 2 cities over the 4 months period (September-December)

11. Actual outcomes achieved with CERF funds

94 county hospitals and 2,351 ri clinics in five provinces and 2 cities were able to provide standard treatment of childhood diseases through provision of essential medicines (3,300 kits from September- December, 2012). This has contributed to save life of 357,971 children under 5 having diarrhoea and 389,250 children under 5 suffering from acute respiratory infections included pneumonia, through providing timely standard treatment in 2012.

[13] *Funds were expended by 31 December 2012 but actual implementation of some balance amount delayed as supplies, like essential medicine kits, took a long time to arrive in the country.*

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There is no discrepancy in the outcome. However savings on freight allowed procurement of additional essential medicine kits, reaching 227,520 under children under age 5 (111,359 girls and 116,161 boys) and 46,080 pregnant women.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** There is no gender issue. A total of 476, 544 girls under age 5 and 497,776 boys plus 200,471 pregnant women are the direct beneficiaries of life-saving essential medicines.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	15 March 2012- 30 March 2013 extended to 30 March 2013
2. CERF Project Code:	12-WFP-006	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition/Food		☒ Concluded
4. Project Title:	Nutrition Support to Women and Children		

7.Funding		
	a. Total project budget:	US$ 102,512,011
	b. Total funding received for the project:	US$ 67,330,390 (including resource transfers)
	c. Amount received from CERF:	US$ 6,468,298

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	754,833	893,267	WFP was able to reach more beneficiaries due to increased geographical coverage. The number of beneficiaries counted as reached is beneficiaries who all have received the 3 commodities (pulses, DSM, wheat) over a period of five months (meaning that at least one of the commodities has been distributed during this time, but not necessarily all for five months). The impact of the pre-mix is wider than the 1.65 million as the premix of vitamins is part of all fortified food products produces (Super Cereals, Biscuits).
b. Male	592,636[14]	755,626	
c. Total individuals (female + male):	1,347,469	1,649,591	
d. Of total, children under 5	427,232	547,366	

9. Original project objective from approved CERF proposal

- Provide food assistance for about five months to 1,347,469 targeted beneficiaries by preventing food shortages from developing into crisis conditions in the targeted areas of the country (i.e. 65 counties/districts).
- Provide the most at-risk population groups with regular access to minimum energy and dietary requirements to maintain and/or improve their nutritional status, in particular young children, pregnant and nursing women.

10. Original expected outcomes from approved CERF proposal

- Improved food consumption among beneficiaries (households, women and children).
- Sustained local production capacity for fortified food.

11. Actual outcomes achieved with CERF funds

With the CERF contribution, WFP has reached more beneficiaries than initially proposed in the CERF submission. WFP has reached 1.65 million people in 85 counties over five months.

[14] *Males above five are up to primary school age.*

Four different commodities were purchased through the CERF funds, to ensure the pipeline of the local production of fortified blended foods (Super Cereals and biscuits). While it is acknowledged that it would be a risk to spread the commodity purchases, which for this project led to a request for a no-cost extension (due to delays in the pre-mix procurement and arrival thereof), WFP was successful in maintaining the pipeline and able to reach the beneficiaries as planned. It is worthwhile noting that WFP has already implemented IPSAS, whereby funds for commodities procured cannot be recorded as spent before the actual delivery date.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

As noted previously, WFP distributed to 300,000 additional beneficiaries (children and women) due to changes in the operational modalities that allowed WFP to expand its geographical coverage in DPR Korea.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): In DPRK the vulnerable groups have been identified as pregnant and breastfeeding women, children, orphans, sick and persons with disabilities and the elderly. WFP's operation is supporting the "1,000 days: Change a life, change the future" initiative, addressing the negative effects of malnutrition and ensuring that under-nutrition is tackled. The impact of malnutrition during the first 1,000 days is irreversible for health, growth and well-being of the child. As a consequence, WFP is prioritizing assistance to pregnant and breastfeeding women and small children. WFP is also prioritizing groups with limited or no ability to influence or change their access to food and nutrition. WFP is therefore assisting sick children, orphans and children in institutions. Because of the focus on pregnant and nursing mothers, more females have received assistance than males. The sex ratio is 54% females and 46% males.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

WFP has conducted 2,574 monitoring visits during the project period (from July 2012 – June 2013). In the first quarter of implementation (July – September), WFP conducted 697 visits, from October – December, 617 visits were undertaken, from January – March, 495 visits were done, and finally, from April – June, 764 visits took place. In addition to household and institution visits, the monitoring visits also included visits to factories and ports. The number of visits was reduced in December and January due to limited access to areas in the Northern parts of country caused by snow. The visits to situations and households are random following the Letter of Understanding (LoU) for this operation. WFP issues quarterly bulletins on the implementation of the operation as well as the household food security situation. .

