



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN DPRK 2011

COUNTRY	Democratic People's Republic of Korea (DPRK)
RESIDENT/HUMANITARIAN COORDINATOR	Jerome Sauvage

I. Summary of Funding in 2011 – US\$

Funding	1. Total amount required for the humanitarian response		218,740,000	
	2. Breakdown of total response funding received by source	2.1 CERF		15,410,406
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		N/A
		2.3 OTHER (Bilateral/Multilateral)		66,602,217
		2.4 TOTAL		82,012,623
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded		4,999,783
		1. <i>First Round</i>		4,999,783
		2. <i>Second Round</i>		N/A
		<input checked="" type="checkbox"/> Rapid Response		10,410,623
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		15,410,406
		4.2 Funds forwarded to NGOs for implementation		0
		4.3 Funds forwarded to government partners		0
		4.4 TOTAL		15,410,406

II. Summary of Beneficiaries per Emergency

Total number of individuals affected by the crisis	Individuals	<i>Out of 24 million, around 6.1 million people were in need of food assistance in the 2011. However, almost the entire population were affected to some degree by critical equipment and supply shortages in the health sector.</i>
Total number of individuals reached with CERF funding	Female	Approximately 2,450,000
	Male	Approximately 1,050,000
	Total individuals (Female and male)	Approximately 3.5 million
	Of total, children under 5	Approximately 2,731,852

III. Geographical Areas of Implementation

Eight (8) provinces and two (2) cities; South and North Pyongan, South and North Hwanghae, Kangwon, Ryanggang, North and South Hamgyong provinces, Pyongyang and Nampo cities. However, UNFPA provided life-saving essential reproductive health drugs in all provinces of DPRK.

IV. Process and Consultation Summary

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: Projects funded through CERF allocations are directly implemented by UN agencies in DPRK; without being transferred to a third party (NGO or Government). Senior programme staffs of all relevant agencies were central to drafting the CERF application, implementing the projects, and writing the CERF reports. The same programme staffs are also Chairs of the various UN theme groups; information regarding CERF allocations and implementation are shared with relevant partners at these theme group meetings.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

Remarks: Please see above. In addition, the Government in DPRK typically does not comment on reports related to the CERF.

V. ANALYSIS

1. The humanitarian context

The chronic situation continued to generate humanitarian needs in nutrition, food security and health. Inadequate medical supplies and equipment make the health care system unable to meet basic needs, while water supply and heating systems continue to fall into disrepair. In addition to geographical and climatic constraints, agricultural production is severely limited by input shortages, in particular fuel, fertilizers and quality seeds, as well as by a continued vulnerability to natural disasters coupled with variations in climate and environment. Unusual intense rainstorms hit most of the country in August /September 2011, causing localised flooding, crop loss and structural damage to irrigation canals and dams. In a restricted operating environment, UN agencies with limited funds, resorted to strict prioritisation and targeted interventions, aimed at saving lives, primarily among pregnant and lactating women and children under-five.

Prospects for the agricultural season in 2011 were threatened by another harsh winter. Farmers were under enormous stress, as they strived to maintain state-set production targets with inadequate agricultural inputs. In response to Government's request in January for international food assistance, a rapid food assessment conducted jointly by WFP, UNICEF and FAO between 20 February and 11 March concluded that around 6.1 million people were in need of food assistance as a result of an uncovered food deficit of 886,000 metric tons. This was much higher compared to the conclusions of the last Crop and Food Security Assessment Mission (CFSAM) that took place in September/October 2010 when a cereal deficit of 867,000 metric tons and an uncovered food deficit of 542,000 metric tons were foreseen.

The country had experienced a series of shocks, which included:

- i. heavy rainfall in 2010 that damaged crops and in many cases forced re-planting;
- ii. heavy rains that caused post-harvest losses;
- iii. significant milling losses due to high moisture content and immature grains;
- iv. a substantial reduction in the late-2010 cabbage and radish harvest; and
- v. a severe winter that damaged up to 70 per cent of the potato crop, and reduced production levels of winter wheat and barley. Extremely low temperatures combined with unusually wet conditions during September and October and insufficient snowfall from November to February, and compromised the survival of winter wheat, reducing germination. The prolonged low temperatures also damaged potato seeds stored for the 2011 spring and main crops.

The most vulnerable, i.e. pregnant and lactating women, children under 5 and children living in institutions were particularly affected by the foreseen interruption of food supply by the Public Distribution System (PDS) at the beginning of the lean season. It was expected that the Public Distribution System would only be able to provide about 50 per cent of people's minimum daily energy needs. Coping strategies were stretched to the limit.

While national prevalence of acute malnutrition (wasting) were low according to MICS 2009 results (5 per cent wasting (height for weight) in children 0 - 5 years), it was suspected that, if no action to buffer the food and nutrition crisis, chronically malnourished children would rapidly become acutely malnourished and decrease their chance of survival or full development potential. Maternal nutrition is of great concern as well, as over a quarter of women in DPRK aged 15 - 49 are under-nourished. This greatly increases their risk of delivering low birth weight infants so already presenting an impaired development.

While WFP launched an emergency operation (EMOP) in April 2011 to meet the emergency food and nutrition needs of up to 3.5 million of the most vulnerable children, pregnant and lactating women and the elderly, FAO supported the agriculture sector by providing fertilizers to cooperative farms. UNICEF, WHO and UNFPA concentrated their efforts on addressing the pressing needs in the health sector, including case management of acute malnutrition, child and maternal health. This included distribution of drugs to address acute shortages of life-saving medicines for the treatment of major child killer diseases like diarrhoea and pneumonia and prevention of maternal mortality (*50 per cent of maternal deaths at county hospital level occur due to lack of resources such as essential drugs and reproductive health equipments*). Despite an extensive network of primary health care facilities and large number of staff, services are very limited due to widespread shortages of life saving drugs and basic equipment especially at

the primary and secondary level health facilities. Diarrhoea accounts for 13.8 per cent of the under 5 deaths in the country as per the report of the Multiple Indicators Cluster Survey carried out in 2009.

In February 2011, an outbreak of Foot and Mouth Disease was reported affecting 135 farms in 41 cities and counties in eight provinces. During the response, which was supported by FAO, local and national authorities evidently lacked the necessary capacity to address an epidemic on that level, lacking both technical capabilities and financial resources.

The Crop and Food Security Assessment Mission (CFSAM) in October 2011 concluded that around 3 million people would continue to be in need of external food assistance into 2012 in the five most food insecure provinces of Chagang, North Hamgyong, South Hamgyong and Kangwon. Adverse weather conditions in July and August 2011 had negatively affected paddy and maize that constrained the overall improvement resulting in an estimated food deficit of 414,000 tons for the 2011/12 marketing year.

In November 2011, WFP conducted a Mid-Upper Arm Circumference (MUAC) screening, which showed a Global Acute Malnutrition (GAM) rate of 14.1 per cent, a Severe Acute Malnutrition (SAM) rate of 1.6 per cent and a Moderate Acute Malnutrition (MAM) rate of 12.5 per cent. UNICEF began implementation of an integrated package of combined WASH, Nutrition, and Health interventions in 25 counties in four Northern provinces in addition to all children's homes and paediatric hospitals. This was used as an opportunity to expand the Community Management of Acute Malnutrition (CMAM) and build the national capacity to respond to the nutrition emergency. The preliminary results also revealed very high prevalence of acute under-nutrition; 2.8 per cent were severely acute malnourished and 17.4 per cent were acutely malnourished (moderate and severe included).

2. Provide brief overview of CERF's role in the country

Due to inconsistency in donor contributions, UN agencies in DPRK have been consistently facing critical funding shortfalls. This situation makes the CERF funds play a pivotal funding role in supporting humanitarian activities in DPRK. The DPRK UN Country Team received in 2011 two rounds of grants from the CERF (from the Underfunded Emergency window in March and from the Rapid Response window in May 2011). The two application processes were both driven by the UN Country Team and involved consultations with humanitarian partners and government counterparts.

Gender aspects were taken fully into account during the design and implementation of activities as young children, pregnant and lactating women and the elderly were considered particularly vulnerable by these circumstances. While UNFPA interventions only targeted women in the reproductive age, most of the officials involved in food distribution, recordkeeping and cooking at the institutions were women. Women also constituted the major work force in the LFP factories

As a means of ensuring focused, CERF requests that would facilitate continuation of the most essential projects, the following selection criteria were agreed for the Underfunded Emergency window (UFE) application as a means of complementing the CERF Life-Saving Criteria:

1. Only ongoing, underfunded projects are eligible for inclusion.
2. Eligible projects must directly target the most vulnerable in the country.
3. Access and monitoring conditions for eligible projects must be optimal (in relative terms). Agencies must be satisfied that monitoring conditions for projects are sufficient to ensure that implementation can be adequately monitored.
4. Eligible projects must require immediate injection of funds due to time factors.
5. Eligible projects must be adequately evidenced-based, drawing upon recent, objective needs assessment(s).

The Resident Coordinator met with senior government officials early on in the process to discuss sector priorities. Government partners were well aware of the critical role that CERF had played in sustaining key interventions by the UN system in DPRK in recent years, and saw it as an important and valuable tool. The Government was of the view that interventions in the food and agriculture sectors should be viewed as top priorities. The meeting also provided an opportunity for the Resident Coordinator to stress the importance of monitoring and access, both in the context of the

CERF-funded projects and broader UN operations in the country. Humanitarian partners, including NGOs and the Red Cross/Red Crescent movement were also consulted on sector priorities.

As part of the decision-making process, agencies shared details on current and 2009 levels of funding. Shortfalls were evident in all sectors, but were largest for WFP and FAO. The funding gap of UNFPA was smaller than for other agencies.

After the first CERF Underfunded Emergency application was made, the Government made a formal appeal for emergency food assistance to WFP which led to the initiative of conducting an inter-agency rapid food security assessment (RFSA) in February /March 2011 (*please refer to section 1 above*). The rapid food security assessment noticed that, even with a gradual reduction in rations and inputs from early crops, the Public Distribution System (PDS) cereal stocks would be exhausted by early-May according to the Government directly affecting around 6.1 million people. Just at the start of the lean season, given the already high prevalence of chronic malnutrition across the population, any significant reduction in government distributions would have an immediate adverse impact on the nutritional status of the most vulnerable, especially in the five most food-insecure provinces of the north and east. Consequently, given the already underfunded situation in the country, a decision was made by the UNCT in consultation with the Government to submit to CERF a second application under the Rapid Response window in May.

3. What was accomplished with CERF funding

UNDERFUNDED EMERGENCY WINDOW

Health

UNICEF procured 1,790 essential medicine kits. These kits met around 20 per cent of the total required kits for in areas supported by UNICEF. All procured kits are distributed through 1,400 RI-level clinics and 64 county hospitals under four provinces for the treatment of 40,069 children with diarrhoea and 15,481 children for pneumonia.

WHO supported the rehabilitation of key life-saving units in two county hospitals (delivery room, operating theatre, intensive care units for newborns and adults; basic laboratory and blood transfusion unit). Essential medical and laboratory equipment were provided together with disposables for operating room and consumables for laboratories. Training of health care providers on emergency obstetric care and essential newborns care as well as essential laboratory tests for saving lives of mothers and newborns were provided.

UNFPA continued nationwide provision of two essential and life saving reproductive health drugs, oxytocin and magnesium sulphate in 2011. These two reproductive health essential drugs were procured and distributed to all in-country health facilities through National Logistical Management Information System (LMIS) which UNFPA has been supporting for its national capacity for forecasting, recording, and distribution and reporting of health commodities.

The drugs have contributed to the Government effort to decrease maternal mortality. In DPRK, the Maternal Mortality Ratio (MMR) per 100,000 live births had risen to the highest level of 105 in 1997. The underlying factors include negatively affected medical services of healthcare establishments and shortage of material supplies for healthcare. According to the recent data from the Ministry of Public Health, the MMR of the DPRK has further gradually declined to 75.1 per 100,000 live births in 2011 compared to 85.1 per 100,000 live births in 2008. The continuous supply of the two life-saving drugs helped the health providers to manage the two main causes of the maternal deaths, which are post-partum haemorrhage and pregnancy-induced hypertension.

In November 2011, six types of essential medical equipment for delivery such as delivery bed, oxygen concentrator, baby warmer, vacuum extractor, ultrasound scanner and autoclave have been also procured under CERF funds and distributed to 10 selected counties with poor maternal health outcomes, which are also the joint activity areas of health sector UN agencies. Approximately 2,247,000 women aged 15 - 49 benefited from improved maternal and newborn care at 10 health facilities including two provincial maternity hospitals and eight county hospitals. The expected number of target beneficiaries increased due to a change in the recipient facilities; replaced two country hospitals with two provincial maternity hospitals after consultation with and the approval of CERF. The reason for this

change was that the two provincial maternity hospitals, which should provide quality referral maternal services, were in poor conditions, lacking essential basic equipment when UNFPA staff visited in October 2011.

Financial support from CERF enabled the continued supply of the two essential drugs used for saving lives of mothers during delivery and pregnant women during obstetric complications and contributed to improved maternal and newborn care at 10 rural health facilities. Due to chronic financial constraint of the DPRK Government, limited resources are made available for the procurement of essential medicines to treat life-threatening diseases. The government requests UN agencies to continue with the support for essential medicines.

Food Security and Agriculture

WFP emergency operation was beset by funding constraints, pipeline breaks and shipment delays. The reduced scope of the operation brought on by funding constraints meant reduced food distributions and beneficiaries. While the operation regained momentum from end-August onwards with new food commodities arriving in country, WFP distributed only 59,966 metric tons of food in 2011 against a planned figure of 267,506 metric tons, achieving 22 per cent of the target. The arrival of new food stocks in November enabled WFP to scale up food distributions to reach progressively more than three million beneficiaries in the month of December 2011. The new stocks also revived local food production in most factories so young women and their children targeted by WFP could receive specialized nutritious products.

In March 2011, the CERF allocation from the Underfunded Emergency window twinned the in-kind donation of 16,504 metric tons of maize from Brazil. Due to reasons beyond WFP control, the maize could only arrive in late January 2012. A total of 9,509 metric tons were distributed directly to 930,308 beneficiaries (orphanages, paediatric wards/hospitals, kindergartens, nurseries, pregnant and locating women) in 86 counties and seven provinces (South Hamgyong, Kangwon, Nampo, North Pyongan, South Pyongan, North Hwanghae, and South Hwanghae) for consumption in March. The remaining 6,995 metric tons would be distributed later in April 2012.

The intervention by FAO supported peoples' livelihoods, food stocks, and productive capacity. Since the main cropping season for rice and maize started in spring, it was important to prepare better for this season to avoid further deterioration of food and nutrition insecurity among the rural population in the country. The farmers faced enormous challenges this year to produce the cereals during the main cropping season against the cold and harsh winter. Rice seedlings have been prepared from April 2011 and they needed to be properly protected from the prolonged low temperature during early spring so that they could be transplanted in time in the field in good shape. Similarly, maize seedlings needed to be protected in the seedbed against the low temperature in spring when they were young. If these young seedlings were not properly protected at early stage against the cold weather, their germination rate largely deteriorated which would result in massive yield reduction and further exacerbate the already precarious food security situation.

A total of 8,155 rolls of plastic sheet were procured and distributed to 113 cooperative farms (comprising of about 40,000 households; around 160,000 people). This allocation covered 30 to 40 per cent of the total demand for plastic sheets of each cooperative farm. Based on the size of the cooperative farms the distribution ranged from 60 to 90 rolls for each cooperative farm. Each roll had a size of 500 m² and covered 25 seedbeds (a size of one seedbed was 20 m²). Plastic sheet allocated to work teams (usually about 40 farm households) consisting of both female and male farm workers, irrespective of gender profile. All adult household members working in cooperative farms, both male and female, were each equally entitled to receive approximately 210kg cereals from the annual harvest. All individuals living off-farm, irrespective of gender or age receive an equal standard food ration through the Public Distribution System (PDS).

Even though, there was a slight delay on the arrival of plastic sheet the cooperative farms confirmed that the plastic sheet helped them to transplant paddy rice and maize seedlings without long delay. The use of plastic sheeting enhanced early transplantation of the seedlings and on average increased yield 600 - 800 kg/ha. The farms after using the plastic sheet wash and keep it properly for the next cropping season, worth investment for three years. DPRK is the only country in the world to transplant maize on a wide scale due to short cropping season.

RAPID RESPONSE WINDOW

Nutrition

UNICEF distributed multi-micronutrients supplementation for six months to some 94,500 pregnant women and 47,000 lactating women throughout the country. Pregnant and lactating women, caretakers from nursery, doctors and other health staff in eight Focus Counties received 12,000 booklets, 3,000 posters and 100,000 leaflets on breastfeeding. Thirty Health Managers and caregivers from Ministry of Public Health (MOPH) were trained on complementary feeding.

Extension of the Community Management of Acute Malnutrition was done from four Focus Counties to 25 additional most vulnerable food insecure counties, mainly in urban settings in the four northeastern provinces (Ryanggang, North and South Hamgyong and Kangwon). A training of trainers of 122 Doctors at Provincial and County levels including the four Focus Counties and the 14 Baby Homes was completed with international technical support. Following this training, Ministry of Public Health (MoPH) completed the cascade training of 951 Doctors from 900 RI / Dong. After the training, 180,311 children were screened in the 25 additional counties for acute malnutrition with mid-upper arm circumference tape (MUAC) and 4,916 children were identified with SAM. CERF funds contributed to the supplies needed for the treatment of these SAM children. The supplies were distributed according to needs in the 900 RI / Dong clinics: 1,500 cartons of Ready-to-Use Therapeutic Food (RUTF) and 3,500 cartons of therapeutic milk F100 as well as other essential products. In addition, four Provincial Paediatric Hospitals, four Focus Counties Hospitals and RI (rural) clinics benefited of 325 salter scales with trousers. Outcome of treatment will be known in 2012.

CERF also contributed to the assessment and monitoring of the nutrition interventions with more than 36 field days in addition to the 60 days from the international technical support who participated to the training and supervision during the implementation process.

Health

UNICEF procured and distributed 300,000 sachets of Oral Rehydration Salt (ORS) and 11,380 packets of zinc tablets to 25 affected counties for the treatment of around 14 per cent of all children under five (47,450 children with diarrhoea) through county hospitals and RI clinics in the four provinces.

WHO procured and distributed 20 kits containing essential equipment and 20 kits of essential drugs sufficient for 12 months for saving lives of low birth newborns provided to 20 county hospitals identified as most vulnerable following recommendation of Rapid Food Security Assessment Report.

Water, Sanitation and Hygiene (WASH)

UNICEF supported the rehabilitation of 24 institutions located in two northern-eastern provinces (Kangwon and South Hamgyong) and reached 5,699 children. The rehabilitation of water supply included replacement of old pipes and fittings, renovation or building of water storage tanks and installation of sufficient number of water taps washing turfs. Some places were provided with new water connections. Likewise, sanitation facilities were also rehabilitated or newly built in all these institutions including the provision of water.

Over 25 schools with around 250 teachers, carers and cooks were trained by the provincial and county health bureau on the use of hygiene education materials (3,000 hygiene leaflets) provided by UNICEF to improve hygiene practices within schools. Children also benefited from the distribution of 135,050 bars of soap.

Food Security and Agriculture

A second CERF allocation from the Rapid Response window enabled WFP to procure 15,846 metric tons of wheat (the original proposal specified maize but this was later modified due to the reduced availability of maize for procurement). The food arrived in-country in mid December and 9,739 metric tons have been distributed to 736,100 people (orphanages, paediatric wards/hospitals, kindergartens, and nurseries, pregnant and lactating women) in 53 counties and five provinces for consumption in December and January 2012. The remaining 6,107 metric tons have been dispatched to five local food production factories to produce around 3,000 metric tons of biscuit and 3,260

metric tons of Cereal Milk Blend (CMB) for distribution of rations up to two months for 1.5 million children starting February 2012. The scaling up of food assistance in the last quarter of the year, while late, still served to help a large number of vulnerable people, mainly women, children and the elderly, recover from the prolonged deprivation of a severe lean season.

Following the harvest of main crop and food distributions made by WFP in the recent past months, the food security and nutritional situation appeared to have marginally improved. However, access to food beyond the “lean season” and after “harvest” remains an area of concern for the most vulnerable segments of the population who are dependent on Public Distribution System (PDS). They will continue to need food assistance by the international community.

A total of 555 metric tons of urea fertilizer were procured and distributed by FAO to 91 Cooperative farms. Each farm on average received 5 to 7 metric tons of fertilizer. This amount topped up to the fertilizer provided by the Ministry of Agriculture (MoA). In October 2011 during the Crop and Food Security Assessment Mission information received from the 11 farms visited by one of the teams indicated that the average application rate of fertilizer during the main cropping season was 370 kg/ha. It was also reported that this year’s application rate was a bit higher than the previous years and on average paddy rice yield increased by 2 per cent and maize by 11 per cent compare to 2010.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

CERF funds ensured timely procurement of essential life-saving drugs that helped treatment of affected children under 5 immediately. However, the short period given for the activity to take place sometimes challenged the agencies to operate faster. For the rapid response support to UNICEF, CERF funding was complemented by funding from AusAid. However, as the nutrition situation was worse than expected in the 25 most vulnerable counties, it was necessary for UNICEF to request Rapid Response funds to complete nutrition interventions by the end of 2011.

For WFP, it would have been extremely difficult without the CERF to support the intended beneficiaries with cereal ration up to four months between December 2011 and March 2012. Since opportunities for other coping mechanisms appeared to be very limited, CERF funding for the targeted beneficiaries was crucial and very useful. The impact of food aid intervention, however, was somehow compromised due to the long lead-time needed to procure and ship food into DPRK. WFP is reviewing its procurement and transport procedures to ensure faster delivery.

CERF funds helped to improve health conditions of most vulnerable malnourished women and newborns in remote northern counties of DPRK. Access of more than 400,000 people to safe hospitals care has been improved. Proportion of post-operative complications has been reduced and a number of deliveries at rehabilitated hospitals increased.

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

YES NO

Without CERF, it would have been extremely difficult to reach the affected people with life-saving essential medicines. CERF funding was crucial to allow humanitarian programme continuity and cover the gaps in 2011. The CERF funds allowed UNICEF to initiate interventions in the critical period and ensure delivery of essential medicines to all 59 county hospitals and 1,400 RI (rural) clinics to the most vulnerable children.

The scaling up of food assistance in the last quarter of the year, while late after the lean season, still served to help a large number of vulnerable people, mainly women, children and the elderly, recover from the prolonged deprivation of a severe lean season.

Agricultural inputs shortage especially fertilizer is one of the main causes for low agricultural productivity and food insecurity in the country. With CERF funding, FAO addressed this protracted agricultural challenges to save life of the most vulnerable households. However, various shocks such as high food and fuel prices, flood and harsh winter

brought the protracted crisis to a tipping point, which only a much more vigorous Rapid Response fund could prevent.

Through rehabilitation of hospitals, the CERF brought added value to emergency obstetric care and improved quality of care for mothers and children in target areas. Updated knowledge, guidelines and tools facilitated health care providers in timely and quality care for most vulnerable newborns with Low Birth Weight (LBW) and their mothers. As a result, lives of 88 newborns with Low Birth Weight and 102 mothers with near-miss conditions were saved through time provided emergency obstetric care, blood transfusion, caesarean section and intensive care. Provision of ultrasound examination and laboratory tests facilitated timely and evidence based life-saving interventions.

c) Did CERF funds result in other funds being mobilized?

YES NO

For UNICEF interventions, CERF funds eased the approval of other funds from AusAid and South Korea, which were necessary to ensure appropriate health, water and nutrition interventions to the most vulnerable. It also triggered the possibility to request Rapid Response funding to complete the nutrition interventions and ensure appropriate coverage of children.

As at end of January 2012, WFP has received funding commitments totalling \$68.4 million (32.7 per cent of the Emergency Operation's (EMOP) requirements). The Emergency Operation benefited from funding from an expanded donor base - reaching 17 donors in 2011, from four in 2010.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

Overall, the funding support from CERF improved country level coordination among UN agencies and other partners; UNICEF and WHO worked closely with IFRC and NGOs supporting the Ministry of Public Health on the provision of essential drugs for the treatment of life threatening and infectious diseases. The Health inter-agency theme group chaired by UNICEF in 2011 met on a monthly basis to enhance better coordination of humanitarian work and sharing of information, experiences and lessons learned in the health and nutrition. Collaboration between WHO, UNFPA and UNICEF has become a good example of transparent coordination and illustration of complementarity and effective utilization of limited resources.

The poor food and nutrition situation of 2011 triggered a humanitarian response, which combined food aid by WFP, agricultural support by FAO, and an integrated Nutrition/Health/WASH response by UNICEF. To implement the management of acute malnutrition, UNICEF, together with WFP, initiated response in the 25 most vulnerable counties in mainly urban settings of four northeastern provinces. CERF funding enabled a situation whereby the need to separate Nutrition from Food Security was highlighted and advocated for. As a result, a new cluster was approved by the humanitarian community, which is now led by UNICEF.

There were increased coordination and synergies between WFP, FAO and UNICEF. Not only was a joint FAO/UNICEF/WFP Rapid Food Security Assessment (RFSA) conducted in February in 2011, but also rapid response proposals were prepared in close consultations followed by joint appeal to the donor communities. Finally, the joint FAO/WFP Crop and Food Security Assessment Mission (CFSAM) took place in October 2011 with observers from the donor community. WFP chaired the Food Security theme group and co-chaired the Contingency Planning theme group. In the area of nutrition, WFP supported the survey of Mid-Upper Arm Circumference (MUAC) in consultation with UNICEF and Save the Children with a view to assess and target the most undernourished children in the northeastern provinces.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
UNDERFUNDED EMERGENCY		
Agreement among UN agencies to work together towards treating major child killer diseases in different geographical areas in a complementary manner.	Review implementation status through inter-agency health theme group meeting and joint programming within UN sister agencies.	WHO
Advocacy for increased humanitarian aid is of paramount importance	Humanitarian needs in DPRK needs to be advocated at a higher level to the policymakers	UNCT/OCHA
WFP was able to secure the most stringent operational conditions in its 15 year presence. The operating conditions as outlined in a landmark Letter of Understanding (LOU) between WFP and the Government of DPRK provide for unprecedented access to markets, random access to homes and institutions, and the employment of Korean-speakers.	The LOU should apply to all UNCT members and remain valid in 2012 and beyond.	Resident Coordinator
Shipment was delayed for procurement and transshipment at Chinese port.	WFP country office to follow up with HQ procurement and shipping unit to reduce the lead time.	WFP country office and HQ Procurement/Shipping units.
Due to short growing season provision of plastic sheets is very crucial to protect rice and maize seedlings from low temperature in early spring.	Plastic sheets should be in the country before end of March to be used in early April. During the field mission, it was revealed that the farmers after using the plastic sheets they wash and keep it and reuse it for three years.	Ministry of Agriculture (MoA)/FAO
RAPID RESPONSE		
The new collaboration between UNICEF and Ministry of Public Health (MoPH) by the use of local consultants strengthened the monitoring of activities although communication needs to be increased in 2012 by the development of more detailed reporting format and provision of phone cards	This innovative way of collaboration is found to be effective and efficient and will be continued in 2012.	UNICEF/Ministry of Public Health (MoPH)
Despite late sharing of compiled results by the Government, the nutrition supply was distributed based on the number of children identified rather than by number of institutions	Distribution plan based on number of identified SAM children was a first experience in nutrition interventions. This approach will be continued in 2012 as it is necessary to follow the outcome of treatment and monitor supply use was demonstrated.	UNICEF/Ministry of Public Health
Delays in the delivery of supply to DPRK through international transportation (ship, train and plane) and then inside the country	This issue will be addressed in 2012 by the development of transportation plan with the supply team, Ministry of Public Health and the National Coordination Committee (NCC). The distribution of supply needs external transporters to be	UNICEF/Ministry of Public Health

down to the county level posed additional challenges, as the MOPH do not have the capacity to ensure delivery of important volume of supply.	contracted.	
Rehabilitation of WASH facilities is a time taking process and specific to each intervention sites. An individual implementation plan was designed for each location.	The use of national consultant for planning and supervision was a successful approach. Although an earlier involvement would have been more effective and ensure a better understanding of what needed to be done from the beginning. This will be discussed with Ministry of City Management (MoCM) and planned accordingly in 2012.	UNICEF/Ministry of City Management
Good coordination between WHO, UNICEF and UNFPA through regular meetings, joint field visits and ad hoc discussion of synergies and complementarities in health project implementation	Continue monthly discussion of outcomes of field visit and health related operations in the country.	Health Theme Group
Procurement, distribution and utilization of readymade kits of essential equipment and drugs facilitated prompt project implementation and meeting humanitarian needs of people	Continue procurement from WHO and UNICEF catalogues.	WHO
Continuation of previously initiated activities through expansion/replication in new geographical areas was helpful for covering humanitarian needs of new beneficiaries	This should continue.	Health Theme Group
Provision of essential drugs through global procurement was time consuming and not safe which lead to freezing of some drugs while transportation	Prompt procurement procedures should be implemented.	WHO

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY – UNDERFUNDED EMERGENCY

WFP – HEALTH/NUTRITION							
CERF PROJECT NUMBER	11-WFP-015	Total Project Budget	\$ 48,000,000	BENEFICIARIE		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	DPRK PRRO 200114- Nutrition Support to Women and Children	Total Funding Received for Project	\$ 64,963,697	Individuals			Will be reported in 2012 report as the food arrived in-country late January 2012 and distribution is still ongoing.
				Female	746,289	746,289	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 3,199,829	Male	601,180	601,180	
				Total individuals (Female and male)	1,347,469	1,347,469	
				Of total, children under 5	427,232	427,232	
				TOTAL	1,347,469	930,308	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL-		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Provide food assistance to 1.347 million, most vulnerable people facing severe food shortages and prevent from developing into further humanitarian crisis in the most affected areas of the country (65 counties/districts)</p> <p>Provide regular access to minimum energy and dietary requirements to the population group most at risk to maintain and/or improve their nutritional status, particularly young children, pregnant and nursing women.</p>		<p>Outcome will be reported in 2012 report as the food arrived in county late January 2012 and distribution is still ongoing.</p> <p>930,308 beneficiaries (orphanages, paediatric wards/hospitals, kindergartens, nurseries, pregnant and locating women) in 86 counties and 7 provinces were reached so far and food distribution was ongoing.</p>				<p>The Monitoring and Evaluation Mechanisms involves three tiers:</p> <ul style="list-style-type: none"> ▪ Monitoring field visits, which include information collection on food and non-food-items distribution beneficiaries, and other operational issues; the food security situation in the country ▪ Assessment and evaluation exercises ▪ Secondary information analysis, through information sharing with other agencies as well as analysis of different information sources as they become available. <p>A set of monitoring tools was designed to track the flow of WFP food from warehouses and factories to beneficiary groups, including checklists for child institutions, hospitals, Public Distribution Centres (PDCs) and households.</p>	

FAO - FOOD SECURITY / AGRICULTURE

CERF PROJECT NUMBER	11-FAO-013	Total Project Budget	\$ 7,000,000	BENEFICIARIE			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency support to improve food of vulnerable farming families during 2011 main cropping season	Total Funding Received for Project	\$ 2,509,995	Individuals			The project targeted 113 beneficiary cooperative farms, comprising of about 40,000 households with about 160,000 direct beneficiaries, of which 30 per cent are children below 18 years (approximately 48,000 boys and girls including 10,000 children below 5 years), more than 50 per cent are female and 9 per cent are elderly people
				Female	90,000	9,0000	
				Male	60,000	6,0000	
				Total individuals (Female and male)	150,000	15,0000	
				Of total, children under 5	10,000	10,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 650,000	TOTAL	160,000	160,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms
<p>The key objective of the project was to safeguard the lives of the food insecure farming families in the targeted cooperative farms by increasing the rice and maize production in 2011 farming season (April-September) through the provision of plastic sheet.</p>		<p>The provision of plastic sheets enhanced early transplantedation of rice and maize seedlings and on average, the yield increased 600-800 kg per hectare. This increased food availability and enabled cooperative farms in the 'cereal bowl' to provide surplus to the deficit area through public food distribution system (PDS.)</p> <p>From nine cooperative farms visited by the monitoring team, three Cooperative farms received 90 rolls of plastic sheet each, five Cooperative farms received 80 rolls each, one farm received 60 rolls of plastic sheet and on average, the above allocation covered 30 - 40 per cent of the total demand of plastic sheet of each Cooperative farm. It was reported that the provision of plastic sheet on average increased yield of paddy rice and maize 600-800 kg/ha. All Cooperative farms visited appreciated the quality of the plastic sheet and assured that they can reuse it at list for three year.</p>					<p>The International Programme Coordination, FAO's Programme Assistant and Project Focal point of the project from the Department of External Affairs of the Ministry of Agriculture involved in three days monitoring mission (20-23 June 2011).</p> <p>The team visited nine cooperative farms in eight counties of South Hwanghae province and Nampo City.</p> <p>Some of the farms visited, reported a slight delay on the arrival of the plastic sheet. According to the farm management team, the most ideal time to receive the plastic sheet is early April.</p>

UNFPA - HEALTH								
CERF PROJECT NUMBER	11-FPA-013	Total Project Budget	\$ 800,000	BENEFICIARIE		Reached	Gender Equity	
				Targeted				
PROJECT TITLE	Safe motherhood in DPRK	Total Funding Received for Project	\$ 149,800	Individuals	390,000	2,259,000		The project benefited directly 360,000 pregnant women and mothers nationwide by using the two essential drugs during their delivery and pregnancy complication. 2,247,000 women aged 15-49 are benefiting from the improved maternal and newborn care in 10 facilities including two provincial maternity hospitals and 8 county hospitals.
				Female	390,000	2,259,000		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 149,800	Male				
				Total individuals (Female and male)	390,000	2,259,000		
				Of total, children under 5				
				TOTAL	390,000	2,259,000		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms		
<p>To save lives of mothers and newborns through ensuring availability and use of Oxytocin for all deliveries and of magnesium sulphate for all pregnancy induced hypertension.</p> <p>To reduce maternal and newborn mortality through improving emergency obstetric and neonatal care services in 10 county hospitals.</p>		<p>Contributed to reduction of maternal mortality ratio (MMR) from 85.1 per 100,000 live births in 2008 to 75.1 per 100,000 live births in 2011 through uninterrupted supply and utilization of the 2 essential reproductive health drugs nationwide</p> <ul style="list-style-type: none"> Supply of 312,000 (1 ml) amples of Oxytocin, and 684,000 (10 ml) of amples of magnesium sulphate was received at Central Medical Warehouse in November 2011. In total 7,606 health facilities including Pyongyang Maternity Hospital, 9 provincial maternity hospitals, 208 county/district hospitals and 7,388 Ri clinics/hospitals have continuously been provided with the two drugs during 2011, and no stock out has been reported in the last 12 months Oxytocin has been used for all deliveries (approx. 360,000) to prevent excessive bleeding during and after childbirth which contributed to prevention of maternal deaths. Magnesium sulphate has continuously been used for prevention and treatment of pregnancy induced hypertension at all facilities which saved lives of many pregnant women. <p>Improved capacity of 10 health facilities for management of emergency obstetrics and newborn care through provision of essential equipment</p> <ul style="list-style-type: none"> Procured and distributed 6 essential delivery and newborn related equipment (delivery bed, oxygen concentrator, baby warmer, vacuum extractor, ultrasound scanner, and autoclave) to two provincial maternity hospitals in South Pyongan and South Hamgyong provinces and 8 county clinics 2,247,000 women aged 15-49 are benefiting from the improved maternal health care at 10 health facilities. Expected number of target beneficiaries has increased due to a change in recipient facilities; replaced two county hospitals with two provincial maternity hospitals in consultation with CERF secretariat. The reason for this change was that the two provincial maternity hospitals which purpose to provide quality and referral maternal services were in poor conditions, and lacking essential basic equipment when visited in October 2011. 				<p>UNFPA had conducted 14 field monitoring missions by its international and national staff covering 15 counties and 28 Ri clinics during 2011, and one prominent agenda for these trips was to check availability and utilization of the two drugs in health facilities. All health facilities visited had enough stock of the drugs which have been used according to the standards. MoPH shared with UNFPA CO quarterly stock reports produced from the Logistical Management Information System (LMIS) and no stock out of the two drugs has been reported during 2011.</p> <p>The data from an independent assessment on quality of reproductive health care conducted by the Population Centre with UNFPA support in 2010 showed that all facilities surveyed including 31 county hospitals and 226 Ri clinics had used both the drugs effectively and the drugs were available at the time of the survey.</p> <p>10 health facilities were provided with the essential equipment for maternal and newborn care in November 2011, and UNFPA CO plans field trips to those facilities during March - June 2012 to monitor utilization of the equipment and collect information on impact of the support provided through CERF funding.</p>		

UNICEF - HEALTH																												
CERF PROJECT NUMBER	11-CEF-013	Total Project Budget	\$5,000,000	<table border="1"> <thead> <tr> <th>BENEFICIARIE</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>223,112</td> <td>223,112</td> </tr> <tr> <td>Male</td> <td>232,219</td> <td>232,219</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>455,331</td> <td>455,331</td> </tr> <tr> <td>Of total, children under 5</td> <td>455,331</td> <td>455,331</td> </tr> <tr> <td>TOTAL</td> <td>455,331</td> <td>455,331</td> </tr> </tbody> </table>			BENEFICIARIE	Targeted	Reached	Individuals			Female	223,112	223,112	Male	232,219	232,219	Total individuals (Female and male)	455,331	455,331	Of total, children under 5	455,331	455,331	TOTAL	455,331	455,331	Gender Equity 232,219 boys and 223,112 girls of under 5 years of age equally benefited from the project. They have access to the essential medicines at the time of need.
BENEFICIARIE	Targeted	Reached																										
Individuals																												
Female	223,112	223,112																										
Male	232,219	232,219																										
Total individuals (Female and male)	455,331	455,331																										
Of total, children under 5	455,331	455,331																										
TOTAL	455,331	455,331																										
PROJECT TITLE	Addressing life-threatening conditions related to major child killer infectious diseases	Total Funding Received for Project	\$4,659,072																									
STATUS OF CERF GRANT	Completed by 31 Dec 2011	Amount disbursed from CERF	\$ 500,000																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms																						
Approximately 455,331 under five children living in four provinces will get increased access to improved treatment of infectious/contagious childhood diseases in health facilities at the county and ri (rural) levels.		<ul style="list-style-type: none"> Improved treatment of infectious/contagious childhood diseases in all primary and secondary health facilities in four provinces (59 county hospitals and 1,400 ri clinics in targeted areas). 1,790 essential medicines kits procured with this grant were distributed to 1,400 ri level clinics and 64 county hospitals in South and North Hwanghae, Kangwon province and north Hamgyong provinces for three months. Distributed essential medicines provided opportunity to treat around 40,000 diarrhoeal and 15,000 pneumonia cases among the children under 5 in above mentioned areas. Data compilation is ongoing at the national level. 				34 field visits were made by technically qualified international staff as well as national staff in 2011 who checked the availability, quantity, quality and timeliness of the supplies at central, provincial and county level medical warehouses. Rural level, Ri clinics were also visited from time to time for end-use supplies monitoring.																						

WHO - HEALTH						
CERF PROJECT NUMBER	11 – WHO - 016	Total Project Budget	\$ 12,000,000	BENEFICIARIE		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Strengthening Service delivery for Improving Maternal and Child Survival in DPRK	Total Funding Received for Project	\$ 8,061,694	Individuals		<p>The project equally covered basic health needs of 237,028 individuals, women, men, boys and girls through improved access to health services at two rehabilitated county hospitals in Ryanggang and North Hamgyong provinces.</p> <p>Directly benefited from the project: 84,200 women in reproductive age, including 4,200 pregnant women; 20,800 girls and adolescents and 18,000 children (boys and girls) under 5.</p>
				Female	105,000	
Male	105,000	67,468				
Total individuals (Female and male)	210,000	137,028				
Of total, children under 5	18,000	7,948				
TOTAL	210,000	237,028				
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 500,154			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			Monitoring and Evaluation Mechanisms	
<p>Prevent avoidable deaths among pregnant women, their newborns and children under the age of five (4,200 pregnant women and 4200 newborns and more than 18,000 children under five) in selected highly vulnerable communities</p>		<p>Rehabilitation of key life saving units at Samjiyon and Myonggang county hospitals Renovation of delivery room, operating theatre, intensive care units for mothers, newborns and children, blood transfusion unit and basic county laboratory ensured improved access of population to:</p> <ul style="list-style-type: none"> ▪ Safe hospital delivery with skilled birth attendants by 25 per cent ▪ Essential obstetric and paediatric surgeries by 50 per cent ▪ Appropriately managed newborn conditions by 20 per cent 			<p>Monitoring visits to Samjiyon and Myonggang county hospitals were arranged twice during the project implementation.</p>	
		<p>Supply of essential medical equipment and consumables to two rehabilitated hospitals in Samjiyon and Myonggang counties The provision of basic medical equipment to life saving units of county hospitals improved quality of care to mothers, newborns and children by</p> <ul style="list-style-type: none"> ▪ Increased number of patients received evidence based hospital care by 24 per cent ▪ Decreased number of postnatal, intra-operative and postoperative complications by 65 per cent 			<p>The first visit to target facilities took place before rehabilitation of key units and facilitated data collection on baseline health indicators of the selected hospitals, such as monthly number of deliveries, surgeries, complications, etc.</p>	
		<p>Provision of life-saving essential drugs maintained management of emergency care in complicated pregnancy, labour and delivery as well as obstetric and paediatric surgeries Procured and supplied essential drugs facilitated saving lives of</p> <ul style="list-style-type: none"> ▪ 2,740 women during pregnancy and delivery, ▪ 410 newborns delivered through caesarean section, ▪ 600 women, men and children received surgical care, ▪ 159 newborns with low birth weight survived, and ▪ 1,300 children with severe diarrhoea and pneumonia survived 			<p>The second monitoring visit took place after the rehabilitation of key units and provision of equipment, consumables and essential drugs and appropriate training for health care providers.</p>	
		<p>Training of health care providers on cost-effective and evidence-based practices Provision of training on modern treatment standards and proper utilization of medical equipment maintained emergency obstetric and neonatal care, particularly for low birth weight newborns and women with haemorrhages</p>			<p>Similar data on monthly hospital performances were collected for comparative analysis of progress achieved through project implementation. Condition of hospital units before and after rehabilitation was documented by photography. All units were visited for insurance of actual utilization of life-saving equipment, consumables and drugs and for getting feedback from services providers and patients (consumers) on their satisfaction by provided assistance.</p>	

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY - RAPID RESPONSE WINDOW

WFP - FOOD SECURITY							
CERF PROJECT NUMBER	11-WFP-031	Total Project Budget	\$ 174,732,118	BENEFICIARIE		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Emergency food Assistance to Vulnerable groups in the Democratic People's Republic of Korea (EMOP 200266)	Total Funding Received for Project	\$ 68,417,466	Individuals		Almost 100 per cent of the beneficiaries were women and children, with women and girls representing almost 60 per cent of all beneficiaries. Most employees involved in food distributions, recordkeeping and cooking at institutions were women. Women also represented over 75 per cent of the work force in the local food production factories support by WFP, although in general few women held leadership positions	
				Female	1,622,986		446,700
				Male	1,051,398		289,400
				Total individuals (Female and male)	2,647,384		736,100
				Of total, children under 5	652,007		376,200
				TOTAL	2,647,384		736,100
STATUS OF CERF GRANT	<p>Ongoing</p> <p>The CERF funding was made available in June 2011 under the Rapid Response window for procurement of 15,846 MT of wheat (the original proposal specified maize but this was later modified due to the reduced availability of maize for procurement). The food arrived in the country in mid December.</p> <p>Out of that, 9,739MT has been distributed to 736,100 beneficiaries (orphanages, paediatric wards/hospitals, kindergartens, and nurseries, pregnant and locating women) in 53 counties and 5 provinces for consumption in December and January 2012. The remaining 6,107 MT has been dispatched to five local food production factories to produce around 3,000 MT of biscuit and 3,260 MT of CMB for distribution of rations up to two months for 1.5 million beneficiaries starting February 2012. Details will be elaborated in the final reports.</p>	Amount disbursed from CERF	\$ 7,199,174				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
<p>Provide emergency food assistance for one month (with the exception of elderly and take home ration for primary school, which is for 10 feeding days) to nearly 2.67 million targeted beneficiaries by preventing food shortages from developing into crisis conditions in the targeted 107 counties/districts</p> <p>Halt further deterioration of the nutritional status of the risk population groups by providing access to minimum energy and dietary requirements, particularly to young children, pregnant and nursing women.</p>	<p><i>The intended outcomes of the EMOP operation were only partially achieved in view of resource constraints, which resulted in serious gaps in WFP's ability to provide much needed food assistance especially during the lean season.</i></p> <p>Improved food consumption over assistance for target population</p> <ul style="list-style-type: none"> ▪ Household with poor Food Consumption Scores (FCS) reduced from 77% to 66% ▪ Number of schools and pre-school assisted: 16,183 ▪ Actual MT of food distributed: 9,739 MT <p>Stabilized acute malnutrition in target groups of children</p> <ul style="list-style-type: none"> ▪ Prevalence of low mid-upper arm circumference (MUAC) among children under 5: 12.5% ▪ Number of timely food distributions as per planned distribution schedule 1 ▪ Number of days rations were provided :50 	<p>The Monitoring and Evaluation Mechanisms involves three tiers:</p> <p>Monitoring field visits, which include information collection on food and non-food-items distribution beneficiaries, and other operational issues; the food security situation in the country</p> <p>Assessment and evaluation exercises</p> <p>Secondary information analysis, through information sharing with other agencies as well as analysis of different information sources as they become available.</p> <p>A set of monitoring tools was designed to track the flow of WFP food from warehouses and factories to beneficiary groups, including checklists for child institutions, hospitals, Public Distribution Centres (PDCs) and households.</p>

FAO - FOOD SECURITY / AGRICULTURE

CERF PROJECT NUMBER	11-FAO-021	Total Project Budget	\$ 6,800,000	BENEFICIARIE			Gender Equity	
					Targeted	Reached		
PROJECT TITLE	Emergency support to improve food security and nutrition of vulnerable farming families during 2011 main cropping seasons	Total Funding Received for Project	\$ 0	Individuals			Beneficiaries are 91 cooperative farms, comprising 22,500 households of about 90,000 direct beneficiaries, of which 30 per cent are children below 18 years, more than 50 per cent are female and 9 per cent elderly people	
				Female		45,000		45,000
				Male		42,000		42,000
				Total individuals (Female and male)		87,000		87,000
				Of total, children under 5		3,000		3,000
TOTAL		90,000	90,000					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 400,000					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms	
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 the main crop (paddy rice and maize) during the 2011 autumn cropping seasons through the provision of urea fertilizer.		555 MT of urea fertilizer procured and distributed to 91 Cooperative farms. Each farm on average received 5 - 7 MT of urea fertilizer. This amount topped up to the fertilizer provided by the Ministry of Agriculture. On average paddy rice yield increase by 2 per cent and maize by 11 per cent compare to 2012					<p>Input arrival and distribution to beneficiary counties was monitored at the Nampo Port. Further monitoring mission was conducted to the beneficiary farms to evaluate the impact fertilizer on crop yield.</p> <p>The international programme coordinator, the national programme office and the national project coordinator from the Ministry of Agriculture together conducted field monitoring</p> <p>The CFSAM visited DPRK at the request of the Government from 3 to 17 October to assess the 2011 main-crop harvest, forecast the 2012 production of winter and spring crops, estimate cereal import requirements for the 2011/12 marketing year (November/October) to assess the household food security situation and estimate food assistance needs. The mission was divided into four teams to allow adequate time in each province, given the large geographic area visited during the 10 days in the field. Mission members represented a wide variety of skills and perspectives on agriculture and</p>	

		<p>food security. Korean speaking international staff from WFP accompanied the teams in the field. Experts from the donors joined the mission as observers.</p> <p>The Mission visited 29 counties and cities in all nine agricultural provinces, representing a wide range in terms of their contribution to food production (low, medium and high), importance to shocks experienced, and prevalence rates of under nutrition. Provinces and Counties visited, include: Ryanggang (Paekam and Pochon counties; Hyesan City); North Hamgyong (Yonsa and Puryong counties; Kimchaek City); South Hamgyong (Pukchong, Yonggwang, and Hamju counties; Hamhung City); Kangwon (Pobdong, Chonnae, and Anbyon counties); Chagang (Tongsin county; Huichon City); North Pyongan (Gujang and Unjon counties; Sinuiju City); South Pyongan (Bukchang and Mundok counties; Tokchon City); North Hwanghae (Yonsan, Koksan, Singye, and Rinsan counties); and South Hwanghae (Samchon, Chongdan, Yonsan, and Paechon counties).</p> <p>The method used for crop and food security assessment was to meet with the cooperative farm officials and to collect agricultural and food security information, visiting crop farms, household and conducting household surveys and visiting markets, health and education facilities.</p>
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FAO - FOOD SECURITY / AGRICULTURE

CERF PROJECT NUMBER	11-FAO-022	Total Project Budget	\$ 1,088,737	BENEFICIARIE			Gender Equity
					Targeted	Reached	
PROJECT TITLE	Emergency vaccination campaign for response and control of foot and mouth disease	Total Funding Received for Project	\$ 199,000	Individuals			Control of the outbreak of the Foot and Mouth Disease saved livestock for the benefit of the whole family. Especially for children it insured availability of milk.
				Female	240,7244	240,7244	
				Male	231,2842	231,2842	
				Total individuals (Female and male)	4,720,086	4,720,086	
				Of total, children under 5	918,282	918,282	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 890,735	TOTAL	5,658,368	5,658,368	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
Vaccination against foot and mouth disease of critical animal sub-population		<ul style="list-style-type: none"> ▪ Lab-reagents, refrigerator and syringes procured. ▪ 3.08 million doses of foot and mouth diseases vaccine procured. ▪ Two technical trainings have been conducted to the government counter part. ▪ Vaccination strategy has been developed. ▪ 1.89 million heads of animas vaccinated. 				The FAO international office, the national programme officer and the national project coordinator from the ministry of agriculture jointly monitored arrival and distribution of vaccine. In addition, the same monitoring team monitored the first batch of vaccination campaign.	

UNICEF - NUTRITION							
CERF PROJECT NUMBER	11-CEF-027	Total Project Budget	\$10,000,000	BENEFICIARIE	Targeted	Reached	Gender Equity There is no marked gender difference in health access, nutrition, WASH and education in DPRK.
PROJECT TITLE	Responding to nutrition emergency in DPRK	Total Funding Received for Project	\$	Individuals			
				Female	233,000	233,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,113,733	Male	91,500	91,500	
				Total individuals (Female and male)	324,500	324,500	
				Of total, children under 5	183,000	183,000	
				TOTAL	324,500	324,500	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	

<p>Provision of multi-micronutrient supplementation for pregnant & lactating women</p>	<ul style="list-style-type: none"> ▪ 94,500 pregnant women and 47,000 lactating women benefited from the supplementation nationwide 	<p>National distribution plan from MOPH. UNICEF supervisions in at least 36 institutions During the supervision of these institutions, UNICEF staff verify if micronutrients are available and distributed according to national guidelines.</p>
<p>Promotion of Exclusive Breastfeeding for 6 months and continued BF up to 2 years</p>	<ul style="list-style-type: none"> ▪ The number of children breastfed within the first hour after birth could not be assessed as no surveys took place but breastfeeding promotion was done to increase awareness of the importance of breastfeeding. Pregnant and lactating women, caretakers from nursery, doctors and other health staff in eight Focus Counties received 12,000 booklets, 3,000 posters and 100,000 leaflets on breastfeeding. Thirty Health Managers and care givers from MOPH were trained on complementary feeding 	<p>Distribution plan from MOPH. UNICEF field supervisions in the Focus Counties allowed ensuring that the leaflets were distributed to the appropriate persons.</p>
<p>Community base management as well as hospital-based management of severe acute malnutrition in selected counties.</p>	<ul style="list-style-type: none"> ▪ A training of trainers of 122 Doctors at Provincial and County levels including the four Focus Counties and the 14 Baby Homes was completed with international technical support ▪ Following this training, MOPH completed the cascade training to 951 Doctors from 900 Ri / Dong ▪ 180,311 children were screened in the 25 Counties for acute malnutrition with mid-upper arm circumference tape (MUAC). 4,916 children were identified with SAM. ▪ Supplies needed for the treatment of SAM children such as 325 scales to weigh children, 3,500 cartons of therapeutic milk F100, 1,500 cartons of RUTF, amoxicillin and other essential medicine were provided to MOPH 	<p>Distribution plan from MOPH. UNICEF field supervisions and the continuous presence of the four consultants in the CMAM Counties for three months allowed to ensure that the supplies were distributed the appropriate person.</p>
<p>Provision of ORS and Zinc tablet to manage diarrhoea cases</p>	<ul style="list-style-type: none"> ▪ ORS sachets along with Zinc tablets has been distributing to 17 counties and 400 Ri (rural) clinics to treat acute diarrhoea case in quarterly based. UNICEF and counterparts approved the supply distribution plan and it delivered with fuel supported by UNICEF up to district level. Final data on diarrhoea cases among the children in target areas treated with ORS and zinc is not provided yet by the counterpart as of today. Data compiling is ongoing at the national level. 	<p>Fifteen days of field visits made by technically qualified international staff in 2011 checked the availability, quantity, quality and timeliness of the supplies, reviewed progress and identified project constraints as well as for end-use supplies monitoring.</p>
<p>Improve access to quality water, sanitation and hygiene practices</p>	<ul style="list-style-type: none"> ▪ Around 47,450 children under 5 in targeted areas and institutions suffering from diarrhoea are treated with ORS and zinc tablets. ▪ 24 childcare institutions were rehabilitated providing adequate and safe water supply to 5,699 children. ▪ Sanitation facilities were renovated or newly built in 24 institutions providing appropriate and safe sanitation to 5,699 children and teachers. ▪ About 250 teachers, carers and cooks were trained by the provincial and county health bureau on the use of hygiene education materials provided by UNICEF to improve hygiene practices within schools. ▪ 25 institutions received the hygiene promotion materials benefiting 5,899 children (135,050 bars of soap and 3,000 hygiene leaflets) and hygiene promotion training was organised by health workers in all 25 institutions. 	<p>25 visits for a total of 36 days in the field were done for planning, supervision and field monitoring. Two national consultants spent 45 days each in the field supervising the construction work.</p>

WHO - HEALTH SECTOR							
CERF PROJECT NUMBER	11 – WHO - 033	Total Project Budget	\$ 14,000,000	BENEFICIARIE		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Enhancing Health System Responsiveness for Improving Maternal and Child Nutrition	Total Funding Received for Project	\$ 4,112,266	Individuals		The project equally covered basic health needs of 235,000 individuals, women, boys and girls through improved access to health services at 20 selected county hospitals in four Northern provinces of the country.	
				Female	155,000		170,000
				Male (boys under 5)	24,000		30,000
				Total individuals (Female and male)	179,000		235,000
				Of total, children under 5	48,000		65,000
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 379,850	TOTAL	203,000	235,000	
				Directly benefited from the project: 65,000 pregnant and 90,000 lactating women, as well as 65,000 newborns and children under 5 (boys and girls).			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			Monitoring and Evaluation Mechanisms		
<p>Improve health service delivery through provided quality care to mothers, newborns and children and contribute to decreasing rates of malnutrition and micronutrient disorders in children, in order to work towards saving lives</p>		<p>Improved access to quality newborn and child health care services including Essential and Referral Newborn Care and Integrated Management of Childhood Illnesses (IMCI) in 20 county hospitals through provision of essential newborn care kits, including essential drugs, emergency medical equipment, medical consumables and supplies to deliver quality emergency life saving services</p> <p>20 county and city hospitals and 3,120 health care providers are appropriately equipped and stocked with medicines, supplies and consumables to respond to emergency health needs of low birth weight newborns (LBW) and malnourished children.</p> <ul style="list-style-type: none"> ▪ 20 kits of emergency equipment provided for newborn care to manage low birth weight babies with complications ▪ 20 kits of essential Life Saving drugs, such as antibiotics and intravenous fluids are available for LBW newborns and severe child malnutrition for nearest 12 months ▪ 170,000 pregnant and lactating women received quality care during and after delivery <p>Management of Acute and Severe Malnutrition among children under 5 improved at 20 county hospitals</p> <p>Operational guidance to health care providers at community and hospital level on management of severe malnutrition and infections provided through essential training to 581 household doctors and 250 additional copies of already translated training manuals for health care providers distributed.</p> <ul style="list-style-type: none"> ▪ 30,000 children under 5 suffering from acute and severe malnutrition received quality treatment of infections, including diarrhoea and pneumonia <p>Evidence based Infant and Young Child Feeding practices introduced at community level</p> <p>Evidence based practices on infant feeding and breastfeeding ensured by provision of essential tools and guidelines for 1000 doctors and 400 nurses on management feeding of LBW babies and malnourished children.</p> <ul style="list-style-type: none"> ▪ 170,000 pregnant and lactating women received appropriate knowledge on infant feeding 			<p>Monitoring visits to selected 20 county hospitals were arranged twice during the project implementation.</p> <p>The first visit to target facilities took place immediately after the Rapid Food Security Assessment and facilitated data collection on baseline health indicators of the selected hospitals, such as monthly number of deliveries, diseases, complications, etc. Condition and quantity of procured goods, equipment and essential drugs was thoroughly monitored on arrival to Nampo port, at Central Medical Warehouse and after distribution to health facilities.</p> <p>The second monitoring visit to target health facilities was undertaken after provision of equipment, consumables and essential drugs and appropriate training for health care providers. Similar data on monthly hospital performances were collected for comparative analysis of progress achieved through project implementation.</p>		

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE ¹	TOTAL CERF FUNDS TRANSFERRED TO PARTNER ² US\$	DATE FIRST INSTALLMENT TRANSFERRED ³	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER ⁴	Comments/ Remarks

¹ E.g. INGO (International NGO), NNGO (National NGO) or Gov. (government partner)

² Please indicate the total amount subcontracted to the partner under this CERF grant.

³ If the CERF sub-grant is paid to the partner in several instalments, please indicate the date for the first instalments here.

⁴ Please indicate the estimated start date for the sub-contracted partner activities under the CERF project. If the start date for activities predates the disbursement of CERF sub-grant funding, please use the 'Comments/Remarks' field to elaborate and explain the modality for this.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
CMB	Cereal Milk Blend
CSM	Corn Soya Milk Blend
EMOP	Emergency Operation
FAO	Food and Agriculture Organisation
F100	Therapeutic milk F100
GAM	Global Acute Malnutrition
IFRC	International Federation of Red Cross and Red Crescent Societies
LBW	Low Birth Weight
LFP	Local Food Production
LOU	Letter of Understanding
MUAC	Mid-Upper Arm Circumference
MoCM	Ministry of City Management
MOPH	Ministry of Public Health
NCC	National Coordination Committee
NLMIS	National Logistical Management Information System
NGO	Non-Governmental Organisation
ORS	Oral Rehydration Salt
PDC	Public Distribution Centre
PRRO	Protracted Recovery and Rehabilitation Operation
RFSA	Rapid Food Security Assessment
RMB	Rice Milk Blend
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Funds
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation