

ANNUAL REPORT ON THE USE OF CERF GRANTS DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Country	Democratic People's Republic of Korea
Resident/Humanitarian Coordinator	Jerome Sauvage
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 137,414,685 ¹		
	Total amount received for the humanitarian response:	US\$ 30,000,000 (This figure is subject to further revisions)		
	Breakdown of total country funding received by source:	CERF:	US\$	13,440,519
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$	
		OTHER: (Bilateral/Multilateral)	US\$	15,626,400 (WFP)
	Total amount of CERF funding received from the Rapid Response window:	US\$		
	Total amount of CERF funding received from the Underfunded window:	US\$	13,440,519	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$	13,440,519
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$	
		c. Funds for Government implementation:	US\$	
d. TOTAL:		US\$	13,440,519	
Beneficiaries	Total number of individuals affected by the crisis:	An estimated 8.7 million people were in need of food assistance during 2008/2009. Data on food imports and weather conditions suggested that needs would be at least as great in 2009/2010. Almost the entire population were affected to some degree by critical shortages in the health sector.		
	Total number of individuals reached with CERF funding:	Food and Agriculture assistance – approximately 1.1 million direct beneficiaries.		
		Health – approximately 1.3 million direct beneficiaries.		
		500,000 children under five		
	One million females			

¹ Estimated overall humanitarian requirements for 2010, based on information shared by agencies in preparing the current request (WFP-US\$60,000,000 [Jan-June 2010 only]; WHO-US\$50,000,000; FAO-US\$16,014,685; UNICEF-US\$10,000,000; UNFPA-US\$1,400,000.

Geographical areas of implementation:	<p>WFP: Five counties/districts in seven provinces: North Hamgyong, South Hamgyong, North Phyongan, South Phyongan, North Hwanghae, South Hwanghae and Kangwon provinces.</p> <p>FAO: South Hamgyong, North and South Hwanghae, Kangwon, North and South Pyongyang and Phyongan provinces.</p> <p>UNICEF: South Hwanghae, North Hwanghae, Kangwon, North Hamgyong and Pyongyang provinces</p> <p>WHO: Provinces of Ryanggang and North Hamgyong</p> <p>UNFPA: Countrywide</p>
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II. Analysis

Overview of the Humanitarian Situation

The Democratic People's Republic of Korea (DPRK) continues to suffer serious and complex humanitarian problems, a product of internal structural issues, environmental factors and the external political environment.

Food insecurity is chronic, in terms of both national-level availability and the ability of the population to access food. Food deficits are exacerbated by shortages in basic agricultural inputs. As a consequence, malnutrition rates among children under five and pregnant and lactating women remain high. In 2010, the DPRK had a global hunger index of 19.4, which is classified as "serious" (a decrease of 20 per cent compared to the country's 1990 score). WFP's Mid-Term Review in 2009 and End-of-Project Review in 2010 indicated marginal improvements in food security, but noted that public rations were insufficient, food consumption and dietary diversity were low and negative coping strategies were used extensively. The 2010 FAO/WFP Crop and Food Security Assessment Mission estimated that some five million people were in need of food assistance, with a cereal import requirement of 867,000 MT. The 2009 UNICEF multiple indicator cluster survey found that 32 per cent of children had suffered stunted growth, 19 per cent were underweight and 26 per cent of pregnant and lactating women were undernourished. A recent report published by WHO, UNICEF, UNFPA and the World Bank reports a Maternal Mortality Rate (MMR) of 250 per 100,000 live births and an Infant Mortality Rate (IMR) of 26 per 1,000 live births. Although there are humanitarian needs country-wide, vulnerability is more pronounced in the northeast, where urban households have been worst-affected by food shortages. Children, pregnant and lactating women and the elderly are particularly vulnerable to food insecurity and malnutrition due to their special dietary needs.