An impact assessment took place in July 2013. The impact assessment has measured the household food consumption score, the production and distribution of fortified blended foods and the outreach to beneficiaries. The assessment looked into the impact of the overall operation and is not specifically attributing results to each of the respective donors. The impact assessment is expected to be released in October 2013.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WHO**	5. CERF Grant Period:	16 February – 31 December 2012
2. CERF Project Code:	12-WHO-004	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Strengthening Service Delivery for Improving Maternal and Child Survival in DPR Korea		

7.Funding		
	a. Total project budget:	US$ 12,000,000
	b. Total funding received for the project:	US$ 4,490,866
	c. Amount received from CERF:	US$ 1,224,994

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	168,400	175,995	
b. Male	15,000	18,355	
c. Total individuals (female + male):	183,400	194,350	
d. Of total, children under 5	36,000	37,500	

9. Original project objective from approved CERF proposal

Prevent avoidable deaths among pregnant women, their newborns and children under age 5 (8,400 pregnant mothers and their newborns and more than 36,000 children under 5) in selected highly vulnerable communities.

10. Original expected outcomes from approved CERF proposal

By the end of the project, four hospitals in Hwandae, Orang, Phungso and Kabsan counties are upgraded through re-equipment and rehabilitation of most strategic units as well as training of staff to manage life-saving interventions for mothers and newborns.

11. Actual outcomes achieved with CERF funds

- Rehabilitation of key life-saving units at Hwandae, Orang, Phungso and Kabsan county hospitals

Renovation of delivery room, operating theatre, intensive care units for mothers, newborns and children, blood transfusion unit and basic county laboratory ensured improved access of people to:

- safe hospital delivery with skilled birth attendants by 25%
- essential obstetric and paediatric surgeries by 50%
- appropriately-managed newborn conditions by 25%

- Supply of essential medical equipment and consumables to rehabilitated hospitals in Hwandae, Orang, Phungso and Kabsan counties

The provision of basic medical equipment to life-saving units of county hospitals improved quality of care to mothers, newborns and children:

- Increased number of patients who received evidence-based hospital care by 25%.

- Decreased number of postnatal, intra-operative and postoperative complications by 60%.

- Provision of life-saving essential drugs maintained management of emergency care in complicated pregnancy, labour and delivery as well as obstetric and paediatric surgeries

Procured and supplied essential drugs facilitated saving lives of more than 1,200 pregnant women in near-miss cases, 78 newborns with low birth weight and more than 1,000 children with severe diarrhoea and pneumonia.

- Training of 120 health care providers on cost-effective and evidence-based practices

Provision of training on modern treatment standards and proper utilization of medical equipment maintained emergency obstetric and essential neonatal care, particularly for low birth weight newborns and women with haemorrhages and pre-eclampsia.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Gender equality in the project is mainstreamed and implemented through life-saving interventions for mothers and children, boys and girls. Adult men have also indirectly benefitted through improved access to emergency care in life-threatening conditions.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

N/A

PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: **US$ 4,700,000**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,955,140
	OTHER (Bilateral/Multilateral)	1,386,907[15]
	TOTAL	**3,342,047**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 13 August 2012			
UNICEF	12-CEF-098	Water and Sanitation	400,726
WFP	12-WFP-057	Food	654,412
UNFPA	12-FPA-037	Health	100,000
WHO	12-WHO-058	Health	800,002
Sub-total CERF Allocation			**1,955,140**
TOTAL			**1,955,140**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,940,370
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	14,770[16]
TOTAL	1,955,140

Continuous rainfall and the cyclone KHANUN on 18 to 19 July and on 23 to 24 July caused flash flooding, and landslides and severe physical damages were reported across the country. A heavy downpour on 29 to 30 July, coupled with heavy thunderstorms, worsened the flood situation for DPRK and the Government had to launch rescue operation to evacuate affected people. In total, floods and damages to private houses, agricultural fields and infrastructure (bridges, dams, public buildings, etc.) were reported in 61 counties in 10 provinces (South/North Pyongan, Jagang, Nampo, South/North Hwanghae, Kangwon, South/North Hamgyong and Ryanggang). The four worst affected provinces were North and South Hamgyong, Kangwon, and South Pyongan.

[15] This figure is based on information provided by donors and recipient agencies in-country on contributions in response the flood emergency. These contributions are not necessarily reflected in FTS. Contributions were made in US$, CHF and EUR, so the above figure is the total sum converted in US$.It includes US$ 134,000 from WHO SEARHEF regional funds and US$ 374,518 from UNICEF's Rapid Response Fund.

[16] This amount has been forwarded to MoPH through Direct Financial Contribution (DFC) Agreement made between MoPH and WHO.

In all the flood-affected counties, the livelihood and economic well-being of the people were affected. A request to the UN Country Team to release pre-positioned emergency stocks and provide other necessary assistance was made by the Government on 30 July to support the ongoing relief and recovery efforts in the affected counties; in particular food and fuel were requested.

According to initial official data collected and shared by the Government on 30 July, a total of 18,856 households had their houses submerged, completely or partially destroyed, making 62,889 people homeless, and the number of deaths were reported at 88 people. The Government also reported a large degree of infrastructure damage affecting roads and bridges, as well as over 30,600 hectares of arable land affected. Revised data released by the Government on 2 August increased the number of deaths to 169 people, 144 injured and 400 people missing. A total of 60,096 households were affected, leaving 212,204 people homeless. A total of 41 water supply sources in nine counties (in six provinces) had been damaged, affecting around 71 km of water pipes. A total of 65,282 hectares of cultivated land had been affected, with crops (mainly rice and maize) either submerged or washed away. A total of 69 public health buildings in nine counties were reported to have been affected, of which 31 were completely destroyed, which, according to the Government, left more than 700,000 people without access to primary and secondary care.

Although flood damages had been observed in maize, soy bean and rice fields, the CFSAM that was conducted in September/October 2012, concluded that the impact on the main crops had been relatively low. The flood had resulted in some loss of cropped area (reportedly 7,580 hectares buried and 2,830 hectares washed away nationally) and a slight reduction in the yield of crops that had been submerged for up to 48 hours. Many farm fish ponds were also flooded, with the loss of fish stock and partial filling with flood-borne sediment.

II. FOCUS AREAS AND PRIORITIZATION

Apart from shelter, the most urgent needs and key priorities were identified in the areas of Water and Sanitation, Health and Food Security. Due to break downs of water supply systems and crowded places as a result of the destruction of a large number of private houses, access to clean water and health care remained high priorities to avoid epidemics and increased cases of diarrhoea, especially among children under 5. According to local officials in the affected counties that were visited (North and South Hamgyong, Kangwon, and South Pyongan), it would take one to one-and-a-half months to restore and repair the damaged water supply systems, and meanwhile local populations would rely on alternative water sources, such as springs, rivers and dug wells, and risk exposure to contaminated water.

The flood in the affected counties did not impact the nutrition situation significantly, and no major increase of diarrhoea and/or other epidemics, especially among children under 5 was reported or observed.

While the physical damages in those counties that were visited by the international humanitarian agencies were evident, mostly interrupting the water supply systems and affecting standing crops in the field, it was not possible for the UN agencies and their partners to independently verify the figures provided by the Government on the extent and scope of these damages, nor was it possible to verify the numbers of injuries, casualties and homeless people. This included both the six counties (Kujang, Anju City, Kaechon, Songchon, Pyongsong city and Chonnae) where access was granted, as well as for the other 55 counties that, according to the Government, also had been affected by flooding.

Likewise, it was not been possible to obtain data from the Government that is disaggregated by sex and age. Therefore, the planning of the overall humanitarian response was not to the extent desirable to fully take these cross-cutting issues and considerations into account. However, specific data collected during the sector-based assessment trips in Health and WASH made efforts to the extent possible to disaggregate the data according to the response requirements.

The strategies by the clusters (shelter, food security, health and nutrition and WASH) were to address the immediate needs of the affected people primarily through distribution of emergency food and non-food items that had been pre-positioned in-country and subsequently ensure a sustained humanitarian response in the most critical areas of food security, health and water and sanitation and hygiene (WASH) to avoid a relapse and further deterioration of the situation. While WFP took lead of the Food Security cluster, UNICEF led the WASH Cluster, WHO led the Health and Nutrition cluster while IFRC took responsibility for the sole provision of shelter assistance to those people who had had their private houses destroyed (partially or completely). The health situation in particular was considered of high risk mainly due to limited access to clean water and overcrowded places of displaced people. A total of 69 health facilities were destroyed and submerged during the floods and over 80 city and county level water sources were contaminated. The risk of epidemic outbreak of infectious diseases sharply increased.

In the food security cluster, it was decided to include one extra county (Unhung) in Ryanggang province, which in overall terms was among the provinces less affected by flood, but from a food security perspective, this one county was prioritized following the criteria with the Government that "all flood affected counties would be assisted where 100 or more people were left homeless with the exception of inaccessible counties". One that basis, only Unhung county was selected (the rest were not accessible).

III. CERF PROCESS

After an official request for assistance was received from the Government on 30 July, approval was provided by the same for the international humanitarian agencies / organizations to undertake an inter-agency rapid assessment the following day on 31 July.

The standard operating procedures for emergencies in place for the humanitarian agencies / organizations in DPRK were immediately applied after the rapid assessment mission and led to the activation of the Inter-Agency Emergency Coordination Group (IAECG) under the overall leadership of the Resident Coordinator (RC). Chaired by WFP and Save the Children International, the composition of the IAECG mirrored the one of the Inter-Agency Standing Committee (IASC) and Humanitarian Country Teams (HCT).

There were special coordination arrangements in DPRK: *every resident and non-resident agency is assigned a dedicated Government counterpart under the Ministry of Foreign Affairs. While the counterpart for IFRC is the National Red Cross Society, the counterpart created for UN agencies is the National Coordination Committee (NCC) and the counterpart for NGOs (EUPS – European Union Programme Support units) is the Korean European Cooperation Coordination Agency (KECCA*). Under these arrangements, the Government did not participate in the IAECG meetings. Therefore, Government involvement was limited to bilateral meetings with the Resident Coordinator on the overall response and decisions, while the UN agencies coordinated closely with their respective counterparts in the line ministries.

Taking into account the growing amount of damage created by the floods and the consequent impact on the health status of the people, the Health and WASH cluster were activated by the IAECG. While it was deemed not necessary to collect more information on the food security situation, further assessments in Health and WASH were required in order to obtain more accurate data on the needs and impact in these sectors.

While the decision to apply for CERF funds was discussed and recommended to the Resident Coordinator by the members of the IAECG, it was also recognized that residing NGOs in DPRK cannot implement projects and undertake activities on behalf of the UN, according to their operational conditions. CERF funds were therefore implemented directly by the requesting UN agencies. In the decision-making process, it was also taken into account that the Government had neither bilaterally approached donor representatives in the country for financial assistance and support, nor had the Government requested an international appeal. Resource mobilization was therefore largely undertaken by individual agencies.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

***Total number of individuals affected by the crisis*: 7,825,122**

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Food	49,900	52,100	102,000
	Health	429,500	385,000	814,500
	Water and Sanitation	76,500	73,500	150,000

Food

Selection of counties and beneficiaries were made based on the inter-agency assessment findings and through dialogue with the Government. For WFP the flood assistance included providing aid in eight counties where WFP was not regularly providing aid under the PRRO "Nutrition Support to Women and Children". The granting of immediate access by the Government to the international community to these areas underlined the need for urgent humanitarian assistance.

Health

UNFPA in consultation with the health cluster and MoPH selected the most-affected 49 county and Ri health facilities for the support provided through the CERF funding, and the approximate estimation of the number of beneficiaries (14,000 pregnant women and mothers reflected in the proposal) was done by UNFPA based on the population data of the selected counties and an estimated crude birth rate (CBR)[17] from the 2008 population census. This approximate method was applied in order to better reflect the needs as the Government was not able to provide detailed data and information about vulnerable groups whose health conditions were threatened or negatively affected by the crisis.

WHO's selection of provincial and county-level health facilities and related numbers of beneficiaries were made based on rapid health and nutrition assessment to most of affected areas and based on the Government's assessment report on number of affected hospitals and health facilities. Out of 69 damaged hospitals, 22 completely destroyed ones were prioritized for provision of essential medical equipment and hospital consumables for rapid rehabilitation and resuming their functions to support affected population. Nationally, seven provincial and 69 county level anti-epidemic stations in affected counties were selected for provision of water testing kits for avoiding epidemic outbreak of water-borne diseases.

Water and Sanitation

UNICEF selection of the counties for emergency interventions in the water and sanitation sector was based on the government request, submitted by the CBS through the National Coordination Committee (NCC), and joint field verification visits with other aid agencies. The number of beneficiaries was estimated from the initial figures from CBS of the number of people affected, which was based on the population of the catchment areas. Because of the magnitude of the damage, the number of beneficiaries was not readily (instantaneously) available from the authorities.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	355,000	426,000
Male	345,000	414,000
Total individuals (female and male)	700,000	840,000[18]
Of total, children under 5	48,000	48,000

[17] Crude birth rate is an indicator for fertility level and estimated as the ratio between the number of children born in a year by the size of the population of that year. CBR was estimated as 14.4 births per 1,000 population from the 2008 census.

[18] The approximate increase of 12.5 per cent in the number of actual reached beneficiaries is solely due to WHO's programme achievements. Please note that the total figures have been adjusted to take into account likely overlaps of the beneficiaries between the programmes.

CERF results

RR Allocation 12-CEF-098

UNICEF procured 15 full sets of Inter-Agency Emergency Health Kits (IEHK) consisting of basic drugs and equipment to serve 150,000 people. All these kits were procured through UNICEF Supply Division and arrived in the country on a timely basis. This contributed to a rapid response against localized diarrhoea and respiratory infection outbreaks, developed among the population living in flood-affected nine counties in three provinces. The MoPH reported that 6,930 children under 5 suffered acute diarrhoea and 5,865 children under 5 had acute respiratory infections in flood-affected areas. Providing appropriate treatment in a timely manner was key to reducing future expected complications. Mobile health teams, established in flood-affected areas by local health department and local hospitals, were fully equipped with 15 IEHKs to timely treat 150,000 people for life-threatening diseases, wounds and injuries, afflicted by the flood situation. These medical supplies were delivered to the concerned counties with UNICEF truck and fuel support.

In agreement with partners in the WASH Cluster, the damaged pumping system in Anju city, which was part of UNICEF's proposal to CERF, was restored by another organization, the Swiss Development Cooperation (SDC). It was agreed in the Cluster that UNICEF would use its resources to restore the pumps and motors in five counties (Songchon, Uiju, Pihyon, and Kumya Counties and Nampo City) affected by flood and covered by CERF to reach a similar number of beneficiaries. These five counties are within the geographical areas proposed by UNICEF for other health and WASH interventions under CERF proposal. Unfortunately, UNICEF could not provide full assistance to the Gomdok 2 area, which was severely affected by flash flood in the later part of the season (27 to 28 August 2012) and the information was received late in September; by this time the CERF proposal was finalized and agreed.

UNICEF procured 11,000 sets of water and hygiene kits, 10 million water purification tablets and 28 tons of calcium hypochlorite to disinfect the affected wells in flood-affected counties to ensure safe water for 150,000 people. In addition, the CERF fund was used to procure seven complete sets of pump and motor and a transformer for restoration of water supply system in Songchon County and Nampo City of South Pyongan Province, as well as Uiju and Pihyon Counties of North Pyongan Province and Kumya County of South Hamgyong Province, where supply networks were the most severely damaged, in lieu of Anju city. UNICEF could procure more water and hygiene kits than initially envisaged as the unit cost of each set was less than the estimated cost in the proposal. Similarly, a larger amount of calcium hypochlorite was also procured without any additional cost.

RR Allocation 12-WFP-057

The initial response by WFP was to provide 400 gr. of maize per person per day for 14 days to 60,000 people affected by floods in 16 counties. The first food distributions started on the 6 August. However it soon became clear that more people needed humanitarian assistance. As a consequence, WFP increased the number of beneficiaries to 42,000 living in seven other counties (Anju, Kujang, Kaechon, Tokchon, Meangsan, Yomju, and Pakchon).

With the CERF funds, WFP was able to ensure that 102,000 people affected by floods in 23 counties in six Provinces could receive assistance for 25 days, equal to 10 kg of maize per flood victim. Assistance was provided in the following Provinces/ counties: in South Pyongan Province, Songchon, Sinyang, Meangsan, Anju Nyongwon, Kaechon, Mundok, Tokchon and Pyongsong; in North Pyongan Province, Yomju, Unsan, Pakchon and Kujang; in Kangwon Province, Wonsan, Munchon and Chonnae; in South Hamgyong Province, Tanchon, Sinhung and Pukchong; in North Hamgyong Province, Orang, Kim Chaek, Pohang district (Chongjin City); and in Ryanggang Province, Unhung.

WFP was granted access to eight counties which were not included under WFPs PRRO (Nutrition assistance to Women and children). The eight counties were the following: Sinyang, Meangsan, Nyongwon, Mundok, Unsan, Kujang, Sinhung and Unhung, receiving flood assistance.

RR Allocation 12-FPA-037

Six types of 102 emergency RH kits arrived in early October 2012 in the Central Medical Warehouse in DPRK and these were distributed to eight most flood-affected counties in South and North Pyongan provinces. In total, 48 ri clinics and county hospitals received the emergency reproductive health kits and provided the clean and safe delivery service and basic emergency obstetric services using the kits. A total of 200 health service providers, including doctors and health managers, received a Minimum Initial Service Package (MISP) training/orientation on the proper use of emergency RH kits of various types from August to November 2012.

RR Allocation 12-WHO-058

Four Inter-Agency Emergency Health kits sufficient for primary health needs of 40,000 affected people were procured and distributed immediately; two more kits were utilized for replenishment of WHO stockpiles at Central Medical Warehouse. This contributed to respond quickly against increased number of incidents of diarrhoeal and respiratory infection and avoid outbreaks developing among the people living in flood-affected four counties in South Pyongan and South Hwanghae provinces. Distribution of kits was strongly coordinated with UNICEF, UNFPA and IFRC on complementarity basis. WHO has also procured surgical equipment, trauma kits, diarrheal kits of essential drugs, essential equipment and soft equipment, such as blankets, bed-sheets and consumables to 22 most damaged hospitals in seven flood-affected provinces of the country. Timely-supplied equipment enabled health workers to quickly provide first aid and primary care to wounded and sick people, particularly children and elderly, as well as rapid restoration of main functions of the damaged hospitals.

Based on results of rapid health and nutrition assessment, WHO procured and distributed 88 water testing kits to national, provincial and county levels anti-epidemic stations for timely testing of quality of drinking water in flood-affected areas and camps with displaced people. This activity facilitated timely identification of contaminated water sources with further treatment and control of drinking water quality in overcrowded settings.

In close collaboration with the MoPH, WHO provided training and essential guidelines to 300 doctors and nurses on early identification and appropriate management of life-threatening conditions. In addition, 200 public health staff were trained on water quality testing technologies for avoiding affected people from drinking of contaminated water. A total of 20 mobile health teams were established, and daily home visits were organized in all flood-affected counties and settings for identification and timely treatment of wounded and infected people. A total of 5,000 leaflets with health promotional materials on basic hygiene and sanitation rules were produced and disseminated among displaced and affected people.

CERF Added Value

RR Allocation 12-CEF-098

Flooding in 2012 year had been unusually severe in some counties, and the situation looked grim due to the limited response capacity of the Government. The resources available with agencies were also not enough to respond to the scale of the crisis that emerged in some of the counties. The CERF's timely allocation provided much needed leverage to UNICEF to respond with interventions critical for saving lives in a set of badly flood-affected counties (except for Gomdok area 2). While agencies were trying their best to respond in specific geographical and technical areas, the CERF funding to UNICEF could, to a great extent, close the critical gap in life-saving interventions through timely availability of medicines and clean water.

RR Allocation 12-WFP-057

The rapid commitment of CERF funds also meant that WFP could ensure that the food needs of the flood-affected people were met entirely (distributions for one month instead of 14 days) and was adjusted to the additional needs that arose following the floods. If the CERF funds had not been committed, WFP would have been forced to cut rations and feeding days for the women and children targeted through the regular programme.

RR Allocation 12-FPA-037

Health facilities in the affected areas were able to continue essential maternal and reproductive health services with the assistance provided by CERF, thus preventing potential increase of delivery and pregnancy related complications and causalities. Health providers' ability of rapid response was enhanced by the orientation sessions/trainings for proper use of different types of emergency reproductive health (ERH) kits.

RR Allocation 12-WHO-058

With CERF funds, 88 national, provincial and county level anti-epidemic stations were well-trained, equipped and remain functional to manage safety of drinking water in flood-affected settings during and after floods. A total of 22 county hospitals rapidly resumed their functions and improved access to essential and emergency care for life-saving interventions. Capacity of 500 medical staff has been upgraded through training in essential life-saving practices and interventions. A total of 800,000 women, boys, girls and men increased awareness on life-saving skills, hygiene and sanitation in temporary settings. A total of 47,350 children under age 5 suffering from

infection and acute malnutrition received evidence-based management of diarrhoeal and respiratory infection through Integrated Management of Childhood Illness (IMCI) emergency programme intervention. Emergency care practices including management of life-threatening infections improved at targeted health facilities. Ministry of Public Health and provincial and county health authorities improved their confidence in managing public health measures in response to natural disasters.

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

UNCT has contingency planning in place enhancing preparedness capacity for rapid response to humanitarian crises. The timely disbursement of funds meant that there could be timely distribution of essential supplies to affected areas: UNFPA applied the fast-track procurement procedures using LTA (Long Term Agreement) with certified supplier of the Emergency Reproductive Health kits. WHO were able to deliver fast assistance in collaboration with MoPH mobile teams established for daily home visits and to identify infectious disease and the wounded, along with essential lab diagnostics procured to sufficiently cover needs for water testing. CERF funds allowed WFP to accommodate the increasing needs and time required for flood victim recovery, without compromising valuable and necessary nutritional assistance to children and pregnant/lactating women.

b) Did CERF funds help respond to time critical needs[19]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds used to stop localized outbreak of diarrhoea and respiratory infections among flood-affected people and prevent further outbreaks and complications. WHO were able to procure drugs and consumables, trauma kits and basic service delivery to wounded persons and those affected by water-borne diseases. All UNFPA pre-positioned Emergency Reproductive Health kits were utilized during the time of the flood; fresh 2012 stock was not sufficient for flooded areas. CERF funds helped close the gap of critical needs of timely assistance.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

WHO used CERF along with its own regional funds to address public health activities and rapid response. There were no other resources for UNICEF interventions. UNICEF used its own prepositioned stock which the CERF fund complemented. Without government granting the launch of an appeal during an emergency, donors find it difficult to allocate funds.

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

In critical moments, the prepositioned stocks are released without delay to the affected areas. However, the whole picture of humanitarian aid operations is not clear as a common database for information on amount, kind and ownership of stocks is missing. Nevertheless, Health, Nutrition and WASH saw improved coordination through increased participation in clusters, particularly WASH cluster, with good flow of information and careful planning of coordinated interventions. 2012 saw Government swiftly granting of inter-agency assessment, including NGO participation. The OCHA support in emergency response planning has improved coordination. A "lessons learned" exercise also took place on 19 September 2012.

[19] *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*).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Preposition stocks must be maintained. CERF helped use stocks without compromising regular programmes (WFP). Replenishment needed through a rolling stock as flooding is recurrent.	Consider fundraising jointly for prepositioning of items before onset of disasters, CERF consider supporting preposition stocks.	CERF, UNCT
The complex inter-linked needs (Health, WASH) require joint cluster efforts.	Important to encourage inter-cluster efforts for managing inter-linked needs (e.g. WASH, Nutrition and Health). Perhaps reporting on inter-cluster level could be promoted by CERF.	CERF, UNCT
Planning and OCHA support with simulation, supported good coordination.	Continue to formulate and test emergency response plan with all parties and OCHA support.	RCO, OCHA
Communications channel lacking with Govt for clear dialogue, planning and situation capture.	Greater advocacy with Government is required to ensure their full understanding and participation in process and planning and help facilitate a clear communication channel.	UNCT

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Inter-cluster coordination important for timely and quality delivery of humanitarian assistance.	The inter-cluster commonalities across WASH, Health and Nutrition need to consider activities jointly in the proposals.	UNCT, Cluster leads
Coordination and exchange essential in assessing needs and response – helping to manage bilateral requests as a team.	The strength of multi-sector approach is essential for response and monitoring.	All partners
No common database or joint operation plan with Govt and humanitarian community.	Data group, UNCT and CBS and NCC can work together better. Plus the understanding of the Govt is essential in all aspects of humanitarian response.	RC, CBS, NCC, UN agencies
Access continues to be an issue.	More and continued advocacy on the subject is needed with Government, especially during times of emergency.	All partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 August 2012 – 31 January 2013
2. CERF Project Code:	12-CEF-098	6. Status of CERF Grant:	☐ On-going ☒ Concluded
3. Cluster/Sector:	WASH and Health		
4. Project Title:	Responding of flood emergency in DPRK		

7.Funding		
	a. Total project budget:	US$ 659,000
	b. Total funding received for the project:	US$ 659,000
	c. Amount received from CERF:	US$ 400,726

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	76,500	76,500	• 80,000 people reached through inter-agency health kits. • Approximately 150,000 people reached through health and hygiene kits, water purification tablets, disinfectant and restoration of water supply system in 5 counties, including Songchon County of South Pyongan Province.
b. Male	73,500	73,500	
c. Total individuals (female + male):	150,000	150,000	
d. Of total, children under 5	10,665	10,665	

9. Original project objective from approved CERF proposal

- Approximately 150,000 people living in four provinces will get increased access to treatment of life-threatening diseases in health facilities at the county and ri (rural) levels.
- Safe water supply will be provided to 150,000 flood affected people living in four provinces (6,500 displaced families in different counties and 120,000 people of Anju city whose water system is damaged by flood).

10. Original expected outcomes from approved CERF proposal

- Immediate treatment of life-threatening diseases in all primary and secondary health facilities in nine counties of four provinces. Reduce the prevalence of diarrheal diseases among the flood affected people in target areas.

11. Actual outcomes achieved with CERF funds

- Treatment of life-threatening diseases (mainly diarrhoea and respiratory infections cases) was ensured through providing 15 full sets of inter-agency health kits in nine county hospitals of three provinces (instead of four provinces but this was based on the Government request to concentrate to the most affected counties which were located in three provinces).
- Safe water supply ensured for approximately 150,000 through distribution of 7,837 WASH family kits; 12 million water purification tablets to 8,000 families in 22 counties; use of disinfectant in 19 counties of four provinces; and restoration of damaged pumping system in 5 counties including Songchon County of South Pyongan Province.
- The data on the incidence of diarrhoea among the affected people is being collated from various counties.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There is no discrepancy between planned and actual outcomes. There has been adjustment in the activities in the counties. While pumping system in Anju city was restored by SDC, UNICEF used its resources to do the same in five counties which are within the geographical areas proposed by UNICEF. The number of beneficiaries remained the same.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** Assessment did not show any discrepancy based on gender.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	15 August 2012 – 30 September 2012
2. CERF Project Code:	12-WFP-057	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Food/Nutrition		☒ Concluded
4. Project Title:	Nutrition Support for Women and Children affected by Flood		

7.Funding		
	a. Total project budget:	US$ 2,600,000
	b. Total funding received for the project:	US$ 1,024,412
	c. Amount received from CERF:	US$ 654,412

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	49,900	49,900	
b. Male	52,100	52,100	
c. Total individuals (female + male):	102,000	102,000	
d. Of total, children under 5	5,803[20]	5,803	

9. Original project objective from approved CERF proposal

- Provide emergency food assistance for one month to 23 counties covering 102,000 flood-affected people to halt further deterioration of the nutritional status of the risk population groups by providing access to minimum energy and dietary requirements, particularly to young children and women.

10. Original expected outcomes from approved CERF proposal

- Restore and rebuild lives and livelihoods in post-disaster situation.

11. Actual outcomes achieved with CERF funds

- The lives and livelihoods of the people affected by flood have been restored and rebuilt.
- Due to the CERF funds, WFP was able to ensure that 102,000 people affected by floods in 23 counties in 6 Provinces could receive assistance for 25 days equal to 10 kg of maize per flood victim.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

[20] *The original application indicated 20,400 children under 5 to be targeted, which was later found to be a mistake. The figure of 20,400 includes children above five years but below 18 years.*

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The CERF funds were used to assist flood-affected households based on the inter-agency assessment. The activities were therefore not part of WFP's general operation. The female/ male ratio for the assistance was 49% (females) to 51% (males) based on the compositions of the various households.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

The emergency response has not been evaluated, but several monitoring missions were made during the one month implementation period. As there will be an impact assessment of the regular programme which will conclude on 30 June 2013, the impact of the emergency response will be included therein.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNFPA**	5. CERF Grant Period:	1 September 2012 - 1 March 2013
2. CERF Project Code:	12-FPA-037	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Provision of Life-saving Reproductive Health Services in flood-affected areas		

7.Funding		
	a. Total project budget:	US$ 112,000
	b. Total funding received for the project:	US$ 103,385
	c. Amount received from CERF:	US$ 100,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	14,000	14,500	
b. Male	0	0	
c. Total individuals (female + male):	14,000	14,500	
d. Of total, children under 5	0	0	

9. Original project objective from approved CERF proposal

- To provide essential and life-saving RH services in order to prevent maternal deaths, ensure clean and safe deliveries at the primary health care (ri) and referral (county) level facilities.
- To ensure uninterrupted reproductive health, including family planning services; and to restore maternal health services for basic emergency obstetric care (BEmOC) at ri/hospital level in affected communities.

10. Original expected outcomes from approved CERF proposal

49 ri clinics/hospitals have received the ERH kits and training/orientation of health care providers on MISP including utilization of the RH kits.

11. Actual outcomes achieved with CERF funds

- Fast-tracked procurement of 6 types of 102 ERH kits that were arrived in early October and distributed to the eight most flood-affected counties in South and North Pyongan provinces.
- In total, 49 ri and county health facilities in 8 counties and cities (Kaechon, etc) affected by the flood were able to provide the BEmOC during and after the crisis, which benefited approximately 14,500 pregnant women and mothers.
- About 200 health managers and service providers from disaster-prone areas trained on and are knowledgeable about MISP in reproductive health care during crisis and proper use of ERH kits.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Planned results are fully achieved.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** The direct beneficiaries were 14,500 pregnant women and two-thirds of the health managers and care providers participated in the trainings was women.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WHO**	5. CERF Grant Period:	22 August 2012 – 28 February 2013
2. CERF Project Code:	12-WHO-058	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health and WASH		☒ Concluded
4. Project Title:	Life-saving Emergency Health Response to Floods in DPRK		

7.Funding	*a. Total project budget:*	US$ 980,000
	b. Total funding received for the project:	US$ 953,130
	c. Amount received from CERF:	US$ 800,002

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	355,000	415,000	Results of MoPH activities have shown that the project support has covered more affected people. In the meantime, the number of affected children was less than expected. More adults were affected during floods. All target beneficiaries received sufficient support.
b. Male	345,000	385,000	
c. Total individuals (female + male):	700,000	800,000	
d. Of total, children under 5	48,000	47,350	

9. Original project objective from approved CERF proposal

To ensure equitable and timely access to emergency primary health care, provide emergency health supplies and control of life threatening disease outbreaks in flood-affected areas within the project period.

10. Original expected outcomes from approved CERF proposal

Due to the short period, three months for CERF-funded project, the outcome indicators are set closer to the output level of planning process:

- 22 hospitals in targeted 7 provinces are well-equipped with emergency health supplies to cope with severe infection and trauma cases.
- Nationally, 7 provincial and 80 county anti-epidemic stations are equipped to manage safety of drinking water in flood-affected settings.
- 22 county hospitals improved access to essential and emergency care for life-saving interventions.
- 300 doctors and nurses are trained, provided with essential guidelines for early identification and appropriate management of life threatening conditions.
- 200 anti-epidemic staff are trained, provided with essential equipment and guidelines for early detection of water-borne diseases and safety of drinking water.
- 700,000 women and men have increased their awareness on life-saving skills, hygiene and sanitation in temporary settings.
- Emergency care practices, including management of life-threatening infections, improved at targeted health facilities.
- 48,000 children under age 5 suffering from infection and acute malnutrition receive evidence based management of Diarrhoea and Acute Respiratory Infection (ARI) through IMCI emergency programme intervention.
- 5,000 posters for community education published and distributed.

11. Actual outcomes achieved with CERF funds

At the end of the project the following outcomes were achieved:

- 22 hospitals in targeted 7 provinces improved their capacities to cope with severe infection and trauma cases through provision of trauma kits, surgical instruments and hospital consumables and inventory.
- National, 10 provincial and 69 county anti-epidemic stations (80 in total) are equipped by water testing kits and staffs trained to manage safety of drinking water in flood affected settings.
- Population of 22 counties have improved their access to essential and emergency care for life-saving interventions.
- 312 doctors and nurses are trained, provided with essential guidelines for early identification and appropriate management of life -threatening conditions.
- 210 anti-epidemic staff are trained, provided with essential equipment and guidelines for early detection of water-borne diseases and safety of drinking water.
- Approximately 800,000 women and men have increased their awareness on life-saving skills, hygiene and sanitation in temporary settings.
- Emergency care practices, including management of life-threatening infections, improved at targeted health facilities.
- 47,350 children under age 5 suffering from infection and acute malnutrition receive evidence-based management of Diarrhoea and ARI through IMCI emergency programme intervention.
- 5,000 posters for community education published and distributed.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The project facilitated equitable access of both men and women to health care in all affected areas. The needs of most vulnerable children, boys and girls were considered through provision of basic emergency kits.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

N/A

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WHO-58	Water, Sanitation & Health	WHO	MoPH	Government	14,770	5 September 2012	5 September 2012	This amount has been forwarded to MoPH through Direct Financial Contribution (DFC) Agreement

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARI	Acute Respiratory Infection
BEmOC	Basic Emergency Obstetric Care
CBR	Crude Birth Rate
CBS	Central Bureau for Statistics
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
CSM	Corn Soya Milk Blend
ERH	Emergency Reproductive Health
EUPS	European Union Programme Support Units
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
GFS	Gravity-fed water supply system
HCT	Humanitarian Country Team
HMIS	Health Management Information System
IAECG	Inter Agency Emergency Coordination Group
IASC	Inter-Agency Standing Committee
IEHK	Inter-Agency Emergency Health Kits
IFRC	International Federation of Red Cross and Red Crescent
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPSAS	1. International Public Sector Accounting Standards
KECCA	Korean European Cooperation Coordination Agency
LBW	Low Birth Weight
LTA	Long Term Agreement
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Rate
MoCM	Ministry of City Management
MoPH	Ministry of Public Health
MT	Metric Tons
MUAC	Mid Upper Arm Circumference
NGO	Non-Governmental Organization
NCC	National Coordination Committee
NTG	National Technical Group
OCHA	Office for the Coordination of Humanitarian Affairs
OFD	Overview Funding Document
ORS	Oral Rehydration Salt
PDS	Public Distribution System
PRRO	Protracted Relief and Rehabilitation Operation
RC	Resident Coordinator
RUTF	Ready-to-Use Therapeutic Feeding
SAM	Severe Acute Malnutrition
SDC	Swiss Development Cooperation

UNCT	United Nations Country Team
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
USG/ERC	Under Secretary General / Emergency Relief Coordinator
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization