

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

Country	Democratic People’s Republic of Korea (DPRK)
Resident/Humanitarian Coordinator	Mr. Torben Due
Reporting Period	January – December 2008

I. Executive Summary:

In 2008, CERF grants were received for the DPRK through both its underfunded Emergencies (UFE) and rapid response (RR) windows. The UFE grant came in September and the RR grant was approved in October 2008.

Submission of proposals to the CERF began with a letter from the Emergency Relief Coordinator that informed the Resident Coordinator of an allocation of \$2 million from CERF’s underfunded window for use non-food sectors, as food aid interventions were well funded. After some discussion of needs and funding shortfalls, the UN Country Team (UNCT) prioritized agriculture and health programmes.

Given the limited time that has passed since the inception of the projects, the expected results have not been fully achieved at the time of this report. Thus, rather than assessing the impact of all the projects, the present report provides an overview of the application process, projects objectives and activities completed so far. UN agencies will carry out evaluation of their individual projects, and will be ready to jointly report to CERF upon completion of the projects cycle.

Through CERF funding, World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) projects expanded the coverage of the critical life-saving interventions to north-eastern provinces, which had been recently re-opened for humanitarian assistance. As the Government decision to allow UN projects in those areas came unexpectedly in the middle of the year, agencies did not have the resources needed to extend much needed support to newly accessible areas. Meanwhile, a United Nations Population Fund (UNFPA) project concentrated on maternal health care in other vulnerable areas, including counties that had been affected by flooding in 2007.

With CERF funding, FAO sought to address the heightened food insecurity in the DPRK through expansion of double-cropping. CERF funding came at a critical time, allowing the provision of support to early cropping in the “cereal bowl” region. Cereals produced through double cropping were to complement WFP relief food distributions during the ‘lean season’ period of hardship. Programmes were intended to support vegetable crops to increase dietary diversity, especially for young children and mothers.

Applications for CERF rapid response grants were based on the UN assessments carried out by the UNCT through a consultative process in the recently re-opened north-eastern provinces. The health and nutrition sectors were identified as requiring most urgent interventions. The application was therefore made for two projects for resuming the critical supply of therapeutic nutrition and essential drugs, medicine and equipment, which targeted the north-eastern provinces.

Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	REQUIRED:	\$ 24.8 million (NB! not a total figure. In the absence of a CAP, the estimate was made for projects in agriculture, health and nutrition sectors)		
	RECEIVED:	\$5 million received for CERF-supported projects		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 4,000,000		
Total amount of CERF funding received by funding window	RAPID RESPONSE:	\$ 1,400,000		
	UNDERFUNDED:	\$ 2,000,000		
	GRAND TOTAL:	\$ 3,400,000		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES:	\$ 3,400,000		
	TOTAL:	\$ 3,400,000		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	<u>Health:</u> > 2.6 million population	almost 39,700 newborn & 313,229 U5 children	Almost 42,200 pregnant	
	<u>Agriculture:</u> 70,000 direct beneficiaries		Aprx. 11,200	
Geographic areas of implementation targeted with CERF funding (please be specific)	<u>Rapid Response:</u> 3 provinces in the Northeast: North Hamgyong, Ryanggang, Chagang provinces			
	<u>Underfunded:</u> 8 provinces: South and North Hwanghae, South and North Phyongan, Kangwon, South and North Hamgyong and Ryanggang and Pyogngayng city			

II. Background

Floods of the preceding year had increased vulnerability of the population directly affecting the lives of around one million people. Many more people, especially children and women, had been indirectly affected through suffering the consequences of the destruction or serious damage of basic social infrastructure such as schools, health centres, and water supply networks.

In the health sector, the country continued to suffer declining quality of health system infrastructure, widespread lack of essential medicine, equipment, and medical materials and outdated knowledge of health workers. A chronic shortage of essential drugs persists in the country despite the effort by humanitarian partners. During the WHO external evaluation mission in April 2008, it was revealed that almost half of needed drugs was not available in the visited health facilities.

A Rapid Food Security Assessment (RFSA) was carried out in June 2008 by WFP and FAO in 53 selected counties across eight of the country's ten provinces. The RFSA concluded that most areas were suffering an Acute Food and Livelihood Crisis due to insufficient food intake, poor dietary diversity, and indications of increasing wasting rates, diarrhoea, and illnesses. Other visited areas were assessed as chronically food insecure due to high stunting levels, unstable access/availability of sufficient food and chronic dietary diversity deficit. In addition to food aid, the RFSA recommendations for UN agencies included support to expansion of double cropping and as well as vegetable production for the improvement of diets of vulnerable groups, especially those living in urban communities.

In July 2008, the Government announced that UN agencies were allowed to re-start their work in 35 counties in the northeast provinces of North Hamgyong, Ryanggang and Chaggang. Prior to that, the areas had not been accessible for humanitarian agencies since late 2005 and therefore no interventions could be planned there.

According to the RFSA, the north-eastern provinces were the most vulnerable regions in terms of food security. Not having been reached by humanitarian assistance for almost three years, the population in those regions was found by the RFSA to be at ever-greater risk. Further, UNICEF too carried out its needs assessment mission to North Hamgyong and Ryanggang. UNICEF field visits indicated that approximately 10-12 percent paediatric admissions at the hospital were due to acute malnutrition; the cases often accompanied by severe infections and needing timely and comprehensive management. Due to discontinued in 2005 aid to the areas from international agencies there was a total lack of essential medicines - in most cases the hospitals survive on traditional medicine, which met only 50 percent of their requirement. Out of this 50 percent supply through traditional medicine, about 30 percent was produced at local level by the hospital authorities.

The WHO evaluation of its women and children's health project showed that there were a high number of maternal deaths occurring in certain counties not yet reached by developmental programmes. Shortages in diagnostic and blood transfusion facilities, operating theatres, equipment, drugs and training were identified as the main reasons for this high maternal death rate.

III. Implementation and results

1. Coordination and implementation arrangements:

In the DPRK, UN agencies carry out their projects in close partnership with the host government. Although international NGOs are not involved in the implementation of UN projects, they are active members (along with IFRC and a few bilateral agencies) of expanded UN Theme Groups/clusters. All measures are taken to improve coordination on not only CERF-supported projects but also all other activities within clusters in order to avoid duplication and ensure optimal utilization and rationalizing of the limited funds available in the DPRK.

CERF applications, both UFE and RR, were discussed within and across the clusters; the process was facilitated by the Office of UN Resident Coordinator. Coordination of CERF-funded projects with regular projects of UN Agencies and other international partners has been taken place through the work of UN Theme Groups on Health & Nutrition and Agriculture.

For the 2008 UFE grant, the discussions in health and nutrition sector focused on the complementary roles of partners, e.g. while UNICEF was to provide medicine kits, UNFPA was to supply emergency obstetric kits and the WHO to upgrade the capacity of the health facilities.

The FAO project to support barley and vegetable productions through expansion of double cropping is directly supportive of food aid as well as micronutrient supplementation to vulnerable groups by other UN agencies. The project was designed in consultations with partners in Agricultural and Food Security Theme Groups.

The RR grant to address specific urgent needs of the re-opened areas of northeast was prepared by UNICEF and WHO in close collaboration with each other and other health partners, as well as WFP, which had already started its work in the newly accessible region.

2. Project activities and results, including actual beneficiaries:

The UFE allocation for the DPRK was made through the third round and the funds were not received by recipient agencies until October 2008. As the project activities had not been completed at the time of reporting, it is pre-mature to report on the actual results and beneficiaries. Upon completion of the project cycle, agencies will assess results and analyze impact of CERF-funded projects and will be ready to

report to CERF accordingly. Below is an account of activities carried out under the projects by 30 March 2009.

Underfunded Emergency

Health

08-WHO-53: Assessments of the targeted health facilities (provincial paediatric hospital in Ryanggang and the provincial maternity hospital in North Hamgyong) were carried out.

Procurement was completed for equipment and supplies for two provincial blood centres (PBC) of Ryanggang and North Hamgyong provinces and provincial paediatric hospital in Ryanggang province and the provincial maternity hospital in North Hamgyong province.

Based on previous similar interventions in 30 county hospitals and 2 PBC upgraded in 2006, the following results were achieved:

- 9 percent increase in the surgical interventions;
- 58 percent decrease in the post-operative infection rates;
- 46 percent decrease in the referral rate to higher level;
- More than 4 percent increase of blood donors in the 2 upgraded PBC.

The renovation work in the two PBCs was completed using other, non-CERF, funds.

Locally procured supplies were distributed in February 2009; overseas part of procurement is expected in April 2009 (the usual lead-time for international procurement through WHO Regional Office is 6 months). WHO international staff were to undertake monitoring visit in April.

Once completed, the project will benefit 2.6 million population including 40,500 pregnant women, 39,700 newborn & almost 255,000 U5 children.

08-CEF-063: About 1,600 essential medicine kits (comprised of 24 vital drugs) targeting 313,229 children under five were ordered in October 2008. Upon full receipt (partly arrived on 18th February, remaining expected by early April), these kits will be distributed to 768 Ri and county health facilities in North Hamgyang and Ryanggang provinces according to the distribution plan.

From experience, it is known that in most cases there are delays in distributing medical supplies from the central level to sub-national level due to shortage of fuel and transport on the part of the Government. UNICEF, in consultation with other health partners, has decided to provide fuel support for the distribution of essential medicine up to county/district level. Continuation of this support will depend on timely distribution of all supplies by the Ministry of Public Health.

08-FPA-029: Supply of Oxytocin for about 3 months was procured with the CERF support and made available to the central medical warehouse in 2008. Current stocks are estimated to be sufficient for all pregnancies until June 2009.

International bidding for procurement of essential RH kits for 10 county hospitals and 483 Ri clinics was completed in February 2009. These kits were expected to be delivered by May 2009.

Through this critical intervention, UNFPA plans to reach 40,000 pregnant women in 11 focus counties of 4 provinces and 460,000 pregnant women throughout of the DPRK.

In addition, a series of training workshops were organized by UNFPA with MoPH for 250 midwives in Ri clinics from flood-affected areas (N. Hwanghae, S. Hwanghae, Kangwon and S. Hamgyong province) in use of emergency RH kits. Furthermore, UNFPA has produced and disseminated leaflet on antenatal care to 80,000 households in 11 counties where there is a woman at reproductive age. Posters on use of iron folic acid, magnesium sulphate, and hand washing with soap are displayed in 11 county hospitals and 250 Ri clinics. The materials will be made available to all flood affected counties and Ri clinics in 2009. These activities supported through other funding sources are directly supportive of the CERF-funded activities.

Agriculture

08-FAO-044: Funds were received at FAO headquarters on 3 October 2008. Procurement was initiated in Rome headquarters by a standard international tender for 350 tonnes barley seeds, 67 tonnes spinach, 0.58 tonnes European cabbage, 1.5 tonnes eggplant, 1.6 tonnes hot pepper, 1.6 tonnes cucumber and 0.4 tonnes onions. The contract was finalized with a Chinese supplier with agreement to consign all seed varieties by rail freight. Barley seeds and spinach arrived in March 2009. They were immediately distributed to beneficiary farms following arrival. The smaller quantities of the other vegetables arrived in March for planting on due dates throughout late spring and early summer. Plastic sheeting is being purchased from a Netherlands-based company and will arrive by 13 April for use during late spring on maize and rice seedbeds.

At the time of this report, the spring early cropping season had just started, so it is too early to observe any results or project impact. However, significant improvements to production can be anticipated. The introduction of the new improved barley seed variety made possible by CERF funding has allowed expansion of the double cropping area by more than 2 300 hectares. The barley seed is high yielding and is expected to produce more than 4 tonnes per hectare, compared with recent low yields of between 2 and 2.5 tonnes from existing local varieties. The eventual harvest from these barley seeds is therefore expected to be 9 200 tonnes. This will improve food availability during the 'lean season', as well as allow carry over of seed for the next years planting. The planting area for the spinach seeds will be 1000 hectares, and the remaining vegetable seeds a combined total of a further 800 hectares. Improved vegetable seeds (including spinach) are expected to increase yields by 30 percent compared with local varieties. Eventually, direct beneficiaries only will be 70 cooperative farms comprising 14 000 households of about 70 000 beneficiaries, of which 40 percent are children, 16 percent women and 8 percent elderly people. These are located in 38 counties of the six provinces.

RR: The application for the RR grant was approved in October 2008. The funds were committed within the required period but in case of WHO supplies procured internationally have not arrived in the country yet. In case of UNICEF, all planned activities were implemented but the final impact yet to be assessed.

Health and Nutrition

08-WHO-063: Rapid assessment of county hospitals using the WHO assessment tool was carried out in collaboration with MOPH. Based on the results of the assessment it was decided to provide expanded county kits to 10-targeted county hospitals. Accordingly, the contents of kits were revised and standardized.

The project started on 14 October 2008 and confirmation of funds was received by end of November 2008 only; the procurement process started immediately through local and overseas procurement.

In order to deliver the hospital equipment, supplies and consumables before the winter, extra-efforts were made to expedite the process. So far, only supplies procured locally have been received and distributed because the usual lead time for international procurement through WHO Regional Office is around 6 months. Overall outcomes could only be measured following complete procurement and related capacity building (under WHO separate funding) activities. Estimated number of beneficiaries to be reached through this intervention: 2.3 million population including 40,000 pregnant mothers, and 35,000 newborns.

Other activities were also undertaken in support of the CERF-funded element:

- To support facilities better, hospital supplies and consumables were also procured to improve quality of care;
- Operational guidelines for management of severe malnutrition have been disseminated and further training are being planned;
- Training for Essential Newborn Care and Referral care for sick newborn is being planned for health care providers. This would strengthen technical capacity of the providers to manage maternal and newborn emergencies.

08-CEF-076: A plan for responding to malnutrition among children under five in North Hamgyong and Ryanggang was drawn up. Procurement of therapeutic milk (F100) and nutritional supplements was made with CERF funding. Total of 169 MT of therapeutic milk (F-100) were procured for the treatment of severely malnourished children. The supplies are being used to treat severely malnourished children in 36 counties in two targeted north-eastern provinces.

In addition, 42 doctors were trained on the use of F-100 for treatment of severely malnourished children for hospital-based treatment. Baby home doctors (institutions for children without primary caregivers) were also trained on use of therapeutic feeding as community therapeutic care. Actual results yet to be received. Number of targeted beneficiaries (children under five) in 36 counties is 313,229.

In addition, UNICEF-DPRK started a pilot project on Community Based Therapeutic Care (CTC) by building local capacity and integrating the programme within existing health services. The purpose of CTC is to focus on finding and addressing acute malnutrition early in the progression of the condition, before its metabolic and immunological aspects become marked and require hospital treatment. A CTC protocol was developed and adapted to DPRK context by providing technical assistance.

3. Partnerships

All projects (RR and UFE) have been carried out in very close partnership with national counterparts, following the standard practice of UN projects implementation in the DPRK. In case of health and nutrition sector the main counterpart is the Ministry of Public Health and for the agriculture sector, it is the Ministry of Agriculture.

As was already mentioned above, expanded UN Theme Groups are regular and effective vehicle for coordination among participating actors. However, little is known about some bilateral donations and international non-resident NGOs.

4. Gender-mainstreaming

All projects implemented through CERF support have been focusing on vulnerable groups, women in particular.

5. Monitoring and evaluation

All participating agencies have been carried their monitoring activities of CERF projects as planned and in line with normal procedures. Specifically, the following activities were undertaken by agencies:

08-FAO-044: The Programme Coordinator monitored dispatch from Dandong, China, in-country receipt and initial distribution of inputs to beneficiary counties. Most immediately FAO visits of both international and national staff jointly with MoA counterparts are currently being made to beneficiary farms to track delivery of seeds, verify receipts according to distribution plan, observe seed quality and initial germination of the barley and spinach. Thereafter regular visits will be made throughout the spring and early summer planting seasons to observe crop development of barley and vegetables and use of plastic sheeting for summer cereals germination and assess prospective yields and project impact. All beneficiary cooperative farms are readily accessible; being located in FAO regular project areas. Some cooperative farms which are part of other FAO current projects have been included for seed and plastic sheeting distribution.

08-CEF-076: Monitoring field visits were conducted in collaboration with MoPH and information is being used and shared with other health partners. A monitoring check-list was developed to monitor the nutritional status. Regular feedback from monitoring visits is shared with MoPH and other relevant agencies to improve programme implementation. In addition to monitoring visits, regular programme reviews with MoPH are held to discuss progress and constraints and identify priority actions to be taken. An internal review of the treatment of severe malnutrition was jointly undertaken with MoPH and WFP to assess the content and progress of current activities and make specific recommendations for production of local alternative of therapeutic food.

08-CEF-063: Routine monitoring for essential medicines kits supply, arrival and distribution at the central, provincial and county level will be undertaken in cooperation with MoPH. Feedback from the monitoring visits will be shared with all relevant agencies during the Health and Nutrition theme group meeting on a monthly basis.

08-WHO-053: Monitoring and evaluation of the project has been and will be administered through:

- Assessment of the target health facilities before the intervention using the WHO assessment tool;
- Visits to the Central Medical Warehouse (CMW) to check and verify the goods on arrival, ensure the quality and that they meet the specifications;
- Regular field visits;
- Collecting performance data from the facilities and from the MoPH;
- In November 2008-February 2009, a baseline survey was completed in 80 health facilities nationwide: 60 Ri, 8 Provincial level specialized Maternity and Paediatric hospitals and 12 County hospitals. The results will be compared with those of the end-of-project survey scheduled in 2010.

08-WHO-063: Monitoring and evaluation of the project has been and will be administered through:

- Rapid assessment of targeted health facilities using the WHO assessment tool and consultation with MOPH;
- Visits to the Central medical and non-medical warehouses to check and verify the goods on arrival (consumables, hospital supplies and some equipment), ensure quality, check on specifications and discuss the distribution plan;
- Monitoring field visits;

08-FPA-029: As most of the reproductive health (RH) kits for 483 Ri clinics and 10 counties have not yet arrived in the DPRK, the field visits at the end of 2008 focused on assessing the utilization of oxytocin and the RH kits supported earlier in the year. Based on random sampling, UNFPA international and national staff visited around 80 clinics in 4 provinces in December 2008.

The main conclusion is that essential RH commodities and basic maternal health services are being provided at all village level. The monitoring visits also found out that despite the availability of oxytocin in almost all health facilities, not all doctors are using them for all deliveries. A follow-up was made by UNFPA with MoPH and the latter has taken a technical review of the issue and updated the policy for use of oxytocin for all deliveries in February 2009.

- In the third quarter of 2009, a national sample survey on the availability and utilization of several essential RH commodities, including oxytocin, ergometrin, iron folic acid and magnesium Sulphate will be carried out with funding support of UNFPA regular programme and technical support from both UNFPA and WHO. It will provide more information to improve the management of these essential RH commodities.

IV. RESULTS

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health	08-WHO-53 Life saving public health intervention package in the provinces of Ryanggang and North Hamgyong	550,000	2.6 million population including 40,500 pregnant women, 39,700 newborn & almost 255,000 U5 children	Ministry of Public Health for handling distribution	<ul style="list-style-type: none"> ▪ Low capacity of assisted health facilities i.e.: <60 percent of standard equipment items at facilities available & in good condition ▪ <60 percent of standard consumables & medicines at facilities available & had not been out of stock for 3+ days in previous 3 months ▪ Number of blood donors at Ryanggang PBC: 2,800/year; ▪ Number of blood donors at N. Hamgyong PBC: 6,300/year. 	<ul style="list-style-type: none"> ▪ Provincial maternity & paediatric hospitals in Ryanggang and North Hamgyong (2 in total) equipped to manage obstetric, neonatal & paediatric emergencies; ▪ Improved access for population in Ryanggang & North Hamgyong provinces to safe blood transfusion services (2 provincial blood centres). 	<ul style="list-style-type: none"> ▪ Assessment of the targeted health facilities (provincial paediatric hospital in Ryanggang province and the provincial maternity hospital in North Hamgyong province) carried out; ▪ Equipment/supplies have been received and distributed to 4 targeted health facilities only partially – only locally procured part (in Feb-09) because the usual lead time for international procurement through WHO Regional Office is 6 months and the full supply is not expected before April 2009. ▪ WHO int'l staff will undertake monitoring visit in April.
Health (RR)	08-WHO-063 Strengthening Local Action for Improving Child Survival (SLAICS) in DPRK	858,996	2.3 million population including 40,000 pregnant mothers, 35,000 newborn	Ministry of Public Health (MoPH) for handling distribution	<ul style="list-style-type: none"> ▪ Low capacity of assisted health facilities i.e.: ▪ <60 percent of standard equipment items at facilities 	<ul style="list-style-type: none"> ▪ Health facilities (10 county hospitals and 4 provincial hospitals) are well equipped to cope up with increased number of severe malnutrition and severe cases of 	<ul style="list-style-type: none"> ▪ Rapid assessment of county hospitals using the WHO assessment tool and in collaboration with MOPH was carried out. Based on the assessment it was decided to provide expanded county kits to 10 targeted county hospitals. Accordingly, the contents of kits were revised and standardized. ▪ The project started on 14 October 2008 and

					<p>available & in good condition</p> <ul style="list-style-type: none"> <60 percent of standard consumables & medicines at facilities available & had not been out of stock for 3+ days in previous 3 months 	<p>infections in three targeted north-eastern provinces;</p> <ul style="list-style-type: none"> Health facilities equipped to manage obstetric emergencies and low birth weight babies in three north-eastern provinces; 	<p>confirmation of funds was received by end of November 2008 only; the procurement process started immediately through local and overseas procurement;</p> <ul style="list-style-type: none"> Only supplies procured locally have been received and distributed because the usual lead time for international procurement through WHO Regional Office is around 6 months. Overall outcomes could only be measured following complete procurement and related capacity building (under WHO separate funding) activities. WHO int'l staff will undertake monitoring visit in April.
Health	08-FPA-029 Sustain Maternal Health Services in vulnerable areas	350,000	40,000 pregnant women in 4 provinces and 460,000 pregnant women throughout of DPRK	Ministry of Public Health (MoPH) for handling distribution	<ul style="list-style-type: none"> Number of health facilities have access to oxytocin for delivery (no accurate data, based on field experience that less than 10 percent had access in the past) List of hospitals, clinics received and used essential RH kits: 0 percent (before UNFPA's assistance based on the project needs assessment in 2006) 	<ul style="list-style-type: none"> To ensure all clinics and hospitals are not running short of oxytocin from April – June 2009; To sustain essential maternal health services in: 250 Ri clinics and 10 county hospitals most affected by 2007 flood; 233 Ri clinics (21 overlapped excluded) in 11 counties, during the period of September, 2008 – December, 2009 	<ul style="list-style-type: none"> Oxytocin was procured in 2008 and added to the stock in the central medical warehouse for the consumption until June 2009. Supplies of oxytocin are distributed to targeted hospitals and clinics through national quarterly distribution system. International bidding for procurement of essential RH kits for 10 county hospitals and 483 Ri clinics was completed in February 2009. These kits are expected to be delivered by May 2009.
Health	08-UNCIEF-063 "Reduce the incidence of common childhood diseases"	500,000	313,229 children under five	Ministry of Public Health for handling distribution	<ul style="list-style-type: none"> Number of under five children cases treated in health facilities Number of health 	<ul style="list-style-type: none"> Improved treatment of common childhood diseases in all health facilities under North Hamyong and Ryanggan provinces. 	<ul style="list-style-type: none"> Procurement of essential medicines completed through UNICEF Supply Division in Copenhagen. Supplies partly arrived on 18th February, remaining expected shortly (by end March). The kits will be distributed in April'09 to 768 health facilities of 2 northern provinces

					facilities where the essential medicine kits are available and used		to serve 313,229 under five children.
Nutrition (RR)	08-UNICEF-076 “ Reduce incidence of severe malnutrition among under five children”	540,914	Approximately 313,229 children under 5 in North Hamgyong and Ryanggang provinces	Ministry of Public Health (MoPH) for handling distribution	<ul style="list-style-type: none"> ▪ As was observed in July 2008 at 10 institutions in 2 provinces, share of children with moderate and acute malnutrition out of total number of children in those institutions varied from 10 to 20 percent. 	<ul style="list-style-type: none"> ▪ Reduced incidence of severe malnutrition among under five year old children. ▪ Improved treatment on severe malnutrition cases in two provincial paediatric hospitals and 36 county hospitals. 	<ul style="list-style-type: none"> ▪ 169 MT of therapeutic milk (F-100) were procured for the treatment of severely malnourished children .The therapeutic milk (F-100) has recently been distributed to 2 provincial paediatric hospitals and 36 county hospitals for the treatment of severely malnourished children in 36 counties in 2 Northern Provinces. ▪ 42 doctors trained on the use of F-100 for treatment of severely malnourished children for hospital -based treatment in 36 counties. Baby home doctors were also trained on use of therapeutic feeding as community therapeutic care
Agriculture	08-FAO-044 “Support to Barley and Vegetable Crop Production ”	599,869	70,000 direct beneficiaries of whom 40 percent children, 16 percent women and 8 percent elderly	Ministry of Agriculture for handling distribution	<ul style="list-style-type: none"> ▪ Procurement of seed and plastic sheeting ▪ Distribution to cooperative farms ▪ Extent of cultivated areas ▪ Seed germination and subsequent plant development ▪ Individual crop yields ▪ Use of plastic sheeting for summer crops 	<ul style="list-style-type: none"> ▪ Extended cereal double cropping to increase food availability during the critical lean season; ▪ Diversified dietary intake and improve nutritional status, especially for young children and mothers; ▪ Secured supply of seed from vegetable harvest for the following season; ▪ Spread availability of vegetables throughout the year thorough using vegetables with different sowing and harvesting times; 	<ul style="list-style-type: none"> ▪ As was originally designed, the project activities have recently began with the start of the Spring 2009 agricultural season. Hence, it is too early to identify results and improvements the project has recently began with the start of the Spring 2009 agricultural season. Hence, it is too early to identify results and improvements. ▪ However, significant improvements to production can be anticipated. The introduction of the new improved barley seed variety made possible by CERF funding has allowed expansion of the double cropping area by more than 2 300 hectares.

Annex: Acronyms and Abbreviations

CO	Country Office
CTC	Community Based Therapeutic Care
DPRK	Democratic People's Republic of Korea
DR	Delivery Room
EPI	Expanded Programme of Immunization
HMIS	Health Management Information System
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
IPD	Admitted patients
LMIS	Logistic Management Information System
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
OPD	Outpatients Department
OT	Operating Theatre
PBC	Provincial Blood Centre
PMH	Provincial Maternity Hospital
PPH	Provincial Paediatric Hospital
RFSA	Rapid Food Security Assessment
RH	Reproductive Health
RR	Rapid Response
U5	Children under 5 years of age
UFE	Underfunded Emergencies
UN	United Nations
UNCT	UN Country Team