



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DPRK
UNDERFUNDED EMERGENCIES
2014 Round I
FOOD INSECURITY**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Ghulam Isaczai

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on Wednesday 11 March 2015 and was attended by:

Sarah Ventress – Coordination Associate, Resident Coordinator's Office (RCO)

Bayaraa Ayurzana – Operations Manager, UNFPA

Dr. Wisam Hazem – Chief of Nutrition, UNICEF

Dr. Mohamad Younus – Chief of Health, UNICEF

Xuerong Liu – Head of Programme, WFP

Dr. Nazira Artykova – Technical Officer MCH, WHO

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

YES NO

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

YES NO

The final report has been shared with the sector leads. The report will be shared with the line ministries once the final report is validated.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 141,632,675 ¹		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,497,012
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	73,622,580 ²
	TOTAL	80,119,592

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 10 March 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-024	Water and sanitation	399,524
UNICEF	14-UFE-CEF-059	Health	300,269
UNICEF	14-UFE-CEF-060	Nutrition	300,092
FAO	14-UFE-FAO-004	Agriculture	1,000,000
UNFPA	14-UFE-FPA-007	Health	250,004
WFP	14-UFE-WFP-012	Nutrition	3,247,124
WHO	14-UFE-WHO-011	Health	1,000,000
TOTAL			6,497,012

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,475,812
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	21,200
TOTAL	6,497,012

¹ This was the amount required for humanitarian projects during 2014 only.

² This includes funding for WFP's two-year project and therefore includes funding received up to 31 March 2015.

HUMANITARIAN NEEDS

While the protracted humanitarian situation in the Democratic People's Republic of Korea (DPRK) has improved slightly in recent years, the structural causes of people's vulnerability persist, with food insecurity and malnutrition remaining widespread during 2014. External assistance continued to play a vital role in safeguarding and promoting the well-being of millions whose food security, nutritional status and general health would otherwise have been seriously compromised. However, a serious fund deficit has limited the capacity of UN programs in recent years, threatening their sustainability and limiting their scope.

DPRK has continued to be challenged by climate change, poorly developed agricultural techniques and technology, as well as periods of localized floods and harsh weather conditions resulting in a loss of crops and agricultural fields. Flooding in July 2013 affected 41 counties in seven provinces (South and North Pyongan, Chagang, North Hwanghae, Kangwon, South Hamgyong and Ryanggang). Widespread damage occurred to private homes as well as infrastructure (bridges, dams, agricultural fields, public buildings, etc.) impacting livelihoods and the economic well-being of those affected. With CERF Rapid Response funding, UN Agencies were able to ensure the most vulnerable were assisted but some counties had still not recovered by 2014.

Humanitarian organisations found it difficult to sustainably address the needs in DPRK due to persistent deficits in funding. This required operations to be downsized, with several areas and some vulnerable groups no longer receiving assistance. At the time of the CERF application the funding stood at 13.96 per cent of the US\$141,632,675 requested³. While there was already a downward trend in funding for DPRK, the situation was particular dire in early 2014 due to political developments in the previous year, both in an increased enforcement of existing sanctions and the imposition of new ones. While sanctions theoretically exclude humanitarian assistance, negative impacts on the levels of humanitarian funding were evident, particularly after the adoption of UN Security Council Resolution 2087 in January 2013. CERF funding was needed to help UN agencies ensure a minimum of services to the most vulnerable, mostly pregnant and lactating women and children, in the most food insecure areas of the country while they continued their ongoing effort to address wider needs.

II. FOCUS AREAS AND PRIORITIZATION

According to the CFSAM 2013, out of the total population of 24.6 million, around 16 million people remained chronically food insecure and highly vulnerable to production gaps at the beginning of 2014. The CFSAM recorded an overall production of 5.98 million tonnes of food (including paddy, cereals, soybeans and cereal equivalent of potatoes), in the 2012/2013 marketing year - an increase of almost 5 per cent compared to the previous year. Paddy yields were almost 11 per cent higher than in 2012, and maize yields were just marginally lower. Soybean average yield and production were all lower than in 2012, signalling a second consecutive year of decline. Based on the CFSAM estimate of total utilization needs of 5.37 million tonnes of cereal equivalent (rice in milled terms), the cereal import requirement was estimated to be 340,000 tonnes for the 2013/14 marketing year. Assuming the official import target of 300,000 tonnes of cereals, the Mission estimated an unmet food deficit of 40,000 tonnes. While the food gap was the narrowest it had been in many years, the food security situation remained similar to previous years due to a continued lack of access to protein, fat and micronutrients in peoples' diet.

Lack of agricultural inputs (seeds, fertilizer and plastic sheets) continued to be one of the main challenges for food production. In addition to geographical and climatic constraints, production during both the early and main agricultural seasons was assessed to be severely limited by input shortages; availability and repair of mechanized equipment; availability of quality seeds, fertilizer, pesticides, fuel and plastic sheeting; as well as labour shortages directly affecting the household level food and nutrition security.

Of the 16 million food insecure people, around 2.4 million people, mostly children, pregnant and lactating women and the elderly in the most food insecure provinces, required regular food assistance. Malnutrition, particularly among children, continued to be high with around 85 per cent of children under two in institutions not having sufficient dietary diversity to mitigate the irreversible consequences of hunger. According to the 2012 National Nutrition Survey malnutrition rates continued to be high despite a modest improvement, with the chronic malnutrition (stunting) rate among children under five at 27.9 per cent and 4 per cent acutely malnourished (wasting). Chronic under-nutrition continued to be one of the major underlying causes of maternal and child mortality. Without proper nutritional care to

³ In June 2014 the requested funding figure was reduced to US\$115,327,675 due to WFP revising its two-year project budget, in response to continuous project shortfalls and very poor resource forecasts. By the end of 2014 only 41.86 per cent of the revised requested funding total was received.

improve protein, vitamins and minerals intake, both stunted and wasted children continued to have delayed growth and challenged development, with the effects likely to carry over to the next generation due to the fact that inadequately nourished mothers tend to have low birth weight children. Anaemia prevalence also remained very high in children (29 per cent) and women (31 per cent).

DPRK faces a multiplicity of health challenges: particularly in the areas of maternal, child and reproductive health; deteriorating health care infrastructure; and a lack of medicines. The high malnutrition rates mentioned previously only compound the situation as malnutrition leads to overall poor health and a reduced resistance to infections. Inadequate medical supplies and equipment have resulted in the health care system being unable to meet basic needs, with young children, pregnant and lactating women and the elderly being particularly vulnerable. According to global estimates the maternal mortality ratio (MMR) in DPRK had reduced from 85/100,000 live births in 2008 to 81/100,000 in 2010⁴. Among the direct obstetric causes of maternal mortality, these include: haemorrhage (49.4 per cent) and eclampsia, a hypertensive disorder of pregnancy (13.4 per cent). Even though there are improvements in dealing with pregnancy complications and reducing maternal mortality, the situation has remained fragile and vulnerable to such effects as interruptions in supplies of essential RH drugs due to a shortage of transport means and fuel as well as dysfunctional forecasting systems.

Child survival was assessed as being one of the major challenges in the “A Promise Renewed” progress report published in September 2013, which stated that the current level of under-five mortality was 29 per 1,000 live births, infant mortality was 23 per 1,000 live births and neonatal mortality was 16 per 1,000 live births⁵. Although the overall under-five mortality level has reduced, the report highlighted that neo-natal deaths accounted for 52 per cent of all under-five related mortality in DPRK, with those being born at home or at a basic health facility most vulnerable. There is limited financial provision for basic equipment and medicines to treat life threatening conditions and diseases to which children are particularly vulnerable, with diarrhoea and pneumonia being the main causes of deaths among children under five. Prevalence of low-birth-weight (LBW) new-borns among infants who die in their first week of their life is very high at 88% but beyond the first week, these infants remain at a much higher risk of mortality than infants with normal weight at birth. In spite of continued support from the WHO, UNICEF and UNFPA, the capacity of hospitals remained insufficient for saving lives of LBW new-borns due to lack of transportation to referral hospitals, delayed treatment and insufficient intensive care.

Deterioration of water infrastructure, lack of resources to replace dilapidated facilities and constant power supply shortages continued to be fundamental problems, with poor hygiene, malnutrition and a lack of access to safe drinking water and sanitation services causing a high incidences of respiratory and water borne diseases, such as diarrhoea. This situation was exacerbated by flooding in July 2013. In Hwangju County, North Hwanghae Province, parts of the water supply distribution network were washed away, resulting in 33,200 people in not having enough water for their daily needs. At the time of submitting the CERF application, 70 to 80 per cent of patients who visited the Hwangju County hospital were suffering from water-borne disease such as diarrhoea. Hospital staff were forced to fetch drinking water from a dug well 1 km away as safe drinking water was not accessible on the hospital premises. In August 2013 UNICEF assessed that 23,000 people (69 per cent of the population) were found to spend at least two hours fetching drinking water from dug wells or hand pumps up to 1 km away. School authorities confirmed that the school attendance lowered from an average of 93 per cent to below 80 per cent due to diarrhoeal diseases. During an assessment visit to the school, 40 students were absent in one day due to diarrhoea.

Of the US\$ 6.5 million allocated to DPRK from the CERF UFE window, US\$ 4,550,092 was prioritized for the Nutrition and Agriculture sectors:

- **US\$ 3,247,124** was allocated to **WFP** to reduce hunger and under nutrition by improving dietary diversity of 1,647,000 children and pregnant and lactating women in 87 counties in nine provinces⁶. The contribution would ensure children in orphanages, nurseries, kindergartens, primary schools, paediatric inpatients and pregnant and lactating women receive nutritious food assistance.
- **US\$ 300,092** was allocated to **UNICEF** for the management of severe acute malnutrition, provision of micronutrient supplementation for 44,050 children under five and pregnant and lactating women in 29 counties in four provinces. The contribution was expected to enable minimal basic services to the children and women without interrupting the contribution to the children's growth and development.

⁴ Trends in Maternal Mortality: 1990 to 2013

⁵ Levels and Trends in Child Mortality Report 2013

⁶ Ryanggang, North Hamgyong, South Hamgyong, Kangwon, North Hwanghae, South Hwanghae, North Pyongan, South Pyongan and Nampo Provinces

- **US\$ 1 million** was allocated to **FAO** to procure vegetable and legumes seeds, and fertilizer for 70 vulnerable cooperative farming families (90,000 people) in five provinces⁷. The contribution was expected to greatly help to improve the upcoming harvest season and thus food availability.

The UNCT prioritized the remaining US\$ 1,949,908 for the Health and WASH sectors:

- **US\$ 1 million** was allocated to **WHO** for procurement of life-saving essential drugs and basic equipment for 221,864 vulnerable children and pregnant women in 28 counties in two provinces⁸. The contribution aimed to reduce mortality and morbidity in women and children from common life-threatening conditions.
- **US\$ 250,004** was allocated to **UNFPA** to improve rural health facilities to assist up to 17,800 PLW in six provinces⁹. The contribution would ensure the improvement of the availability of quality reproductive health care services in rural areas, enhance institutional capacity to provide life-saving emergency response treatment and reduce maternal mortality through better management of pregnancy complications and delivery using most essential reproductive health supplies and equipment.
- **US\$ 300,269** was allocated to **UNICEF** for the treatment of life threatening diseases such as diarrhoea and pneumonia and complications for 229,800 children under five and pregnant and lactating women in 29 counties in three provinces¹⁰. The contribution aimed to improve quality of care by rendering the availability of life-saving supplies and expanding service delivery sites to address the needs of the most vulnerable population.
- **US\$ 399,524** was allocated to **UNICEF** for lifesaving WASH interventions in Hwangju County, North Hwanghae Province, to address the needs of 33,200 most vulnerable people affected by the 2013 flooding. The contribution would ensure access to safe drinking water and effective handling of human waste, reducing the incidence of diarrhoea.

III. CERF PROCESS

On 17 December 2013, the Emergency Relief Coordinator, Ms Valerie Amos, announced the selection of DPRK for the 2014 UFE Round I allocation.

The decision-making process for the development of the CERF application was driven by the UNCT and involved consultations with Government counterparts. Given the small size of the team, and in the interests of inclusiveness and transparency, it was agreed that it would not be necessary to establish a working group. The prioritisation strategy capitalised on each Resident Agency's comparative advantage within the system of leadership and accountability within the key areas of humanitarian activity in DPRK. The UNCT had recently completed a mid-term review exercise of the Overview Funding Document (OFD), which was officially launched as a *Humanitarian Needs and Priorities* document in August 2013. Agencies continued to work within the humanitarian framework provided by this document to ensure interventions were delivered in line with the principles of the CERF to support underfunded life-saving and key humanitarian criteria. The recommendation was communicated to headquarters and a proposal was drafted and submitted to the secretariat for the approval of the ERC.

On 27 December 2013, the UN Resident Coordinator a.i convened the UN Country Team to a) establish the most urgent priorities and gaps that the current funding situation was not able to respond to, b) agree on the order of prioritization, and c) discuss how the final selection of activities across the agencies would complement each other. Under the leadership of the RC Office the UNCT members discussed the critical needs and priorities for each of the sectors and agreed upon the funding required to maintain the minimum level of assistance in accordance with the CERF life-saving criteria. Later, on 23 January 2014, the UN Resident Coordinator met with the Government of DPRK to present the UNCT's assessment of the current situation and to consult further on the final priorities.

After these consultations, it was agreed that life-saving interventions in Nutrition, Food Security, Health and WASH should be prioritized and the allocation of US\$ 6.5 million was divided as described in section II.

⁷ North Hamgyong, South Hamgyong, Kangwon, North Pyongan and South Pyongan

⁸ Ryanggang and North Hamgyong

⁹ South Pyongan, North Pyongan, Kangwon, South Hamgyong, North Hwanghae and South Hwanghae Provinces

¹⁰ Ryanggang, North Hamgyong and Ryanggang.

Overall the proposed activities were based on country level coordination among UN agencies and other partners. WHO, UNICEF and UNFPA worked with the Ministry of Public Health in close coordination with other organizations supporting the Health sector (IFRC and International NGOs). The Health, WASH and Nutrition inter-agency theme groups met on a regular basis to enhance better coordination of humanitarian work and sharing of information, experiences and lessons learnt in the field of maternal and child health and nutrition.

On 24 January 2014, the RC forwarded a prioritization strategy to the CERF secretariat outlining the sectors to be supported with CERF funds as elaborated in Section II above. Upon acceptance of the prioritization strategy, the UNCT proceeded with the submission of the UFE application.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 16,000,000 (2,400,000 considered food insecure)				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	WASH	19,750	13,450	33,200
	Health	203,796	189,182	392,978
	Nutrition	644,709	435,205	1,079,914
	Agriculture	45,900	44,100	90,000

BENEFICIARY ESTIMATION

It is estimated that a total number of 1,713,034 direct beneficiaries were reached by the CERF UFE grant during 2014, when counted individually by project. In table 5 it is stated that the total number of individuals targeted with CERF funding was 5,104,881, which is based on the information provided in the submitted application. It should be noted that this included 3,046,631 *indirect* beneficiaries targeted by WHO. The amount of *direct* beneficiaries was actually 221,864, meaning that the number of *planned direct beneficiaries though CERF funding* should have been given as 2,280,114 in the application. The shortfall between the planned and reached beneficiaries is primarily due to WFP having to revise the forecasted planned number of beneficiaries from 2.4 million to 1.8 million for their two year project¹¹. The planned beneficiary numbers for WFP in 2014 were therefore reduced from 1,647,000 to 1,079,914 per month.

For the purposes of this report the figures shown in table 4 and 5 have been calculated in an attempt to avoid double counting within the sectors. In the Health Sector it is known that the interventions of UNICEF and WHO were likely to have reached some of the same beneficiaries in the province where both agencies were using CERF funds¹² and so the highest number of beneficiaries has been counted (WHO's reached beneficiaries only). UNFPA and UNICEF were also working in two of the same provinces with CERF funds¹³ however, UNFPA targeted PLW only whereas UNICEF targeted children under five, and so in these provinces, both groups of beneficiaries have been counted. In the Nutrition sector, in the four counties where both UNICEF and WFP utilised CERF funds¹⁴, it is likely that many of the same beneficiaries received support from both agencies and so in these areas the highest figure (WFP's reached

¹¹ The duration of the two-year programme is from July 2013 to June 2015. The budget was revised from US\$ 199,896,530 to US\$ 137,531,036 in June 2014 due to continuous project shortfalls and very poor resource forecasts.

¹² Ryanggang

¹³ North Hwanghae and Kangwon

¹⁴ Ryanggang, North Hamgyon, South Hamgyon and Kangwon

beneficiaries) has been counted only. Therefore, when double-counting has been taken into account, the total number of direct reached beneficiaries appears to be slightly less than was originally planned, with the total being calculated as 1,596,092.

In order to estimate the individual number of beneficiaries reached, all sectors used National Census data from 2008 (released in 2010) and used this to project figures for 2014 (to take into account population growth although in DPRK this is close to zero) to estimate the targeted population at the county level. These figures were then checked and verified during monthly monitoring visits to sites, based on estimates provided by officials. By confirming during monitoring visits that the planned activities had been completed in the target areas, it has been assumed that the target beneficiaries have been reached.

For the UNICEF Nutrition project, the targeted beneficiaries for the treatment of children under five suffering from Severe Acute Malnutrition (SAM) / Severe wasting was calculated by taking the provincial prevalence of SAM in the stated four north-eastern provinces as per the latest 2012 Nutrition Survey (UNICEF, WFP and MoPH) and the number of PLW and 6-23 months old children as per the national population statistics from the Central Bureau of Statistics (CBS). The CERF funding was used to procure enough micro-nutrient supplements to reach the targeted beneficiaries, and therefore by ensuring in monitoring visits at various levels (central/provincial/county/ri clinics) that the planned activities were completed in the target communities/areas and that the outputs were utilised by the target communities, UNICEF confirmed that the targeted amount of beneficiaries had been reached. The delivery of supplies was tracked from the central medical warehouse to the end user sites and verified by reviewing the case sheets of individual beneficiaries (patients- SAM children or pregnant/ lactating mothers and 6-23 months old children). Furthermore, officials were asked to provide information on the profile and numbers of communities using the services/outputs, however it was difficult to get consistent information in this regard. Therefore in some cases, the actual number of users could not be ascertained in definite terms. WFP prioritized children and women as programme beneficiaries based on the results of CFSAM conducted in October 2013, which recommended improving the quality and quantity of food through the child institution system and among households with pregnant and lactating women. The 2014 CERF contribution was utilized to provide targeted nutrition assistance for children 6-59 months through children institutions such as the orphanages, paediatric wards of county hospitals, nurseries and kindergartens. Pregnant and lactating women were also among the priority recipients. Nine provinces were covered in total, composed of 87 counties. In the two northern provinces¹⁵ primary school children aged 7-11 years old were targeted to receive fortified biscuits, based on data collected in the Nutrition Survey 2012 which highlighted these areas as being the most affected by malnutrition, and are areas which have limited food production capacity. The numbers were identified through the implementation plan agreed between WFP and the Government with the census as the main source of the figures.

In the Health sector, the beneficiary figures for whom UNFPA procured life-saving obstetric equipment and supplies, are based on birth estimations in the targeted counties obtained from statistics from the CBS. WHO's estimation of the needs of children under five in the targeted provinces was based on the number of children under five indicated in the Census reports for all geographical locations covered by referral hospitals. Similarly, UNICEF confirmed the procurement and distribution of 1,050 kits in the targeted counties which were funded by the CERF grant, which was taken as ratification that the targeted amount of beneficiaries had been reached.

In the WASH sector, materials and supplies were delivered to the Peoples' County committee and are being used to restore water services to the people in the County Town, therefore the population figures of the town has been given as the estimated beneficiaries reached.

¹⁵ North Hamgyong and Rangang

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	2,694,921	914,155
Male	2,283,960	681,937
Total individuals (Female and male)	5,104,880 ¹⁶	1,596,092
Of total, children <u>under</u> age 5	981,664	899,052

CERF RESULTS

Continued CERF support has played a critical role in ensuring that the most vulnerable continue to be reached whilst ensuring dialogue channels with the Government have remained open. In all sectors except the Nutrition sector, the planned beneficiaries were reached with interventions funded by the CERF grant. However in the Agriculture Sector, the planned outcome was only partly achieved due to unforeseen difficulties in procuring Soybean seed and in the WASH Sector the full implementation of the project has been delayed.

In Agriculture, the project planned to procure 16 MT of vegetable seed, 150 MT of soybean seed and 1200 MT of urea fertilizer, with the expected outcome being to increase vegetable production by 35 per cent and soybean production by 25 per cent compared to the yield level of 2013. Due to the high price and limited availability of vegetable seed, the project was only able to procure 2 MT of seven types of vegetable seeds. Moreover, in 2014 there was unexpected shortage of soybean seed in the northern part of China which was the only suitable variety for production in DPRK, therefore no soybean seed was procured as planned. After consultation with the Ministry of Agriculture (MoA) and the National Committee for FAO, FAO requested that the CERF funds were used for the provision of additional urea fertilizer as a replacement for the soybean seeds in terms of equivalent cost, which was endorsed by the Resident Coordinator and communicated to the CERF Secretariat in early June 2014. The provision of improved vegetable seeds and urea fertilizer resulted in the production of vegetable increasing by 26 per cent. This was lower than the 35 per cent that was hoped for, however it should be noted that in addition to the difficulties faced in procuring seed, there was a prolonged dry spell during the main cropping seasons in 2014 and therefore the increase in yield is seen as a good achievement considering the circumstances. Due to the unexpected issues in procuring soybean seed and the difficulties of planting soybean during the seriously dry conditions during the planting month of May, the soybean yield decreased by 1.83 per cent, from 163,368 MT in 2013 to 160,364 MT in 2014.

For Nutrition, UNICEF used CERF funding to ensure the availability of therapeutic nutrition supplies for the treatment of severe wasting among children under five as well as multiple micronutrient supplements to pregnant and lactating women and to 6-23 months old children for home fortification of complementary foods in the targeted 29 counties in the four north eastern provinces¹⁷. In total, a total of 44,050 individuals were reached. 4,200 cartons of essential life-saving Ready to Use Therapeutic Food (RUTF/ plumpy nut) was procured for the treatment of SAM affected children under five years old who were *without medical complications*, plus therapeutic milk (F 100 and F 75) and CMAM medicines and related supplies (iv fluids, antibiotics and feeding tubes) for the treatment of SAM cases *with medical complications*. In total, the nutritional rehabilitation of 4,050 SAM affected children was facilitated during the reporting period with a recovery rate of about 85 per cent. UNICEF also facilitated the procurement of multiple micronutrient tablets sufficient to cover the needs of the targeted 20,000 pregnant and lactating women for six months to contribute to the reduction of under-nutrition among their offspring, as well as multiple micronutrient powder (sprinkles) for home fortification of complementary foods sufficient to cover the needs of the targeted 20,000 children aged 6-23 months old for a period of six months. UNICEF facilitated all in-country logistics to ensure uninterrupted and timely delivery of all nutritional supplies from the port to the health facilities, county hospitals, and Ri/ dong clinics (CMAM service delivery sites) throughout the year, with three rounds of distribution taking place during 2014 using diesel fuel coupons (for total amount of \$12,468.20). Routine supportive supervision and monitoring field visits to the CMAM project sites were conducted to ensure the availability of project supplies, the proper utilisation of resources and to provide on-the-job training to the service providers

¹⁶ This includes 3,046,631 *indirect* beneficiaries targeted by WHO. The total number of *direct* beneficiaries targeted was 2,280,114.

¹⁷ Kangwon, North Hamgyong, South Hamgyong and Ryanggang

and health workers to upgrade the quality of CMAM services. Additionally UNICEF supported capacity development of health workers and service providers in the targeted CMAM counties and facilitated capacity development on promotion of optimum infant and young child feeding practices (using other regular resources). In total 190 master trainer and health officers were trained during the reporting period.

WFP utilised the US\$ 3.247 million which was granted to the Protracted Relief and Recovery Operation “Nutrition Support for Children and Women” by sourcing a total of 5,539.24 MT of wheat and maize. The food commodities were used to produce fortified and blended foods (Super Cereals and biscuits) distributed to 111,797 primary school children and 968,117 children in orphanages, kindergarten and paediatric wards as well as to pregnant and lactating women in 87 counties of the targeted nine provinces for two and half months. The fortified blended food was delivered to child institutions from the factories. The beneficiaries consumed the foods either as cooked meals with super cereal or snacks with biscuits. The CERF contribution arrived at a time when WFP was facing dire fund constraints which helped WFP to continue with distribution of nutritious foods to the young children and pregnant lactating women without interruption for two and half months, which significantly mitigated the negative impacts to vulnerable beneficiaries that can be caused by pipeline breaks. However, due to continuous project shortfalls and very poor resource forecasts the overall project which the CERF grant supported was revised downwards and the two year planned number of beneficiaries were reduced from 2.4 million to 1.8 million. The planned beneficiary numbers for 2014 were reduced from 1,647,000 to 1,079,914 per month. The CERF funds were consequently channelled to a reduced caseload, but one which reflected a stricter prioritisation of the youngest and most vulnerable beneficiaries.

In the Health sector, CERF funds were utilized as planned by UNICEF, WHO and UNFPA, bringing added value to existing emergency interventions which were underfunded from other regular sources. UNICEF were able to ensure the availability of essential medicines with the procurement and distribution of approximately 1,050¹⁸ essential medicine kits, which contained 22 essential medicines and basic consumables for the treatment of childhood diseases (pneumonia and diarrhea in particular). Upon arrival, the essential medicines were immediately distributed to the targeted 28 counties in three north-eastern provinces¹⁹ to serve 229,800 children under five, which is a major contribution in this resource constrained context. As well as treating the two major child killer diseases, the CERF funded interventions served to address the underlying malnutrition causes of frequent morbidity and excess mortality among children under five. The funding received complemented other regular funding sources, particularly those from Republic of Korea (ROK) and UNICEF thematic funds.

CERF funded WHO support has also played a critical role in ensuring that the most vulnerable children under five continue to be reached through timely and efficiently provided medical care. Essential drugs kits were designed to complement the kits provided by UNICEF, so there was no overlapping in the provision of drugs in provinces where both agencies have been operating. Furthermore, WHO provided support to Provincial, City and County level facilities while UNICEF focused on supporting all primary and secondary healthcare facilities. The distribution by WHO of 100 kits of essential drugs were utilized for the treatment of pregnancy complications, to prevent the delivery of low-birth-weight new-borns, which can lead to malnutrition and complicated cases of childhood diseases. Essential drugs were also provided for the medication of all surgeries and prevention of post-operative and perinatal complications. Each county and city hospital received 2 sets of commodities, while each provincial hospital received 10 sets of kits and commodities, based on their capacity and caseload estimates. Surgical and anaesthetic kits were utilized for life-saving surgeries and resuscitation interventions in all life-threatening and critical conditions in children admitted to supported hospitals. WHO also provided relevant training in emergency obstetric care and essential newborn care to 50 health care providers to upgrade their skills, and was able to strengthen the capacity of life-saving units of all the targeted hospitals for 12 months to enable full functional response to immediate health needs of children. CERF support has significantly contributed to ensure continued quality of care in the emergency units of all targeted hospitals through 24-hour availability of life-saving medical services, which has improved the accessibility and quality of emergency interventions to meet the critical needs of children under five, particularly most vulnerable new-borns with low-birth weight.

The CERF funds granted to UNFPA supported the provision and availability of 20 sets of essential RH supplies, including Emergency RH kits, sets of obstetric surgery instruments, autoclave drums, neonatal resuscitation (ambu) masks, delivery assisting devices (suction pumps and vacuum extractors), surgery gloves, sutures, syringes and essential antibiotics. These supplies were distributed to 15

¹⁸ 10.36 per cent of the total amount of kits (10,140) procured and distributed by UNICEF in 2014 to 94 counties in six provinces - to ensure the treatment of childhood diseases especially diarrhoea and pneumonia as per its five year program agreement with MoPH.

¹⁹ Kangwon, North Hamgyong and Ryanggang

selected health facilities in 11 targeted counties²⁰ reaching approximately 17,800 women of reproductive age. Although the US\$ 250,000 allocated to UNFPA in this round of CERF UFE is not sufficient to improve the maternal and newborn health situation in the country alone, it significantly contributed to the joint efforts of the Health cluster to avert maternal and neonatal mortality.

In the WASH Sector, CERF funds have enabled the initiation restoration of water services to 33,200 people in Hwangju County as part of a larger UNICEF project, by enabling the procurement of supplies for the construction of water supply schemes and restoration of parts of the water supply distribution network which were washed away by flash floods in August 2013. The aim of the project has been to restore safe water supplies to the community, including connection to six schools (two primary, two secondary, and one secondary boarding school) and health care institutions (one hospital and two clinics), and will eventually significantly reduce the burden placed upon 23,000 people (69 per cent of the population) in the County town who were having to spend at least two hours daily fetching drinking water from distant dug wells or hand pumps up to 1 km away. The CERF allocation was used to procure essential materials for the development of an appropriate water source and the installation of a water supply pumping station and distribution network including pipes, fittings, cement, pumps and water purification tablets. These items have been delivered to the County Town for installation. The funds were also used to support the transportation of local supplies at county level and for supporting the Ministry of City Management (MoCM) to monitor the installation works after providing training supported from other resources. Whilst CERF funds were used to procure and deliver supplies before the agreed deadline, the completion of construction works has been delayed, due to activities being suspended over the winter period. The project will be completed by the end of April 2015. However, it is clear that the construction will be completed as planned and the targeted beneficiaries have been reached.

CERF's ADDED VALUE

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

YES PARTIALLY NO

All agencies agreed that the CERF funding was made available on time and allowed agencies to carry out essential life-saving projects in the targeted areas within the specified time frames, with the exception of the WASH project of which the final implementation has been delayed due to a break in construction work over the winter period. Nevertheless, in the Health Sector CERF funds enabled WHO to provide ready-made medical kits which enabled fast procurement and transportation. WHO also could provide logistic support to MoPH, so timely distribution of all kits to life-saving units of target hospitals was ensured. In Nutrition, WFP was able to continue distributing assistance in the most food insecure areas for two and half months without interruption, as the CERF grant was approved from the underfunded window. Because of CERF's prompt contribution confirmation post proposal submission, food commodities arrived in time to address the impending food pipeline break for young children, pregnant and lactating women. Finally, at a time when there was a critical shortage of funding for humanitarian interventions, it was felt that the timely project approval and quick disbursement of fund by the CERF secretariat allowed FAO to procure and distribute vegetable seed and fertilizer in time for the main cropping season in 2014.

b) Did CERF funds help respond to time critical needs²¹?

YES PARTIALLY NO

CERF funding ensured the provision of time critical essential supplies to the planned beneficiaries. For example, in the Health sector with CERF support critical health needs of vulnerable children were immediately met through availability of anaesthetic, surgical and blood transfusion kits which are essential in near-miss cases. The availability of essential drugs at life-saving units of hospitals prevented death and post-operative and perinatal complications in vulnerable children admitted to hospitals in critical conditions.

In the Agriculture sector, a frequent bottle neck is the critical shortage of essential agricultural inputs such as improved seeds, fertilizer and plastic sheets and timely delivery of these inputs before the plantings season, as in DPRK the planting seasons are very short. Therefore the timely importing of agricultural inputs into the county is very critical. CERF funding helped to respond to the critical needs of vegetable seeds and fertilizer with the right delivery time.

²⁰ In South Pyongan, North Hwanghae, Kangwon and South Hamgyong provinces.

²¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

WFP relies on international food commodity purchases that require a lead-time of 3-4 months to complete food purchases and an additional month for food production. Since the CERF contribution was confirmed early in the year, it allowed the purchase of food to be executed and completed much earlier than anticipated considering the precarious funding disposition. The CERF contribution provided nutritious blended food to a total of 1,079,914 young children and women for a period of two and half months meeting critical needs.

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

YES PARTIALLY NO

Collectively, it was felt that due to the distinct geo-political situation in the Korean peninsula, there was no improvement in resource mobilization despite CERF intervention, even from the most supportive of donors. Trend analysis demonstrates that where political tensions are high between DPRK and the international community, funding has significantly dropped. However, when relations with DPRK are more open funding has increased. However, since the end of 2012 the political situation had been such that funding has remained low.

Despite this, CERF funds ensured agencies were able to sustain a presence in DPRK and mitigated the potential negative impacts in pipeline breaks which enabled agencies to continue to advocate for further funding and not undo the positive gains that have been attained in country. Furthermore, it was felt by agencies that CERF funded projects enabled the collection of data and information which further strengthened future fundraising attempts.

However, without a significant improvement in the political environment, it is unlikely that the UN will be able to identify new sustainable and predictable funding sources. While the UN advocates for a decoupling of the humanitarian situation from political concerns this has thus far proved unsuccessful.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

It was felt that coordination among UN agencies has continued to be improved with each CERF submission in their efforts to agree a collective humanitarian response and prioritise and how limited resources should be allocated. Agencies expressed that CERF funding has been a stimulus of coordination which may not otherwise occur and that in the application and reporting processes, they have been given the opportunity to discuss plans and implementation and work more closely together. It was particularly felt that CERF funding gave the opportunity for enhanced discussion on Health, Nutrition and WASH related linkages and related joint assessment of needs by Agencies present in DPRK. It provided a multi-sectoral platform to further advocate for child survival issues as humanitarian needs besides food support.

Whilst there are six international NGOs²², plus the IFRC, ICRC and bilateral donors operating in DPRK, they have separate Government counterparts from the UN Agencies, and certain restrictions mean that partnerships cannot function in the way they do in most other contexts. It is therefore not possible for NGOs to serve as implementing partners for CERF funded projects for example. Nonetheless, the fact that CERF funding enables the UN agencies to sustain a presence in DPRK ensures that it can provide coordination mechanisms such as a weekly inter-agency meeting which is chaired by the Resident Coordinator, and regular sector working group meetings to share information and coordinate activities.

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

CERF has consistently responded to humanitarian needs in DPRK which has allowed Agencies to mitigate against breaks in the implementation of operations. This consistent support at the same time displays the UN's commitment to confront and aid humanitarian needs in the DPRK. The sustaining of UN Operations in DPRK is critical at this difficult time, both to ensure that the gains of the past decade are not lost but also to ensure a framework of action is in place in case an emergency occurs.

²² Required to work as "European Union Programme Support" (EUPS) units

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF application process is fast and effective, with the ready made template for applications and reports making it a simple and easy process.	Continue with format	CERF Secretariat
There is little explanation for the reasoning behind the allocation for each window and it is always less than what is required, which requires a difficult prioritisation process.	Further explanation for how the allocation amount has been decided.	CERF Secretariat
Integrating CERF funded component into larger project provides opportunity for beneficiary communities to regain sustainable services at scale. However, this can introduce delays in achieving planned outcomes for the CERF component if antecedent activities are not fully synchronized within the period of the CERF project.	For such scenarios, the objectives and outcomes for the CERF component could be limited to the procurement and delivery of materials and supplies.	UNICEF, UNCT, CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
MOPH's and provincial officers involvement during implementation of this project particularly ensured timely distribution of supplies.	Government contribution in providing vehicles, labor and safeguarding storage space to ensure timely distribution of therapeutic supplies needs to be further encouraged.	UNICEF, UNFPA and WHO
The technical support offered to the National CMAM technical group was instrumental to achieve the desired result.	The collaboration with MoPH to be further strengthened in 2015 toward an enhanced coordination by the National CMAM technical group. This support needs to continue to ensure continued improvement to provide quality services.	UNICEF
Sustaining the Nutrition programme at scale in 2014 was very instrumental in convincing the Government to endorse the national Nutrition strategy and action plan 2014-18, upgrading the national technical guidelines in CMAM, promotion of optimum IYCF and in promotion of micronutrient supplementation.	The collaboration with MoPH need to be further strengthened in 2015 to scale-up the geographical coverage of CMAM services to reach all counties. This support needs to continue to ensure continued improvement to provide quality services.	UNICEF
Collaboration with the MoCM need to focus on strengthening community resilience in the management and maintenance of water supply services.	Advocacy to DPs and DPRK Government to allocate more resources to sustainable water supply systems (gravity fed schemes and protected dug wells or tube wells equipped with hand pumps along with household water treatment at scale)	UNCT, UNICEF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	07.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-024	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input type="checkbox"/> Concluded
4. Project title:	Supporting Lifesaving WASH related Interventions for the Most Vulnerable Population in flood affected Provinces of DPR Korea		
7. Funding	a. Total project budget:	US\$ 5,885,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 925,324	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 399,524	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. <i>Female</i>	19,750	19,750	The materials and supplies have been delivered and the project has been integrated into a larger project for restoring the County Town water supply. The final numbers of beneficiaries are not yet assessed by the Ministry of City Management. Final installation works are still in progress at this stage.
b. <i>Male</i>	13,450	13,450	
c. <i>Total individuals (female + male):</i>	33,200	33,200	
d. <i>Of total, children under age 5</i>	4,500	4,500	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To develop safe water supply source and provide transmission to existing storage tanks in place of the five dug wells located in paddy fields, which are contaminated and causing increasing incidence of diarrhoea in the seriously flood affected Hwangju County in North Hwanghae Province 			
10. Original expected outcomes from approved CERF proposal			

<p>Expected Outcomes and Indicators</p> <ul style="list-style-type: none"> • By the end of 2014, reduce by at least 20 percentage points the average prevalence of diarrhoeal diseases among 7,500 families (33,200 people: 19,500 women, 13,450 men including 4,500 children (1,200 in kindergarten; and 3,300 in school)) in Hwangju County in North Hwanghae Province • By the end of 2014, 6 schools (primary 2, secondary 3, secondary boarding -1) and 3 health care institutions (Hospital-1, clinics-2) will gain access to piped water <p>Indicators:</p> <ul style="list-style-type: none"> • Number of people that gain access to safe drinking water in Hwangju County in North Hwanghae Province (target: 33,200 people (of whom 19,500 are women, and 4,500 are school children). • Number of families that have received information material on safe and proper use of water purification tablets and safe disposal, safe handling and composting of excreta before use as manure (target 7,500 families). • Number of diarrhea cases among under-five children in the project area. • Number of learning institutions and health facilities that gained access to piped water 	
11. Actual outcomes achieved with CERF funds	
The MOCM County Town has received the materials it needs in order to restore the water supply services to 33,200 people. The outcome is that the 33,200 have undoubted capacity to have the service restored fully together with the County Town Water Supply System.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned number of beneficiaries will benefit from the final actual outcomes. The discrepancy is a delayed completion of the installation works.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project addresses the whole community including women and children.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT No <input type="checkbox"/>
No specific evaluation is planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	04.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-059	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support life-saving health interventions among the most vulnerable populations in 28 counties under three north-eastern provinces in the DPR Korea		
7. Funding	a. Total project budget:	US\$ 5,325,925	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,796,299	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 300,269	▪ <i>Government Partners:</i>
			US\$ 0
			US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	112,500	112,500	No significant discrepancy.
b. Male	117,300	117,300	
c. Total individuals (female + male):	229,800	229,800	
d. Of total, children <u>under</u> age 5	229,800	229,800	
9. Original project objective from approved CERF proposal			
To treat major child killer diseases like diarrhoea and pneumonia and its complications among 229,800 children under five (112,500 girls and 117,300 boys) in 28 counties under three provinces (Kangwon, North Hamgyoung and Ryanggang)			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes and Indicators (please use SMART²³ indicators)			
<ul style="list-style-type: none"> By the end of 2014, all 229,800 under five children will be served who will be affected by life threatening diseases (mainly pneumonia and diarrhoea) through all primary and secondary health facilities in targeted three provinces. 			
Indicators:			
<ul style="list-style-type: none"> Number of children under five having access to health facilities and treated with life-saving drugs out of 229,800 under five children in three provinces. 			
11. Actual outcomes achieved with CERF funds			

²³ SMART indicators are: specific, to avoid differing interpretations; measurable, to allow monitoring and evaluation; appropriate to the problem statement; realistic and able to achieve; time-bound indicating a specific period of time during which the results will be achieved. Indicators must be designed to enable you to identify the different impacts (intended and unintended) your project has on women, girls, boys, and men.

<p>In 2014, UNICEF distributed 10,140 essential medicine kits to 94 counties in six provinces out of which 1,050 kits (10.36%) were procured through CERF funding for 28 counties under 3 north-eastern provinces (Kangwon, North Hamgyong and Ryanggang) to serve 229,800 under five children.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>N/A</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Although the project is not part of CAP, UNICEF GM for this project is 2a.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No specific evaluation is planned.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	07.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-060	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support nutrition related life-saving interventions for the most vulnerable population in the four north-eastern provinces of the DPR Korea		
7. Funding	a. Total project budget:	US\$ 8,474,400	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 462,092	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 300,092	▪ <i>Government Partners:</i>
			US\$ 0.0
			US\$ 0.0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	31,800	31,800	N/A
b. Male	12,250	12,250	
c. Total individuals (female + male):	44,050	44,050	
d. Of total, children <u>under</u> age 5	24,050	24,050	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To improve quality of care by rendering availability of life-saving supplies and expands service delivery sites to address the needs of the most vulnerable population (U5 children, pregnant and lactating women). To address under-nutrition during the 1000 days 'window of opportunity' and to achieve sustainable impact on prevention and treatment of under-nutrition among U5 children, pregnant and lactating women living in the four North-Eastern provinces. 			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes and Indicators (please use SMART²⁴ indicators)			
<ul style="list-style-type: none"> By the end of 2014; 4,050 U5 children suffering from severe acute under-nutrition (wasting) will be identified and received full package of appropriate treatment to ensure their full recovery. By end of 2014; 20,000 boys and girls aged 6-23 months will receive multi-micronutrient powders for home fortification of semi-solid complementary foods. By the end of 2014, 20,000 pregnant and lactating women will receive multi-micronutrient tablets to prevent acute malnutrition and stunting of their children. 			

²⁴ SMART indicators are: specific, to avoid differing interpretations; measurable, to allow monitoring and evaluation; appropriate to the problem statement; realistic and able to achieve; time-bound indicating a specific period of time during which the results will be achieved. Indicators must be designed to enable you to identify the different impacts (intended and unintended) your project has on women, girls, boys, and men.

Indicators:	
<ul style="list-style-type: none"> • Number of U5 SAM children enrolled and treated from severe acute under-nutrition. • Number of 6-23 months old children received micronutrient powder for complementary foods home fortification. • Number of pregnant and lactating women received full course of multi-micronutrient tablets. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 4,050 U5 boys and girls suffering from severe acute under-nutrition (wasting) received full package of appropriate nutritional rehabilitation to ensure their full recovery. • 20,000 boys and girls aged 6-23 months received six months rations of multi-micronutrient powders (Sprinkles) for home fortification of semi-solid complementary foods. • 20,000 pregnant and lactating women (PLW) received six months ration of multi-micronutrient tablets to prevent acute malnutrition and stunting of their children. 	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Although the project is not part of a CAP, UNICEF GM of this project is 2a as the target was on provision of multi-micronutrient supplements to PLW and is focusing on enrolment of young girls affected by SAM in the CMAM programme within the context of breaking the intergenerational cycle of undernutrition.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
CMAM evaluation is planned with MOPH and expected to be carried out in Sept. 2015. The report will be ready by end of 2015 and will be shared with CERF secretariat.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	21.03.14 – 31.12.14
2. CERF project code:	14-UFE-FAO-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture and Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency support to improve food security and nutrition of vulnerable farming families during 2014 main cropping season		
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,000,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,000,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	45,900	45,900	
b. Male	44,100	44,100	
c. Total individuals (female + male):	90,000	90,000	
d. Of total, children <u>under</u> age 5	5,000	5,000	
9. Original project objective from approved CERF proposal			
The key objective of the project is to safeguard the lives of the food insecure farming families in the targeted cooperative farms by increasing the production of vegetables and soybean during the 2014 main cropping season through the provision of vegetable and soybean seeds and urea fertilizer.			
10. Original expected outcomes from approved CERF proposal			
The main expected outcome of this project is to increase yield/ha of vegetables and soybean. Vegetable yield/ha is expected to be increased by 35 percent and soybean by 25 percent compare to the yield level of 2013.			
11. Actual outcomes achieved with CERF funds			
Due to high price of vegetable seed and limited supply of seeds, the project able to provided 2 MT of vegetable seeds (cabbage, radish, cucumber, pepper, onion, eggplant and tomato); 1800 MT of urea fertilizer. In 2014 due to an expected critical shortage of soybean seed in the northern part of China (which could be suitable for the DPRK agro-ecology), procurement of the planned 150 MT seed was not possible. The production of vegetable increased by 26 percent compare to 2013.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
As indicated earlier due to the shortage of soybean seed in northern part of China the project produce only vegetables in 2014.			

<p>Prolonged dry spell in spring and main cropping seasons affected the production of vegetable in 2014. The project expected to increase vegetable production by 35 percent compare to 2013. Due to the prolonged dry spell the actually vegetable production increased by 26 percent only compare to 2013. However, 26 per cent increase in vegetable production is a good achievement.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): During the design and implementation of the project, consideration was given to the gender aspect, From the total beneficiaries, 51 per cent were female.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>In 2015 FAO will carry out midterm review of its Country Programming Framework 2012-2016. The midterm review process will include evaluation of projects implemented during the last 3 years, this will include CERF funded projects.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	14.03.14 – 31.12.14
2. CERF project code:	14-UF-FPA-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Safe Motherhood		
7. Funding	a. Total project budget:	US\$ 1,140,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 540,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 250,004	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	17,800	17,800	
b. Male	0	0	
c. Total individuals (female + male):	17,800	17,800	
d. Of total, children <u>under age 5</u>	0	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Improve availability of quality reproductive health care services in rural areas; Enhance institutional capacity to emergency response for life-saving of mothers, adolescents and children; and Reduce maternal mortality through better management of pregnancy complications and delivery using essential supplies and equipment 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Number of cases of maternal deaths reduced by one third by end of 2014 in affected areas; Number of obstetric referral cases from county hospitals to the provincial hospitals reduced and 20 rural health facilities equipped with new delivery-assisting equipment and devices. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Maternal deaths statistics for 2014 are not yet available and shared by the Government. The administrative data on maternal deaths for 2012 & 2013 do indicate a decline in maternal deaths. To substantiate the point, the joint UN global report on Maternal Mortality Estimation reveals that MMR has reduced in the last one and a half decade but still has a distance to go to reach the proposed MDG. It is worthwhile to state here that UNFPA together with the Central Bureau of Statistics has conducted a Social, Demographic Health survey in October 2014 and national-wide estimate of MMR will be available in the latter half of 2015. During field monitoring visits, it has been observed that with provision of essential delivery-assisting equipment, devices, antibiotics and medical supplies to county hospitals, the number of referral cases to the provincial maternity hospitals has 			

reduced in the programme areas. About 17,800 pregnant women across 15 health facilities (11 county hospitals and 4 provincial maternity hospitals) were provided with delivery-assisting equipment, devices and supplies.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Originally it was planned to equip 20 county level health facilities with essential medical equipment and supplies. However, MOPH requested us to support 4 referral level hospitals in flood prone provinces, as most of the complicated cases are referred to the provincial maternity hospitals where there is serious lack of lifesaving medical equipment and supplies. Thus, the 20 sets of medical equipment and supplies were distributed to 11 county hospitals (1 set per county hospital) and 4 Provincial Maternity Hospitals (2 sets for Kangwon Maternity Hospital, 2 for South Phyongan Maternity Hospital, 2 for North Hwanghae Maternity Hospital and 3 for South Hamgyong Maternity Hospital). In this way, with the limited resources, we were able to rationally balance between the two project objectives, a) to reduce number of referral case by supporting the county level hospitals and b) to reduce maternal mortality by supporting the referral level hospitals, where more deliveries with obstetric complications take place.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'NO' (or if GM score is 1 or 0): This project has targeted females only, pregnant and delivering women by strengthening obstetric care services.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Although no specific evaluation was carried out, monitoring of UNFPA provided kits and drugs are on-going. In addition, UNFPA has carried out a Country Programme Evaluation in September-October this year and the report was finalized in December 2014.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	01.04.14 – 31.12.14
2. CERF project code:	14-UFE-WFP-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Nutrition Support for Children and Women (PRRO200532)		
7. Funding	a. Total project budget:	US\$ 137,531,036 ²⁵	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 70,512,172 ²⁶	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 3,247,124	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	922,290	644,709	Due to continuous project shortfalls and very poor resource forecasts the overall project which the CERF grant supported was revised downwards and the two year planned number of beneficiaries were reduced from 2.4 million to 1.8 million. Planned beneficiary numbers for 2014 were reduced from 1,647,000 to 1,079,914 per month. The CERF funds were consequently channelled to a reduced caseload, but one which reflected a stricter prioritisation of the youngest and most vulnerable beneficiaries.
b. Male	724,710	435,205	
c. Total individuals (female + male):	1,647,000	1,079,914	
d. Of total, children <u>under</u> age 5	525,000	514,382	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Reduce hunger and undernutrition among children, pregnant women and nursing mothers by providing nutrition support to improve dietary diversity through school and preschool meals as well as targeted nutrition support • Address the impact of under-nutrition and ensure children's access to vitamins and micronutrients necessary for their development through provision of Super Cereals and biscuits fortified with minerals and vitamins. • Provide treatment to Moderate Acute Malnourished (MAM) children and women in Kangwon Province. 			
10. Original expected outcomes from approved CERF proposal			

²⁵ Please note that this is the total budget for the during of the two-year project (July 2013 – June 2015). The budget was revised from US\$ 199,896,530 effective from 01 June 2014 to cope with low funding.

²⁶ This is the total received for the two-year project and therefore includes funding received up to 31 March 2015. It also includes US\$ 1,993,621 received in the CERF UFE Food Security 2013 tranche.

<u>Outcome 1: Adequate food consumption maintained over assistance period for targeted beneficiaries</u>	<ol style="list-style-type: none"> 1. Fortified blended food provided to children and women 2. Fortified blended food provided to MAM patients 	Availability of fund support for the activities
<u>Output 1.1</u> Food items distributed in sufficient quantity and quality to targeted beneficiaries	<ol style="list-style-type: none"> 1. Number of timely food distributions as per planned distribution schedule 	<p>Lack of transport.</p> <p>Availability and timely distribution of food.</p> <p>Low production of LFP products due to lack of inputs.</p>
<u>Output 1.2</u> Days of food rations distributed to targeted beneficiaries	<ol style="list-style-type: none"> 1. Number of days rations were provided 	<p>Availability and timely distribution of food.</p> <p>Low production of LFP products due to lack of inputs.</p>
<u>Output 1.3</u> <u>Amount of MAM patients receiving nutrition treatment</u>	<ol style="list-style-type: none"> 1. Number of days nutrition treatment were provided 	Lack of commodities to produce and distribute food.
<u>Outcome 2:</u> Sustain local production capacity for fortified food	<ol style="list-style-type: none"> 1. Maintain current production capacity of fortified food including complementary food and special nutritional products. 	<p>Timely distribution of raw material.</p> <p>Lack of inputs (material technical assistance, raw materials).</p>
<u>Output 2.1</u> Required quantities of fortified food produced	<ol style="list-style-type: none"> 1. Number of factories supported. 2. Quantities of fortified blended food produced per month. 	<p>Lack of inputs (raw material and spare parts).</p> <p>Lack of technical assistance.</p>
<u>Output 2.2</u> People reached through WFP Local Food Production (LFP) facilities	<ol style="list-style-type: none"> 1. Number of people reached through WFP supported local food factories 	<p>Availability and timely distribution of food.</p> <p>Limited access to institutions.</p>

11. Actual outcomes achieved with CERF funds

With the resources made available through CERF, a total of 5,539.24 mt of wheat and maize was purchased. When mixed with other commodities 6,397 mt of fortified biscuits and blended food were produced. These were distributed to 111,797 primary school

children and 968,117 children in orphanages, kindergarten and paediatric wards as well as to pregnant and lactating women.

Distributions were carried out between from mid-August to end October. Specific outcomes were:

- a. Targeted supplementary feeding was sustained among 912,600 children through monthly distribution of locally produced fortified blended food in 10,439 children's nurseries, 31 orphanages, 4,511 kindergartens and 493 primary schools. The ration covered on average 26 feeding days for kindergarten, nursery and primary school children and 30 feeding days for children in orphanages, paediatric wards and the pregnant and nursing mothers.
- b. 167,314 pregnant and lactating women received ration of fortified blended food for 2 months, within the period of lean season.
- c. MAM treatment among children under 5 was established in seven counties in Kangwon province and reached 4,890 children in WFP assisted nurseries. Treatment period was between 2-3 months per child. The ration that the MAM children receive is a take-home and an addition to food distributed through nurseries. Performance indicators based on SPHERE standards indicated the effectiveness of the programme with Cure Rate of 94%, Death Rate 0%, Non-Response rate 3%, and Default Rate 3%.
- d. The local food production in nine factories achieved a total of 6,397 mt of fortified biscuits and blended food that supported the targeted supplementary feeding. On a monthly average, the production of fortified blended food was 2,500 mt and 174mt for biscuits.
- e. Overall, the targeted supplementary feeding reached 1,079,914 children and women in the months of mid-August to end October 2014.

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

The CERF contribution of USD 3.247 million at the time of proposal submission was planned to purchase 5,000 mt wheat and 1,281 mt of maize that would be distributed to a total of 1.647,000 children and women for a total period of two and half months.

However, wheat and maize purchase were 4,596 mt and 943 mt (total of 5,539 mt) respectively, which is 742 mt less than planned due to commodity rates being higher at actual time of purchase.

Simultaneously, despite there being no change in the severity of the needs, continuous project shortfalls and very poor resource forecasts forced the project PRRO 200532 to reconsider its outreach which resulted in a budget revision where;

- a. Total project planned number of beneficiaries were reduced from 2.4 million to 1.8 million;
- b. A revision of the food basket was reviewed and changed which led to the suspension of production in five biscuit factories; and
- c. Accordingly, food and related costs were reduced (by US\$62 million) for the overall project.

Results from the 2012 National Nutrition Survey and 2013 CFSAM were used to reprioritize targeting to maximise and focus the programme's impact on maintaining the nutritional status of the highest priority beneficiaries. The CERF funding was consequently allocated to a more focused group of high priority beneficiaries.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

<p>If 'YES', what is the code (0, 1, 2a or 2b): 1 If 'NO' (or if GM score is 1 or 0):</p> <p>The overall gender marker for the project is 1.</p> <p>During the project formulation, WFP took into consideration the special needs of women and children. WFP seeks to address high rates of malnutrition amongst the most vulnerable children and pregnant and breast-feeding women through provision of locally produced Super Cereals and nutritious biscuits, enriched with micronutrients and proteins. A key priority for WFP is related to its pursuit of gender equality and gender empowerment with regards to its activities.</p> <p>In 2014, 60 percent of the programme's overall beneficiaries were female, but 94 percent of adult beneficiaries were women. Almost all child institutions are headed by women. Most of the employees involved in food distributions, record keeping, care-giving and cooking at child institutions are women.</p> <p>At the WFP-assisted local food production factories, 46 percent of the members of factory management committees are women, compared to 22 percent a year ago. Based on technical skills and past work experience, the number of women involved as team leaders at work sites under the FFCD projects was 54 percent. WFP is deeply committed to encouraging additional numbers of women to assume leadership roles.</p> <p>While some progress has been made, a more systematic approach to gender reporting needs to be developed and maintained. WFP continues to hold discussions with counterparts to build awareness and promote women's equity in all aspects of programme implementation.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>A mid-term review of WFP's DPRK project was carried out midway into the two-year operation (July 2014) which commenced in July 2013 and will continue until June 2015. The purpose of the mid-term review (MTR) was to evaluate the results and effectiveness of WFP's ongoing Protracted Relief and Recovery Operation in DPRK (PRRO 200532).</p> <p>Key conclusions and recommendations of the mid-term review are:</p> <ul style="list-style-type: none"> • The joint efforts of WFP and the Government enabled 1.8 million vulnerable people to receive food assistance critical in preventing and treating malnutrition. • WFP's prioritization exercises were found to be successful with food distributions prioritised to both the most vulnerable people and the most food insecure areas. This was achieved in spite of significant funding constraints which required innovation and flexibility on the part of both WFP and the Government. • WFP will refine and rationalise the monitoring system and make further endeavours to ensure that more regular and more reliable data on the household food security and nutritional situation enhances both its approach to helping the country's malnourished children, but also further raises donor confidence. • WFP and Government to find a way to prioritise lean season distributions. 	<p>EVALUATION PENDING <input type="checkbox"/></p> <hr/> <p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	27.03.14 – 31.12.14
2. CERF project code:	14-UFE-WHO-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening Service Delivery to help improve Maternal and Child Survival in North Hamgyong and Ryanggang Provinces of DPR Korea		
7. Funding	a. Total project budget:	US\$ 17,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 4,883,706	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 1,000,000	▪ <i>Government Partners:</i> US\$ 21,200
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	110,982	110,982	
b. Male	110,982	110,982	
c. Total individuals (female + male):	221,964	221,964	
d. Of total, children <u>under</u> age 5	221,864 ²⁷	221,870	
9. Original project objective from approved CERF proposal			
<p>To prevent avoidable death from life threatening conditions in most vulnerable children, boys, girls, men and women of two northern provinces through improved access to and quality health care at provincial pediatric, provincial maternity and 28 county hospitals by December 2014. The above objective will be supported by two following strategies:</p> <ul style="list-style-type: none"> • Improve access to basic life-saving interventions by providing of essential drugs and consumables for operating theatres, Intensive Care Units (ICU) and delivery rooms of provincial and county hospitals. • Sustain and further decrease child survival among premature and low birth weight newborns through the supply and distribution of essential drugs, basic equipment and training for health care providers 			
10. Original expected outcomes from approved CERF proposal			
<p>By the end of December 2014 all supported hospitals will improve their service delivery through available and functional facilities and enhanced professional skills of service providers. Mortality from common life-threatening conditions and obstetric complications is expected to decrease by 20%. Morbidity and complications of common diseases are estimated to be reduced by 33%. At the end</p>			

²⁷ DPR Korea 2008 Population Census National Report, 2009

of the project the following indicators will be monitored:

Output indicators:

- Number of provincial and county hospitals with available life-saving services
- Number of health care providers with enhanced skills in life-saving interventions
- Number of health facilities with available evidence based guidelines on life-saving interventions

Outcome indicators

- Proportion of pregnant women and newborns with hemoglobin blood test
- Proportion of pregnant women with more than 4 antenatal visits
- Number of surgeries provided at each hospital
- Number of cesarean sections performed at each hospital
- Number of surviving newborns with LBW
- Number of patients received safe blood transfusion
- Number of post-operative complications
- Number of delivery, postpartum and post-abortion complications
- Number of men's, women's and children's lives saved from near-miss conditions.²⁸

11. Actual outcomes achieved with CERF funds

As per joint monitoring of the project sites as well as hospital reports, submitted to the Ministry of Public Health (MoPH) at the end of December 2014 four provincial, two city level and 28 county hospitals have improved their life-saving service delivery through available and functional facilities and enhanced professional skills of service providers. Mortality from common life-threatening conditions and obstetric complications has decreased by 25%. Morbidity and complications of common diseases has reduced by 44%. In January 2015 MoPH has monitored project related indicators and found the following outcomes:

Output indicators:

- Two provincial Pediatric and two provincial Maternity, two city hospitals and 28 county hospitals reported on upgraded life-saving services for women, children and all adult population
- 50 health care providers from above mentioned facilities have enhanced their professional skills in life-saving interventions
- 34 health facilities have available evidence based guidelines on life-saving interventions

Outcome indicators

- Proportion of pregnant women and newborns with hemoglobin blood test has reached 100% in target facilities
- Proportion of pregnant women with more than 4 antenatal visits and three laboratory tests has reached 98%
- There were totally 13,645 surgeries performed at 34 hospitals with WHO supported kits and consumables
- Totally 5,449 cesarean sections performed at 34 supported hospitals
- Overall 1,592 newborns with LBW survived with WHO support
- 2,800 patients (men, women, boys and girls) received safe blood transfusion in life-threatening conditions

²⁸Hospital data for 2012 (baseline) and 2014 will be analyzed for monitoring the progress

<ul style="list-style-type: none"> • Number of post-operative complications decreased from 273 cases to 137 cases • 7,920 women with delivery, postpartum and post-abortion complications survived with WHO support • Overall 25,957 men, women and children survived from near-miss conditions with WHO support.²⁹ • 35,879 deliveries were managed with utilization of partograms 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Actual outcomes in reduction of maternal mortality and morbidity were better than planned as the provided support was well distributed and each case of complicated pregnancy managed with the appropriate attention due to a well-trained team of health care providers.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): WHO has mainstreamed gender equality in this project by equal provision of essential drugs, basic equipment and hospital consumables for boys and girls in the under five year age. All maternity and paediatric units of county hospitals as well as provincial hospitals in Ryanggang and Northern Hamgyong received sufficient support, so that each boy and each girl admitting the hospitals received equal care and treatment. There were no cultural barriers in provision of equal care to boys and girls under five.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
Project evaluation was carried out in September 2014. WHO jointly with MoPH visited Ryanggang and North Hamgyong provincial maternity and paediatric hospitals, Kimchaek city and Haesan city hospital, as well as Pochong and Myongchon county hospitals. MoPH has introduced hospital reporting forms with project specific indicators and provided the training to health managers. All hospitals are connected by tele-medicine facilities. Therefore reporting in January-February 2015 was comprehensive. The report is not finalized yet.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

²⁹Hospital data for 2014 analyzed by MoPH

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-WHO-011	Health	WHO	Ministry of Public Health	No	GOV	\$21,200	15-Jul-14	15-Jul-14	The funds were provided for lif-saving related training as well as logistic support for distribution of essential drugs.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CBS	Central Bureau of Statistics
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community-based Management of Acute Malnutrition
DPRK	Democratic People's Republic of Korea
ERC	Emergency Relief Coordinator
EUPS	European Union Programme Support
FAO	Food and Agriculture Organization of the United Nations
HC	Humanitarian Coordinator
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
KECCA	Korean European Cooperation Coordination Agency
LBW	Low Birth Weight
LFP	Local Food Production
MCH	Maternal and Child Health
MMR	Maternal Mortality Ratio
MoA	Ministry of Agriculture
MoCM	Ministry of City Management
MoPH	Ministry of Public Health
NCC	National Coordinating Committee
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OFD	Overview Funding Document
PLW	Pregnant and Lactating Woman
PRRO	Protracted Relief and Recover Operation
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RH	Reproductive Health
ROK	Republic of Korea
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
UFE	Underfunded Emergencies
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
WFP	World Food Programme