The DPRK continues to face major challenges in the health sector, where outdated facilities and lack of access to essential medicines have led to high mortality rates for vulnerable groups. Decrepit water and sanitation systems have contributed to a high prevalence of diarrhoeal disease which, combined with malnutrition, is a leading cause of death for children under five. Lack of access to essential drugs is a countrywide problem, with particularly high mortality rates for vulnerable groups such as children under five and pregnant women. Despite an extensive network of primary health care facilities and large numbers of staff, services are very limited due to widespread shortages of life-saving medicines and basic equipment. CERF funding has enabled the provision of essential drugs for the treatment of diseases affecting children in particular, such as diarrhoea and pneumonia. According to the "Countdown to 2015" report published in 2010, diarrhoea accounts for 11 per cent of deaths among children under five, while pneumonia is responsible for 17 per cent of deaths. The unstable economic situation has meant that limited government resources have been devoted to the health sector, and critical life-saving health care interventions have mostly been supported with international support. Maternal health services in the DPRK remain a big challenge, particularly in the area of emergency obstetric and newborn care (EmONC). Poor maternal health is exacerbated by the lack of essential medicines and poor conditions at rural health facilities. A recent study showed that maternal deaths at the county hospital level are a consequence of limited knowledge and skills of health workers (accounting for 48 per cent of deaths) and lack of resources (50 per cent) to provide essential medicines and equipment. Two essential reproductive health medicines needed to prevent maternal mortality have been provided solely by UNFPA over the last three years.

The CERF's added value

Agriculture (FAO)

- Malnutrition is a consequence of ongoing food shortages in the DPRK. One of the main causes of food insecurity in the county is the lack of agricultural inputs such as seed and fertilizer. Provision of fertilizer to enable food to be produced locally is an efficient means of increasing food availability. CERF funding enabled FAO to tackle food insecurity and malnutrition by increasing agricultural productivity. CERF funding came at a critical time as the government prioritised early cropping.

Health and Nutrition (UNFPA)

- Complications during pregnancy and delivery are major causes of maternal deaths. With support from CERF, UNFPA has been able to provide two life-saving RH drugs (Oxytocin and Magnesium Sulphate) on a nation-wide scale since 2008. An assessment carried out in 2009 showed that the introduction of these drugs led to a clear decrease in the number of maternal deaths, benefiting some 175,000 pregnant women in the DPRK.
- CERF funding also enabled UNFPA to provide essential medicines and supplies to ten county hospitals in flood-prone areas in 2008. UNFPA continued to provide limited essential medicines and supplies until the end of 2010 using its own regular funds.

Health and Nutrition (UNICEF)

- CERF support improved the availability of life-saving essential medicines and was critical in ensuring the continuity of a vital humanitarian programme. The initial CERF allocation in March 2010 enabled the procurement of 3,845 essential medicine kits to support 813,101 vulnerable children under five in 101 counties in five provinces. A second CERF allocation in September 2010 enabled the procurement of a further 2,250 essential medicine kits. The kits enabled the treatment of 155,000 children with diarrhoea and 122,000 children with pneumonia.
- Funding support from the CERF improved country level coordination among UN agencies and partners. UNICEF worked with the Ministry of Public Health (MoPH) and other organizations supporting the health sector (WHO, UNFPA, IFRC and NGOs) to provide essential drugs for the treatment of life-threatening, infectious diseases. The Health and Nutrition inter-agency theme group chaired by UNICEF meets on a monthly basis to enhance coordination of humanitarian work and sharing of information, experiences and lessons learned in the field of health and nutrition.

Health (WHO)²

- CERF funding enabled WHO to continue its “Strengthening Service Delivery for Improving Maternal and Child Survival in DPRK” project, which has been underfunded since 2008. The project has covered the immediate health needs of 51,500 pregnant and lactating women and 121,700 children under five, including low-weight newborns, and children born during obstetric emergencies. The project has improved access for 3 million people to rehabilitated health facilities in eight counties of Northern Hamgyong and Ryanggang provinces.
- The CERF has added value to overall WHO activity in the DPRK by strengthening emergency obstetric care (EmOC) and the Integrated Management of Childhood Illnesses (IMCI). Health care has been improved with safe and timely blood transfusions, essential newborn care, caesarean sections, and essential diagnostic and laboratory tests.
- Hospital-admitted deliveries have increased by 10 per cent since 2009. The number of hospital deliveries has increased by 10 per cent and the number surgical operations at the county level has increased by 15 per cent. The number of referral cases at the provincial and national levels were reduced by 44 per cent. The quality of health care has been improved with a decreased rate of post-operative complications by 42 per cent, a reduced number of intra-partum and postpartum haemorrhages by 33 per cent and decreased eclampsia by 50 per cent. The lives of

² Reference to an allocation under CERF's Rapid Response window was removed. There was not a rapid response allocation in 2010.

44 low-weight newborns were saved with timely neonatal care at county hospitals. The quality of case management was improved with ultrasound diagnostics, and laboratory and blood transfusion services. There were no reported cases of maternal and infant mortality since the rehabilitation of the county hospitals.

- The project also contributed to strengthened health service delivery at the county level. The Government of DPRK rehabilitated nine damaged hospitals, while the CERF-funded project provided essential medicines and supplies. Forty-five household doctors were supported with supplies to meet the health needs of 58,500 people.

Food Security (WFP)

- Significant funding short falls forced WFP to reduce food distributions to 36 per cent of the original planned distribution. Beneficiaries were reached with smaller rations and a reduced number of distributions.
- Without the CERF, it would have been extremely difficult to reach the intended beneficiaries with food assistance. The initial allocation from the CERF's underfunded emergencies window enabled the purchase of food to support the feeding of vulnerable groups (including children, pregnant and nursing women) in 62 counties and districts in seven provinces during the critical lean season. At least 888,278 beneficiaries were supported with cereal rations for two months and pulses for one month.
- The second allocation enabled the procurement of raw food materials (wheat, maize, rice, sugar, soybeans, dried skimmed milk and vegetable oil) to support local production of corn soy milk (CSM), cereal milk blend (CMB), rice milk blend (RMB) and biscuits.
- CERF funding allowed WFP to provide food assistance to beneficiaries through 19,433 local institutions in 73 counties. This included 1,383 public distribution centres, 1,949 primary schools, 10,750 nurseries, 5,244 kindergartens, 82 paediatric wards and hospitals and 25 orphanages. Total beneficiaries included more than 2 million people, including 567,296 children under five and 1.1 million women. Most of the employees involved in distribution, record keeping and cooking at the institutions were women.
- WFP has supplied raw materials to eleven local food factories that produced fortified blended foods such as CMB, CSM, RMB and biscuits. WFP also provided spare parts and technical advice, while the government supported the operation through port operations, warehousing, transportation and maintenance and staffing of LFP factories. This arrangement has increased the government's capacity to produce fortified foods and the cost-effectiveness of WFP's operation in the DPRK.
- The End-Of-Project Review for EMOP 107570 conducted by WFP in June 2010 showed that the food consumption score at household level has improved against 2009 baseline, with a significant reduction of surveyed households with borderline score (from 25 per cent to 15 per cent). The average Coping Strategy Index for interviewed beneficiaries however increased in late 2010, indicating a higher level of stress due to reduced access to the government's public winter vegetable ration (reduced by 50 per cent due to heavy rain in August and September 2010).

Coordination of CERF funding

Projects included in the CERF grant request were identified jointly by the UN Country Team (FAO, UNFPA, UNICEF, WFP, WHO) under the leadership of the UN Resident Coordinator. A letter from the CERF Secretariat to the UN Resident Coordinator informed the sectors of the selection of humanitarian agencies and priority was given to underfunded projects essential for humanitarian response in the DPRK.

III. Results

Sector/ Cluster	CERF project number/title	Amount from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture	10-FAO-011 Emergency support to 2010 spring and summer cropping	1,440,000	14,167,360	Beneficiaries are 130 cooperative farms, comprising 65 000 households of about 325,000 direct beneficiaries, of which 30 per cent are children below 18 years, more than 50 per cent are female and 9 per cent elderly people	<ul style="list-style-type: none"> Increase production of the main 2010 spring and summer crops by providing urea fertilizer, thereby stabilizing food prices through increased availability 	<ul style="list-style-type: none"> According to feedback received from the Ministry of Agriculture urea fertilizer provided by FAO contributed to the production of approximately 32 000 tons of paddy rice and maize 	Timely allocation of CERF funds enabled FAO to procure and import fertilizer to the country before the planting season	<ul style="list-style-type: none"> The FAO Programme Coordinator monitored the receipt of fertilizer in port and dispatch to beneficiary countries. The RC together with OCHA's mission visited two cooperative farms. 	<ul style="list-style-type: none"> All the family members, women, children and elderly benefited from increase food production and availability of food.
	10-FAO-042 Emergency support to 2011 spring and cropping seasons	899,999	7,180,00	Beneficiaries are 118 cooperative farms, comprising 20,000 households of about 100 000 direct beneficiaries, of which 30 per cent are children below 18 years, more than 50 per cent are female and 9 per cent elderly people	<ul style="list-style-type: none"> Increased vegetable crop production. Increased food availability on the market with increased access to more nutritious food for vulnerable groups especially women and children. 	<ul style="list-style-type: none"> Currently the project is ongoing, agricultural inputs procured and imported to the country, fertilizer distribution has been completed and vegetable seed distribution on progress, the expected outcome will be reported at the end of the project. 	CERF funding will potentially impact the humanitarian response through increased vegetable production and access to more nutritious for vulnerable groups especially pregnant/lactating women, children and elderly	<ul style="list-style-type: none"> The FAO Programme Coordinator together with a National Programme Assistant monitored the receipt of fertilizer in port and dispatch to beneficiary countries. The main monitoring period will be from March onwards for the spring planting season and from November onwards for the winter planting season 	<ul style="list-style-type: none"> All the family members, women, children and elderly benefited from increase food production and availability of food.

Health and Nutrition	10-FPA-010 Reduce Maternal Mortality in DPRK	95,979	800,000	175,000 pregnant women	<ul style="list-style-type: none"> ■ Reduced maternal mortality cases through availability and use of life-saving drugs such as Oxytocin and magnesium sulphate at all levels throughout the country. ■ Improved maternal health services in 5 counties through ensuring availability and use of essential drugs and renewables for safe deliveries 	<ul style="list-style-type: none"> ■ Provision of 6-month consumption of Oxytocin and magnesium sulphate for all service points and approximately 175,000 pregnant women benefited. ■ 20,000 women aged 15-49 benefited from improved health facilities and services in 5 county hospitals. According to quarterly stock reports received from central and provincial medical warehouses, there was no stock out of oxytocin and magnesium sulphate in 2010. UNFPA supported an assessment of quality of reproductive health care in May 2010 and results of the assessment indicates that in all facilities surveyed including 9 provincial maternity hospitals and 31 County hospitals, oxytocin and magnesium sulphate were available and used for management of PIH and of third stage of labour. 	<p>CERF funds ensured uninterrupted national wide provision of the two drugs and contributed to saving lives of mothers during pregnancy and delivery.</p> <p>Improved health facilities and maternal services in 5 counties.</p>	<ul style="list-style-type: none"> ■ UNFPA monitored the distribution of the drugs through quarterly stock reports obtained from the established logistic management information system. In 2010, more than 50 county and Ri health facilities were visited for monitoring and supervision of availability and utilization of the drugs. 	<ul style="list-style-type: none"> ■ Pregnant mothers and women of reproductive age benefited from the support
	10-FPA-040 Safe motherhood in DPRK	50,023		20,000 women aged 15-49					

Health and Nutrition	10-CEF-014	1,149,077							
	Addressing life-threatening conditions related to major child killer infectious diseases in five provinces, DPRK								
	10-CEF-054	700,015	5,000,000	A total of 813,101 children under five targeted	<ul style="list-style-type: none"> ■ Improved treatment of major child killer infectious diseases in all health facilities under five provinces 	<ul style="list-style-type: none"> ■ Total 3,845 essential medicine kits were procured & distributed to 2,841 ri-level clinics and 101 county hospitals under five provinces for the treatment of 155,000 children with diarrhoea and 122,000 children for pneumonia ■ Total 2,250 essential medicine kits were procured & distributed to 2,841 ri-level clinics and 101 county hospitals under five provinces for the treatment of 155,000 children with diarrhoea and 122,000 children for pneumonia. ■ About 155,000 children with diarrhoea and 122,000 children in five provinces with pneumonia had access to 2,841 ri clinics and 101 county hospitals. ■ They received essential drugs according to national protocol 	<p>CERF funds aided in:</p> <p>Procurement of 3,845 essential medicine kits out of 13,012 kits needed for the <5 children in five provinces</p> <p>Procurement of 2,250 essential medicine kits out of 13,012 kits needed for the <5 children in five provinces.</p>	<ul style="list-style-type: none"> ■ Total 97 field visits made by technically qualified international staff as well as national staff in 2010 who check the availability, quantity, quality and timeliness of the supplies, review progress and identify project constraints as well as for end-use supplies monitoring. 	<ul style="list-style-type: none"> ■ 413,441 Boys and 399,660 girls of under five are equally benefited from the project.

Health	10-WHO-013 Strengthening Service Delivery for Improving Maternal and Child survival in DPRK	1,983,305	8,000,000	3,046,630 people benefited from the project investments, including	<ul style="list-style-type: none"> ■ Increased access to emergency hospital care particularly for women and children in 8 northern counties ■ Improved quality of health care to most vulnerable population in remote areas ■ Decreased morbidity and maternal and infants mortality 	<ul style="list-style-type: none"> ■ 8 county hospitals after the renovation and re-equipment increased capacity for safe delivery, surgery and intensive care of women and children particularly with low birth weight. ■ Rehabilitated hospitals upgraded their capacity in health care delivery for women and children ■ Number of deliveries in target hospitals increased by 15 per cent; monthly average of treated LBW at county newborns increased by 50 per cent, consequently number of referral cases decreased by 75 per cent; postnatal complications in mothers and newborns decreased by 72 per cent; monthly average of treated children under 5 increased by 40 per cent 	<p>Quick allocation of CERF funds allowed the project to begin immediately after the target health care facilities were identified.</p> <p>CERF funds supported under funded project on improving women's' and children's health project</p>	<ul style="list-style-type: none"> ■ WHO and MoPH assessed the county hospitals before and after rehabilitation. ■ Weekly staff meetings and ■ Monthly meetings with MoPH Desk officer were carried out to assess the project's progress. 	<ul style="list-style-type: none"> ■ The project was specifically focused on women's and children's needs in emergency health care: particularly needs of low weight newborns, boys and girls
	10-WHO-064 Strengthening Service Delivery for Improving Maternal and Child survival in DPRK			51,500 pregnant and lactating women and 121,700 children, boys and girls under 5					

Food Security	<p>10-WFP-017</p> <p>DPRK EMOP 107570- Emergency Assistance to Population Groups Affected by Floods and Rising Food and Fuel Prices</p>	3,994,994	491,743,650	888,278 vulnerable people in 62 counties including 625,432 children and 262,846 pregnant and lactating women	<ul style="list-style-type: none"> ■ Percentage of households consuming a least 3 meals a day got increased ■ Percentage of households with a poor Food Consumption Score was reduced ■ Percentage of households with a borderline Food Consumption Score was reduced 	<ul style="list-style-type: none"> ■ Percentage of households consuming a least 3 meals a day increased from 37 per cent in 2009 to 100 per cent in mid 2010. ■ Percentage of households with a Poor Food Consumption Score was reduced from 17 per cent in 2009 to 4 per cent in mid 2010. ■ Percentage of households with a borderline Food Consumption Score was reduced from 35 per cent in 2009 to 25 per cent in mid 2010. ■ 15,356 primary schools and pre-schools (kindergartens and nurseries) were supported with cereal ration for 52 feeding days. 	The bulk of the commodities was used to meet beneficiaries' energy and protein requirements during part of the critical lean season in June and July	<ul style="list-style-type: none"> ■ A set of monitoring tools was designed to track the flow of WFP food from warehouses and factories to beneficiary groups, including checklists for child institutions, hospitals, Public Distribution Centres (PDCs) and households. ■ An End-of-Project Review as conducted in June 2010. 	<ul style="list-style-type: none"> ■ Priority was given to pregnant and lactating women during the pipeline break.
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Food Security	<p>10-WFP-069</p> <p>DPRK PRRO 200114- Nutrition Support to Women and Children</p>	3,000,963	96,340,949	<p>1,347,469 vulnerable people in 65 counties including 427,232 U5 children and 136,381 pregnant and lactating women</p>	<ul style="list-style-type: none"> ■ Percentage of households with a borderline Food Consumption Score was reduced. 	<ul style="list-style-type: none"> ■ Percentage of households with a borderline Food Consumption Score was reduced from 25 per cent in mid 2010 to 15 per cent in end 2010. ■ Eleven local food factories were provided with raw material foods to produce fortified blended foods and biscuits. The operational sustainability will be reinforced through further WFP support. In 2010, WFP produced a total of 27,272 MT of LFP products. 	<p>Raw food materials were purchased for 11 LFP factories for production and distribution of fortified blended foods and biscuits to the most vulnerable groups</p>	<ul style="list-style-type: none"> ■ New monitoring tools was designed to track the flow of WFP food from warehouses and LFP factories to beneficiary groups, including checklists for child institutions, hospitals, Public Distribution Centres (PDCs) and households. 	<ul style="list-style-type: none"> ■ Priority was given to pregnant and lactating women during the pipeline break. In factories supported by women represent 75 per cent of employees. The majority of staff working in the child institutions and schools and managing food distribution were women.
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Annex 1: Acronyms and Abbreviations

CFSAM	Crop and Food Security Assessment Mission
CMB	Cereal Milk Blend
CSM	Corn Soya Milk Blend
EMOP	Emergency Operation
EmOC	Emergency Obstetric care
FAO	Food and Agriculture Organization
FFCD	Food for Community Development
IMCI	Integrated management of Childhood Illnesses
IMR	Infant Mortality Ratio
LFP	Local Food Production
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MoPH	Ministry of Public Health
NCC	National Coordinating Committee
PDC	Public Distribution Center
PRRO	Protracted Recovery and Rehabilitation Operation
RMB	Rice Milk Blend
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization