RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA UNDERFUNDED EMERGENCIES ROUND I 2013 FOOD INSECURITY

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Ghulam Isaczai**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted on Friday 25th April and was attended by:

Tareq Talahma – OCHA Coordination Officer, Resident Coordinator's Office (RCO)

Sarah Ventress – Administrative Associate, RCO

Bayaraa Ayurzana – Operations Manager, UNFPA

Kabuka Banda – Chief, WASH Programme, UNICEF

Subhash Misra – Deputy Representative, UNICEF

Xuerong Liu – Head of Programme, WFP

Dr. Nazira Artykova – Technical Officer MCH, WHO

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

YES ☒ NO ☐

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

YES ☒ NO ☐

The final report has been shared with the sector leads from each agency who were involved with the writing of the report. The report will be shared with the National Coordinating Committee (NCC) of the DPRK Government.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 198,066,562		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	7,001,300
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	103,886,477
	TOTAL	**110,887,777**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 07-Feb-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-CEF-015	Multi-sector (Health, Nutrition and WASH)	953,935
FAO	13-FAO-006	Agriculture	697,935
UNFPA	13-FPA-004	Health	199,427
WFP	13-WFP-006	Food and Nutrition	4,200,001
WHO	13-WHO-006	Health and Nutrition	950,002
TOTAL			**7,001,300**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	6,991,700
Funds forwarded to NGOs for implementation	NIL
Funds forwarded to government partners	9,600
TOTAL	**7,001,300**

HUMANITARIAN NEEDS

In 2013, people in the Democratic People's Republic of Korea (DPRK) continued to face high levels of vulnerability. While international humanitarian assistance had made considerable progress towards meeting humanitarian needs in 2012, people continued to suffer from chronic food insecurity (around 16 million people depend on the Public Distribution System (PDS), and are therefore considered chronically food insecure, at various degrees) and high malnutrition rates. Meanwhile, inadequate medical supplies and equipment make

the health care system unable to meet basic needs, plus sanitation, water supply and heating systems continue to fall into disrepair. Young children, pregnant and lactating women and the elderly are particularly vulnerable.

The country is further challenged by climate change, poorly developed agricultural techniques and technology, periods of localized floods and harsh weather conditions resulting in a loss of crops and agricultural fields. Heavy rain and tropical storms in July/August 2012 resulted in flooding in several places in the country, which led the Government to request resident agencies for assistance to respond. While the rain and storms in isolation were not more severe than what on average is experienced annually in DPRK, the physical impact and damage to infrastructure was considered substantial. In total, flooding and damage to private houses, agricultural fields and public infrastructure was reported in 61 counties in ten provinces; with the four worst affected provinces being North and South Hamgyong, Kangwon, and South Pyongan. In all the flood affected counties, the livelihood and economic well-being of the people were negatively affected.

External assistance, including through CERF, is still needed and continues to play a vital role in safeguarding and promoting the well-being of the millions whose nutritional status and general health would otherwise be seriously compromised. Even though the myriad sanction-regimes in place clearly exclude humanitarian assistance, a negative impact on the flow of humanitarian funding (for nutritious food and essential medicine) has been persistent. The multiple international sanctions have also severely disrupted operational activities of the UN and humanitarian NGOs ranging from banking problems, long delays in procurement and custom clearances to difficulties in sourcing of vendors all of which have resulted in higher costs for project implementation. Continuing political and security tensions on the peninsula have negatively affected donor's attitude towards DPRK and have led to a substantial decrease in new funding for UN humanitarian activities in DPRK. The dire funding situation has left UN agencies and other humanitarian actors concerned about the continuation of their programmes in DPRK.

II. FOCUS AREAS AND PRIORITIZATION

Chronic under-nutrition remains a public health problem in DPRK. Although slightly improved since the last Multiple Indicator Cluster Survey (MICS) was conducted in 2009, malnutrition rates have continued to constitute a major concern, with under-five rates of stunting estimated to be 27.9 per cent (down from 32.4 per cent in 2009) according to the latest nutrition survey conducted in October 2012. Findings from the Nutrition Survey show a 15.2 per cent rate of underweight and 4 per cent rate of wasting for children under five. Prevalence of low-birth-weight (LBW) new-borns among infants who die in their first week of their life is very high at 88 per cent. The low-birth-weight infant remains at much higher risk of mortality than the infant with normal weight at birth. In the meantime, in spite of continued support from the WHO/UNICEF/UNFPA, the capacity of hospitals remains insufficient for saving lives of the LBW new-borns due to lack of transportation to referral hospitals, delayed treatment and insufficient intensive care.

Furthermore, while the Crop and Food Security Assessment Mission (CFSAM) carried out by WFP/FAO in October 2011 noted a slight improvement in the overall quantity of food produced in the DPRK, the report concluded that around 2.8 million people in the five most food insecure provinces of Ryanggang, Chagang, North Hamgyong, South Hamgyong and Kangwon were considered highly vulnerable and would continue to require food assistance in 2013. Therefore, the CFSAM recommended that international support be focused on expanding and developing nutrition programmes specifically targeting the approximately 2.8 million most vulnerable children, pregnant and lactating women and elderly, disabled and chronically ill people.

In the nutrition sector, the most vulnerable groups targeted were mainly young children and pregnant and lactating women. Following the termination of the Emergency Operation (EMOP) by 30 June 2012, WFP's Protracted Relief and Recovery Operation (PRRO) programme became operational from 1 July 2012 to assist around 2.4 million people in 85 counties in the country. WFP continued its efforts to improve the health and nutritional status of the most nutritionally vulnerable groups through provision of locally produced fortified foods to young children in nurseries, kindergarten, hospitals and orphanages and fortified biscuits to primary school children. Pregnant and lactating women were also provided with fortified blended foods to meet their nutritional requirements.

In seeking to resolve the most critical consequences of the food insecurity situation, the UNCT recognized the need for interventions in the agricultural sector also. Provision of plastic sheets has been a top priority in the sector, because on average, the cooperative farms have currently had only 40-50 per cent of plastic sheets from the total requirement of the farms.

In the health and nutrition sectors, the UNCT prioritized four interventions: a) provision of medicines to prevent maternal mortality in three provinces; b) provision of medicines to treat infectious diseases, in particular the main child killer diseases (diarrhoea and pneumonia); c) provision of essential medicines and equipment to strengthen the emergency health care for mothers and children; d) facilitated service

provision for treatment of acute severe malnutrition of children under five in the four northern and eastern and provision of multi-micronutrient supplementation to pregnant and lactating women in all the ten provinces.

As most county hospitals lack proper sanitation and hygiene supplies and since the quality of drinking water in hospitals has remained a challenge, interventions in the WASH sector were identified as critical to avoid increased fatality among patients by hospital infections. Also, access to clean water remained a challenge in those counties affected by the flood in August 2012, particularly in South Hamgyong province where the incidences of diarrhoea between August and December 2012 were almost double compared to the same period the year before. Furthermore, Diarrhoea and pneumonia were still the main causes of deaths among children under five in DPRK. The country has limited financial resources for provision of basic equipment and medicines to treat life threatening conditions/ diseases. This shortage exists particularly at the primary level health facilities where the new-borns and pregnant women are most vulnerable compared to urban areas. According to 2013 Child Mortality report, 'under-five' mortality for DPRK is 29/1,000 live births, Infant Mortality Rate (IMR) is 23/1,000 live births and the Neonatal Mortality Rate (NMR) is 16/1,000 live births. In spite of joint efforts made by the Government and its international partners, the IMR and NMR are declining at a slow pace and the country is unlikely to achieve its MDG target by 2015, unless international support is sustained.

Lack of resources and underdeveloped infrastructure limit the capacity of agencies to reach all parts of the country. In the current environment, gaps in the response are therefore inevitable. Agencies continue to abide by a principle of "no access-no assistance". The restricted operating environment and severe funding shortfalls necessitate a highly targeted response reaching the most vulnerable population accessible to the UN. Acknowledging concerns regarding monitoring and access, the UN Country Team agreed that only projects for which monitoring and access conditions are optimal would be included in the current request.

III. CERF PROCESS

The decision-making process for preparation of this CERF application was driven by the UNCT and involved consultations with government counterparts. Given the small size of the UNCT, it was agreed that it would not be necessary to establish a working group. The prioritisation strategy capitalised on each resident agency's comparative advantage and involvement in key areas of humanitarian activity in DPRK. The agencies continued to work within the humanitarian framework of the Overview Funding Document (OFD) to ensure interventions are delivered in line with the principles of the CERF to support underfunded life-saving activities.

On 8 January 2013, an ad-hoc UNCT meeting was convened to set priorities and determine which humanitarian activities would qualify and be eligible for CERF funding under the underfunded emergencies (UFE) window. The UNCT took into account the recent Crop and Food Security Assessment Mission (CFSAM) and the Nutrition Survey conducted in October 2012.

Considering complementarity of UN priorities to government ones, it was decided to apportion 70 per cent of the fund to support activities in Food and Agriculture sectors and the other 30 per cent to support in the Health, Nutrition and WASH sectors. The group also understood the importance of complementary activities across agencies to prevent any duplication or overlap in interventions. Proposals put forward by each agency took into account the gaps in funding in each sector, which could be addressed to some extent by the CERF allocation. The Resident Coordinator (RC) sought the assurance of all agencies that their proposals were addressing the most critical needs.

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

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis Almost the entire population of some 24 million people in DPRK are affected to some degree by shortages of critical medical equipment and supplies in the health sector. In the food sector, an estimated 2.8 million people were considered acute food insecure in 2013.				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Multi-sector (Health, Nutrition and WASH)	250,370	123,700	374,070
	Agriculture	62,861	60,395	123,256
	Health	686,920	17,640	704,560
	Food and Nutrition	869,725	728,769	1,598,494
	Health and Nutrition	1,195,019	855,019	2,050,038

BENEFICIARY ESTIMATION

All sectors used National Census data from 2008 (released in 2010) to project and estimate figures for the number of beneficiaries in 2013. These figures were then checked and verified during monthly monitoring visits to the sites based on estimates provided by officials. This presented a challenge as different officials were seen at different times. Estimates were updated annually based on the Global Implementation Plan by NCC with updated nursery enrolment figures.

In the Health and Nutrition sectors, the catchment population of women and children under 5 of 10 provincial maternity and 10 provincial paediatric hospitals were counted, using the National Census 2008 and Health Reports 2011 by the Ministry of Public Health (MoPH). Since there are other projects targeting women and children in the same provinces, care has been taken to avoid double counting.

In the Agricultural sector the Ministry of Agriculture (MoA) identified the cooperative farms with critical shortage of agricultural inputs. The total number of households was estimated and multiplied by the average family size of four to work out the total number of planned beneficiaries.

For the Health, Nutrition and WASH projects, number of beneficiaries was measured indirectly, first, by ensuring completion of the implementation of the planned activities in the target communities/areas (which was within the control of the UN agency) and second, by ensuring utilization of the outputs by the target communities (which is outside the control of the UN agency). UNICEF Technical staff verified the beneficiaries during monitoring visit to various levels (central/provincial/county/ri clinic). Delivery of supplies was tracked from the central warehouse to the end user sites and verified (for instance in nutrition) by reviewing the case sheets of individual beneficiaries (patients- SAM children or pregnant/lactating mothers). Furthermore, officials were asked to provide information on profile and numbers of communities using the services/outputs. It was difficult to get consistent information in this regard. Therefore in some cases, the actual number of users could not be ascertained in definite terms.

To avoid overall double counting for counties or provinces targeted by multiple sectors, the sector planned number was adopted as the planned target. During monitoring of the implementation of activities, it was ascertained that the planned activities were completed in the target areas reaching the sectorial target beneficiaries. Each sector provided breakdown of beneficiaries by female, male, and children under 5 for each province. For the nutrition sector, UNICEF and WFP had different targets groups, different interventions and in different communities and so their total beneficiaries for each province were added together.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	1,500,000	1,649,454
Male	1,000,000	1,129,862
Total individuals (Female and male)	2,500,000	2,779,316
Of total, children under age 5	1,800,000	1,728,869

CERF RESULTS

Continued CERF support has played a critical role in reaching the most vulnerable population whilst having continued dialogue with the Government to improve operating conditions. Collectively, the planned targets and outcomes were mostly achieved except in the food-nutrition sector which was unable to reach the total number of planned beneficiaries due to significant shortage of fund resulting in pipeline breaks and ration cuts affecting mostly women and children (see Section VI). CERF funds allocated to the WFP Nutritional Programme were utilized to purchase 5,990 mt maize and 575 mt sugar. This enabled WFP to continue to produce Super Cereal and biscuits enriched with vitamins and minerals for 1,598,494 children and women against 1,650,000 target representing 97 per cent of the plan. Out of total beneficiaries reached, 525,369 are under 5 children and 167,314 were pregnant and lactating women. Therapeutic nutrition supplies saved lives of severely malnourished children; and reduced the level of wasting in the targeted areas and therefore contributed to a reduction of stunting in the longer term. Micronutrient supplements contributed to a reduction of anaemia among mothers and children and ultimately contributed to the reduction of under nutrition among these two vulnerable groups. Multiple micronutrient supplements were provided for 130,000 pregnant and lactating women at all levels of health service delivery.

In the health and nutrition sectors, CERF funds ensured the uninterrupted supply and availability of life-saving essential medicines to address the two major child killer diseases of pneumonia and diarrhoea resulting in the treatment of 102,088 diarrhoea and 108,804 pneumonia cases helping children under five. Also essential drugs were provided for the treatment of pregnancy complications and life-saving resuscitation care for women and children. Furthermore, in the WASH sector, the CERF funding contributed to the timely restoration of water supply services in Gamdok area in South Hamgyong province. Four schools and five childcare institutions (nursery and kindergarten) were connected with new water supply pipeline which provided 8,300 children in these institutions with clean and safe water and that child caretakers did not have to fetch water from long distances anymore. With these improvements, the health facility reported a reduced number of diarrhoea cases at the health facility from the areas where the water supply has been restored because now people are using uncontaminated sources for drinking water.

In addition to essential drugs, life-saving hospital consumables were provided, such as surgical and anaesthetic kits, blood transfusion units and sanitation & hygiene kits for improving sanitation facilities and reduction of risk of hospital fatality. The CERF funding contributed to saving lives of women and children in terminal conditions. Additionally, capacity development of health workers and service providers in the targeted CMAM counties, as well as capacity development of infant and young child feeding practices were supported. During the reporting period, 290 health workers were trained on CMAM. Out of 18,000 SAM affected children, 2,500 SAM (14 per cent) children were treated nationally using this grant.

Maternal and new-born care services of 20 county hospitals have been strengthened through the provision of new Reproductive Health equipment and midwifery kits, and skill enhancement training of doctors and midwives. They can now serve pregnant women and new-borns, and manage basic emergency obstetric and new-born care in a better way. The interventions are expected to reduce maternal deaths and at the same time, ensure safety of the new-born. If the CERF funds had not been granted, the lives of 40,000 pregnant women and 34,560 new-borns would be under much higher risk of mortality in absence of the lifesaving basic equipment, devices and medical supplies.

In the agricultural sector, it is estimated that more beneficiaries were reached by CERF support than initially planned. The project procured 9,182 rolls of plastic sheets and distributed them to 30,814 households (123,256 direct beneficiaries). During the field mission the beneficiary cooperative farms confirmed that on average, yield increased for these beneficiaries which will have a significant positive impact on food availability in the country.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

All sectors collectively agree that the CERF funding was made available on time and allowed agencies to carry out essential life-saving projects and which were distributed to the targeted areas quickly. For example, in the health sector, the CERF funding enabled fast delivery to supply essential drugs and basic life-saving equipment for essential units of provincial and county hospitals. Timely interventions in RH has improved the quality of obstetric care services and equipped staff with supplies and the skills to respond in case of future natural emergencies, especially flooding.

In the agriculture sector, timing is critical due to prolonged winters which makes the agriculture season in the country short. The fast project approval process and quick disbursement of fund by CERF helped FAO to procure and distribute plastic sheets to beneficiaries in time to grow seedlings of paddy rice and maize at seedbeds in spring using plastic sheets. This practice allows the crops to advance 2-3 weeks of growth to be ready for harvest by end of September and early October.

b) Did CERF funds help respond to time critical needs[1]?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding ensured the provision of time critical essential supplies to the target population during the year. The funding was essential for children and pregnant women to receive appropriate measures when needed. Restoration of the water supply services helped the community to engage in their economic activities without spending time to collect water, and also alleviated the increasing burden of diarrhoea. However, it was collectively noted that whilst the CERF funds enabled UN agencies to deliver assistance quickly, factors beyond the control of the agencies such as disruptions of power supplies and lack of coal and wood, impacted use of equipment, for example in hospitals. Nonetheless, in case of emergencies, the local government provided electricity to the hospitals provided there was adequate supply of electricity in the county.

The CERF funds ensured the uninterrupted supply and availability of life-saving essential medicines and therapeutic nutrition supplies, as well as essential micronutrients to address the two major child killer diseases of pneumonia and diarrhoea associated with malnutrition. The funding was essential for the children to receive appropriate treatment and nutritional rehabilitation on time.

In agriculture, if young seedlings of rice and maize are not properly protected at early stage against low temperature in spring at seedbeds, their survival rate at field would largely decreases, which would result in massive yield reduction and further exacerbate the already precarious food security situation. The provision of plastic sheets is an important intervention to safeguard lives and food security of the vulnerable farming families and CERF funding was crucial for timely provision of the most needed plastic sheets.

With CERF funds, Food and Nutrition Sector was able to provide the most at risk population groups with blended fortified food to maintain and/or improve their nutritional status, in particular young children, pregnant and nursing women. CERF contributions minimized the food pipeline breaks and optimize the sustainable impact of the nutritional interventions

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

YES ☐ PARTIALLY ☒ NO ☐

Collectively, it was felt that due to the distinct geo-political situation in the Korean peninsula, there has been no improvement of resource mobilization even after CERF intervention. In 2013, there were further sanctions and restrictions on funds transfers to DPRK which has had a detrimental effect on enticing the interest of other funding partners except the Republic of Korea (ROK) which contributed to over $12 million to UNICEF and WHO for health and WASH sectors. However, it has been noted that CERF funding in 2013 provided an opportunity to address critical funding gaps. It also provided a multi-sectoral platform to further advocate for child survival issues.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

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

Agencies collectively felt that the projects were good examples of inter-agency coordination and joint team work in all aspects of collaboration. Through CERF, coordination among the humanitarian actors has improved in the country. Conducting joint field assessments, setting agreed priorities, allocating the limited fund for the most critical interventions/agencies and joint reporting on the impacts of interventions are felt to be the positive contribution of CERF.

It was also felt the CERF funding application is a good planning tool, and that the result was a well-coordinated and written proposal, with easy to achieve planned targets. This was achieved by the UN Resident Coordinator convening coordination meetings of the UN Country Team periodically to discuss and agree on the rational allocation of CERF fund, and Theme Groups having substantive and coordination discussions to effectively and efficiently implement the interventions.

CERF funding gave the opportunity for more discussion on priorities of health, nutrition and WASH issues and joint assessment of needs among UN agencies in DPRK. It also provided a platform to further advocate for child survival issues as humanitarian needs beside food support.

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

There were a number of examples of how CERF has added value to the humanitarian response. CERF has added value to existing clinical practices in maternal, paediatric and county hospitals in life-saving interventions. With CERF funds access improved and quality of treatment has been upgraded. Health care providers were able to upgrade their life-saving clinical skills and were confident with modern equipment and hospital consumables. Duration of treatment in each complicated case has been reduced and rotation of patients in life-saving units increased.

The CERF support in WASH has been cited by beneficiaries, especially women, as having improved the quality of their lives besides proving life-saving response. This is especially experienced by women who used to collect water from boreholes as restoration of the water supply system included upgrading to include household connections. Women claimed that now they did not have to spend time collecting water before going to economic work in the morning or after returning from work in the evening and had more time for rest.

It was also felt that CERF funding gave the opportunity for enhanced discussion on health, nutrition and WASH linkages and related joint assessment of needs by agencies present in DPRK. It provided a multi-sectorial platform to further advocate for child survival issues as humanitarian needs besides food support.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Quick project approval and fund disbursement	Continue with the current practice.	CERF Secretariat
CERF funds enabled all agencies to jointly and timely respond to humanitarian needs of the most vulnerable women and children.	Continuity of CERF funding is critical to sustaining the gains achieved over the years.	CERF Secretariat
The country faces a combination of chronic and recurrent humanitarian needs with limited international funding.	More CERF funding for DPRK and continued help to the UNCT on advocacy for resource mobilization, in reaching humanitarian donors.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Communication and data sharing between UNCT and Government is not well coordinated. Government leadership is necessary for effective and efficient interventions from UN aid agencies.	Government participation in theme group meetings should be encouraged with regard to CERF fund allocation and priority selection.	UNCT, NCC, MoPH, UNRC
More effort on resource mobilization needed.	As a team the UNCT to use creative ways of resource mobilization to address the chronic and protracted humanitarian needs in the country	UNCT
There are still some access issues as the four north-eastern provinces are mostly hard to reach particularly in winter season.	Further enhancement of planning and timely distribution of all essential supplies before the winter season.	RC and all agencies
Setting humanitarian priority and fund allocation.	A new humanitarian strategy focusing exclusively on nutrition through multi-sectoral interventions is required. Better baseline data and smart indicator would help measure the impact of CERF funding in the future.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	6 March 2013 to 31 Dec' 2013
2. CERF project code:	13-CEF-015	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Health, Nutrition, WASH interventions in four North Eastern provinces		

7.Funding		
	a. Total project budget: $21,790,000 b. Total funding received for the Project: $12,234,423 c. Amount received from CERF: $953,935	d. CERF funds forwarded to implementing partners: ▪ *NGO partners and Red Cross/Crescent:* US$ N/A ▪ *Government Partners:* US$ 953,935

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	250,371	250,370	N/A
b. Male	123,700	123,700	
c. Total individuals (female + male):	374,071	374,070	
d. Of total, children under age 5	216,339	216,330	

9. Original project objective from approved CERF proposal

- To reinforce Nutrition, WASH and Health interventions that will ensure prevention and treatment of malnutrition among children under five and pregnant and lactating women living in the four North-Eastern Provinces by helping selected communities to meet their basic needs of health, nutrition and WASH.
- To improve water supply (distribution and handling) services in a food insecure area affected by increased diarrhoea incidence in South Hamgyong Province.

10. Original expected outcomes from approved CERF proposal

Health:

- Immediate treatment of life threatening diseases (mainly diarrhoea and pneumonia) for 205,519 under five children in all primary and secondary health facilities in three provinces by December 2013.

Nutrition:

- By the end of 2013, immediate treatment of 2,500 of severe acute malnourished children.
- By the end of 2013, Supplementation in multi-micronutrients of 130,000 pregnant and lactating women to prevent acute

malnutrition and stunting.

WASH:

- Reduce by at least 5 percentage points the average monthly prevalence of diarrheal diseases among the food insecure population (36,052 people (14,365 women, 13,367 men and 8,320 children (1,700 in nursery; 893 in kindergarten; and 5,722 in schools)) in Gamdok Area. 4 schools, 5 childcare institutions (nursery and kindergarten) and 5 health institutions will regain access to piped water.

11. Actual outcomes achieved with CERF funds

Nutrition:

- 2,500 Severely wasted U5 children were treated.
- 130,000 Pregnant and lactating women received multiple micronutrient supplements.

Health:

- A total of 102,088 diarrhoea and 108,804 Acute Respiratory Infection (ARI) including pneumonia cases were treated with life-saving essential medicines in three provinces under project areas

WASH:

- GFS and Pumping system schemes in 6 dongs of Gomdok area have been completed.
- Three new buildings to which the nurseries and kindergartens have been moved including 1 hospital and 5 clinics have been connected with water supply;
- 36052 people including 14365 women and 13367 men and 8320 children have access to safe and clean water
- 10,705 households have received information and educational material on hygiene.
- Average monthly incidence of diarrhoea has been reduced after completion of the GFS and pumping systems[2].

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

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

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

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

[2] However, hard data was not yet available.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	5. CERF grant period:	21 February to 31 December 2013
2. CERF project code:	13-FAO-006	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Emergency support to improve food security of vulnerable farming families during the main cropping season 2013		

7.Funding				
	a. Total project budget:	$2,862,750	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	$1,200,000	▪ *NGO partners and Red Cross/Crescent:*	US$ N/A
	c. Amount received from CERF:	$697,950	▪ *Government Partners:*	US$ N/A

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	51,000	62,861	The project planned to procure 7,800 rolls of plastic sheets to 25,000 household (100,000 beneficiaries). Due to the difference in the actual cost of the plastic sheets compare to the project document, 9,182 rolls of plastic sheets procured and distributed to 30,814 households (123,256 direct beneficiaries).
b. Male	49,000	60,395	
c. Total individuals (female + male):	100,000	123,256	
d. Of total, children under age 5	6,000	7,500	

9. Original project objective from approved CERF proposal

To safeguard 100,000 lives of 25,000 food insecure farming families affected by dry spell and floods in 86 cooperative farms in North and South Pyongan, North and South Hwanghae, provinces and Pyongyang and Nampo cities.

10. Original expected outcomes from approved CERF proposal

The main expected outcome of this project is to increase yield/ha of both paddy rice and maize. In 2012 the average yield of paddy rice was 4.8 ton/ha, the project expect on average yield increase of 800 kg/ha to reach yield of 5.6 ton/ ha in October 2013. In 2012 the average yield of maize was 3.8 ton/ha, the project expect an average yield increase of 600 kg/ha to reach yield of 4.4 ton/ha in October 2013.

11. Actual outcomes achieved with CERF funds

On average paddy rice yield increased by 900 kg/ha and the average yield of paddy rice reached 5.7 ton/ha in the project areas. Maize yield increased by 700 kg/ha and the average yield of maize reached 4.5 ton/ha. This is in line with the expected outcome of the project

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

No discrepancy

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a or 2b): **If 'NO' (or if GM score is 1 or 0):**	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
If 'NO', After the closure of the project, with the onsite of winter it was not possible to conduct project evaluation.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	5. CERF grant period:	15 March – 31 December 2013
2. CERF project code:	13-FPA-004	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Safe Motherhood in DPRK		

7.Funding				
	a. Total project budget:	US$1,300,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 800,000	▪ *NGO partners and Red Cross/Crescent:*	US$ N/A
	c. Amount received from CERF:	US$ 199,427	▪ *Government Partners:*	US$ N/A

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	704,560	686,920	The total beneficiaries are 704,560 of which 686,920 are female, including 670,000 women in reproductive ages and approximately 16,920 new-born girls, and 17,640 new-born-boys. In the project proposal, all the new-borns were erroneously added to the numbers of females. For the calculation of sex ratio of newborns, we used 2008 census data.
b. Male	n/a	17,640	
c. Total individuals (female + male):	704,560	704,560	
d. Of total, children under age 5	34,560	34,560	

9. Original project objective from approved CERF proposal

- Improve availability and quality of maternal health care in rural areas through provision of essential maternal and newborn equipment (delivery bed, oxygen concentrator, baby warmer, etc) and basic emergency obstetric kits with renewable and supplies, and training of ObGyn doctors and midwives;
- Reduce maternal mortality through better management of pregnancy complications and delivery using supplies and equipment;

10. Original expected outcomes from approved CERF proposal

- Number of maternal death is reduced by one fourth of 2012 level by end of 2013 and by one third by end of 2014 in the project areas.
- Number of obstetric referral cases from the county hospitals to the provincial hospitals reduced in the project areas.
- Knowledge of services providers in the project areas on provision of basic emergency obstetric care is enhanced by 30 percent when compared results of pre- and post- training assessments.
- 20 Rural health facilities (county hospitals) equipped with basic 6 types of essential maternal and newborn equipment and provide the essential maternal care according to the national standards.

11. Actual outcomes achieved with CERF funds

- As per the official statistics of the monitored counties, the number of maternal deaths recorded in the intervention areas have come down since inception of the project. The official statistics by the Ministry of Public Health (MoPH) is yet to be released

and is expected in May 2014. However, initial count of maternal deaths by MoPH in the project areas yields an estimate of around 60 maternal deaths per 100,000 live births. The report is officially expected in May 2014. Nonetheless, assuming that the national estimate was around 85 in 2009 and with the project areas being worse off than others, it is likely that the maternal mortality ratio would have come down.

- Number of obstetric referral cases from county to the provincial hospitals has decreased because of improved management of emergency obstetric cases at the facilities. On an average, 10-12 per cent of all deliveries are complicated with haemorrhage accounting for half of the complications. Before intervention, nearly 1,778 cases were being referred to and have now come down to about 793 cases, as per the administrative information.

- MoPH organized trainings for Ob/Gyn doctors and midwives on the use of basic 6 types of RH equipment and midwifery kits in October 2013. The pre and post training mean scores analysed reveals 53 per cent increase in knowledge of the trainees. The monitoring mission by UNFPA staff undertaken in February 2014 observed that the Ob/Gyn doctors were aware of the use of RH equipment. Most of them have been using the manual equipment and supplies as power-supply seems to be a matter of concern in use of electrical equipment.

- By end of February 2014, all 20 selected county hospitals were provided with 6 types of RH equipment and as per the monitoring of sampled facilities, the manual ones were frequently being used while the electrically powered devices were rarely used due to interrupted power supply.

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

N/A

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

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

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

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL
If 'NO', please explain why the project has not been evaluated

Not applicable but monitoring visits by staff members have been done for physical verification.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	March –December 2013
2. CERF project code:	13-WFP-006	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Food-Nutrition		
4. Project title:	Nutrition Support to Women and Children		

7.Funding				
	a. Total project budget:	US$ 153,167,536	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 57,901994	▪ *NGO partners and Red Cross/Crescent:*	US$ N/A
	c. Amount received from CERF:	US$ 4,200,001	▪ *Government Partners:*	US$ N/A

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	894,000	869,725	WFP's operation always targets more female than males, as it includes assistance to pregnant and musing mothers. WFP had by mistake switched around the figures, in the proposal so it looked as if more males than females as beneficiaries.
b. Male	756,000	728,769	
c. Total individuals (female + male):	1,650,000	1,598,494	
d. Of total, children under age 5	547,000	525,369	

9. Original project objective from approved CERF proposal

- Provide food assistance to 1.65 million targeted beneficiaries between March and June to prevent food shortages from developing into crisis conditions in the targeted areas of the country (i.e. 85 counties/districts);
- Provide the most at risk population groups with regular access to minimum energy and dietary requirements to maintain and/or improve their nutritional status, in particular young children, pregnant and nursing women.

10. Original expected outcomes from approved CERF proposal

Results Hierarchy	**Performance Indicators, target**	**Risks/Assumptions**
Outcome 1: Improved food consumption among beneficiaries (households, women and children)	1. Food Consumption Score (FCS): Percentage of household with poor FCS reduced from 63 per cent to 57 per cent (Baseline: FCS 63 per cent from the CFSAM 2012)	Restrictions to collect accurate field data. Availability and timely distribution of fortified food commodities.

Output 1.1 Food items distributed in sufficient quantity and quality to targeted beneficiaries	1. Number of timely food distributions as per planned distribution schedule	Lack of transport. Availability and timely distribution of food. Low production of LFP products due to lack of inputs.
Output 1.2 Days of food rations distributed to targeted beneficiaries	1. Number of days rations were provided	Availability and timely distribution of food. Low production of LFP products due to lack of inputs.
Outcome 2: Sustain local production capacity for fortified food	1. Maintain current production capacity of fortified food including complementary food and special nutritional products.	Timely distribution of raw material. Lack of inputs (material technical assistance, raw materials).
Output 2.1 Required quantities of fortified food produced	1. Number of factories supported. 2. Quantities of fortified blended food produced per month.	Lack of inputs (raw material and spare parts). Lack of technical assistance.
Output 2.2 People reached through WFP Local Food Production (LFP) facilities	1. Number of people reached through WFP supported local food factories 2. Number of schools assisted 3. Number of kindergartens assisted	Availability and timely distribution of food. Limited access to institutions.

11. Actual outcomes achieved with CERF funds

With CERF funding, it was proposed that a total of MT 5,759 of maize be procured, and associated cost be met for MT 990 sugar for the in-kind contributions from Cuba. The initial planning period was for February – March, but commenced upon the confirmation of grant in March 2013.

The 5,990mt maize had arrived in country end of October 2012 and was thus already available in the local food factories for production of Super Cereals and distribution to children and pregnant and lactating women. The original proposal foresaw the use of 5,759mt, but the amount was increased with 231mt.

Despite information WFP had received from its HQ, the Cuban sugar was not ready for shipment on the assigned day. The WFP Country office in DPR Korea therefore had to change the initial plan of using part of the contribution to transport available sugar to buy sugar on the international market instead. The sugar purchased was 575mt arriving in August instead of the envisaged Cuban sugar contribution of 900mt. The 575mt Sugar was used for the production of Super Cereals and Nutritious biscuits for one month.

Due to general resource shortfall and pipeline breaks threatening WFP's ability to continue provision of humanitarian assistance in DPR Korea, it was decided to stretch commodities as much as possible, reduce number of feeding days, and only provide Super Cereals and nutritious biscuits in the rations (but seek to provide aid to all beneficiaries). WFP had initially planned the distributions of the CERF funded commodities to take place over two months, but with cuts in rations and feeding days, it stretched the available Super Cereals (corn soy milk blend) to 5 months benefiting 1,598,494 children and pregnant and breastfeeding women.

WFP noted that it is not ideal to reduce both the rations and number of feeding days and engaged in several fundraising activities

with limited success to avoid continued pipeline breaks and the subsequent adverse effects on the beneficiaries.

The operation which was supported by CERF fund ended on 30 June 2013. To verify the impact of the operation an impact/ performance assessment took place throughout July 2013. The baseline used from the CFSAM 2012 noted a food consumption score of 63 per cent (poor: 26 per cent + borderline (37 per cent).

As of July 2013, 21 per cent of the interviewed households had poor food consumption scores and 38 per cent borderline food consumptions scores. A significant improvement compared to July 2012, where 25 per cent households had poor food consumption scores and 57 per cent percent of the households displayed borderline food consumption, arriving at 82 per cent.

As the maize purchased from the CERF contribution was stretched into July and for the commodities produced with sugar into September, parts of the CERF contribution was implemented under the operation (PRRO200532) "Nutrition Support to Children and Women" – targeting 1.63million children and women in 87 counties. The operation is identical to the operation 200114 but included access to 2 additional counties and additional beneficiaries. The operation PRRO 200532 is expected to have a mid-term impact evaluation in 2014.

The Crop and food security assessment taking place from 27 September-11 October, 2013 the household food security consumption scores showed 33.8 per cent poor and 50.6 per cent borderline. – arriving at 84 per cent.

The CERF contributions have enabled WFP to sustain local production capacity for fortified food (super cereal and biscuits). However, achievement of improved food consumption among beneficiaries (households and child institutions) was related to constant limitations in resources, whereby distributions of nutritional aid were limited to Super Cereals for a prolonged time. CERF contributions have allowed prolonged and sustained efforts in assisting the vulnerable population with lifesaving and nutritional interventions.

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

See above. In 2013 WFP faced significant fund shortages leading to pipeline breaks and rations cuts among beneficiaries. The shortages of funds lead to a stretching of the food and only providing Super Cereals.

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

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

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

Yes – In July 2013, an impact assessment of the operations was taking place. The assessment noted that WFP had reached the intended beneficiaries, but with less nutritional aid, the overall nutritional impact that WFP sought to achieve was therefore only partially achieved. It is to note that support received from CERF to this operation is quite high (around 25 per cent. The timeliness of the CERF contributions has played a key role in sustaining the provision of the essential Super Cereals. The CFSAM which was released a few months later has confirmed the overall programmatic and implementation approach of WFP, by reaching the children through institutions. 85 per cent of children in nurseries have poor diet diversity – which is posing a threat to their lives and their future wellbeing. The CFSAM noted interestingly that changes vis a vis markets seems to have contributed to improved maternal nutritional levels. WFP is slowly approaching the Government to be able to perform a more in-depth analysis of the formal and informal markets and their "apparent" increasing role in improving adult nutrition.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	[Start date – End date]
2. CERF project code:	13-WHO-006	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health and Nutrition		☒ Concluded
4. Project title:	Strengthening lifesaving health care, sanitation and nutrition services for improving survival of vulnerable population of DPR Korea		

7.Funding				
	a. Total project budget:	US$17 mill	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 5,7 mill	▪ *NGO partners and Red Cross/Crescent:*	US$ N/A
	c. Amount received from CERF:	US$ 950,002	▪ *Government Partners:*	US$ 9,600

Results

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,195,019	1,195,019	There was no discrepancy in planned target population and reach beneficiaries as 10 provincial maternity hospitals and 10 provincial paediatric hospitals are providing health services for all women and children of catchment population of provinces. The planned number of target groups were provided by MoPH Health Report 2011
b. Male	855,019	855,019	
c. Total individuals (female + male):	2,050,038	2,050,038	
d. Of total, children under age 5	1,710,038	1,710,038[3]	

9. Original project objective from approved CERF proposal

To prevent avoidable death from life threatening conditions in most vulnerable boys, girls, men and women through improved access to and quality hospital care, including:

- Improve access to basic health care services by provision of essential drugs and consumables for operating theatres, Intensive Care Units (ICU) and delivery rooms of provincial and county hospitals.
- Reduce risk of hospital fatality from infection through improved quality of drinking water, sanitation and hygiene facilities for patients in hospitals
- Enhance child survival among premature and LBW new-borns through supply and distribution of infant resuscitation kits and oxygen concentrators

10. Original expected outcomes from approved CERF proposal

By the end of project all supported hospitals will have upgraded service delivery through improved facilities and enhanced professional skills of service providers. Mortality from common life-threatening conditions and obstetric complications will decrease. At the end of the project the following indicators will be monitored:

- 20 provincial and 125 county hospitals will be upgraded.
- 75 medical staff improves their knowledge and skills in life-saving interventions.
- Number of post-operative complications will be decreased by 25 per cent.
- Number of new-borns with LBW and prenatal complications survived in 125 county hospitals will increase in comparison to

[3] Reached number of target groupd is the same as the data was provided from national health statistic database

2012.

- Number of women treated from near-miss conditions will increase.

11. Actual outcomes achieved with CERF funds

At the end of December 2013 all supported hospitals upgraded service delivery through improved facilities and enhanced professional skills of service providers. Mortality from common life-threatening conditions and obstetric complications decreased. Following indicators were monitored in close collaboration with MoPH:

- 20 provincial and 125 county hospitals upgraded their life-saving and sanitation facilities through provision of essential equipment, medicines and life-saving consumables, such as anaesthetic, surgical and blood transfusion kits
- 80 health professionals improved their clinical skills through hands-on training on life-saving interventions in maternal and neonatal emergencies.
- Number of post-operative complications decreased by 75 per cent.
- Number of survived new-borns with LBW and prenatal complications survived target hospitals increased by 33 per cent in comparison to 2012.
- Number of women survived from near-miss conditions increased by 25 per cent.

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

Fill in

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

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

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

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL
If 'NO', please explain why the project has not been evaluated

The project was not evaluated by OCHA or any other agency as duration of the project was less than 12 months. WHO in close collaboration with MoPH is planning to conduct impact evaluation of CERF supported projects implemented throughout 2009-2014. Preparatory work has been initiated. Actual evaluation will take place in June-November 2014.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-WHO-006	Health	WHO	Ministry of Public Health	GOV	$9,600	10-Jul-13	10-Jul-13	Funds provided for training of health care providers on life-saving interventions

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACI	Acute Respiratory Infection
CERF	Central Emergeny Response Fund
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition
DPRK	Democratic People's Republic of Korea
EMOP	Emergency Operation
FAO	Food and Agriculture Organization of the United Nations
FCS	Fopod Consumption Score
GFS	Gravity fed system
ICU	Intensive care unit
IFRC	International Federation of Red Cross and Red Crescent Societies
IMR	Infant Mortality Rate
LBW	Low Birth Weight
LFP	Local Food Production
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoA	Ministry of Agriculture
MoCM	Ministry of City Management
MoPH	Ministry of Public Health
ObGyn	Obstetrics and gynaecology
NCC	National Coordinating Committee
NGO	Non-Governmental Organisation
NMR	Neonatal Mortality Rate
OCHA	Office for the Coordination of Humanitarian Affairs
OFD	Overview Funding Document
PDS	Public Distribution System
PRRO	Protracted Relief and Recover Operation
RC	Resident Coordinator
RH	Reproductive Health
ROK	Republic of Korea
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
U5	Under Five
UFE	Underfunded Emergencies
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
WFP	World Food Programme