



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
RAPID RESPONSE
FLOOD/HURRICANES**

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 Thursday 12th June 2014 and was attended by:

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

Ulrika Rehnström - International Programme Coordinator, United Nations Population Fund (UNFPA)

Dr. Kamrul Islam – Chief, Health Programme, United Nations Children's Fund (UNICEF)

Dr. Mohamad Younus – Health Specialist, UNICEF

Nada Islepho – Pipeline Officer, World Food Programme (WFP)

Dr. Nazira Artykova – Technical Office, Maternal and Child Health MCH, World Health Organization (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 report has been shared with the sector leads from each agency who were involved in the writing of the report. The report will be shared with the National Coordinating Committee (NCC) of the Democratic People's Republic of Korea (DPRK) Government.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 5,816,305		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,102,708
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	276,400
	TOTAL	2,379,108

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 30-Aug-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-108	Water and sanitation	627,400
UNFPA	13-RR-FPA-037	Health	130,803
WFP	13-RR-WFP-050	Food	422,156
WHO	13-RR-WHO-057	Multi-sector	922,349
TOTAL			2,102,708

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,080,308
Funds forwarded to NGOs for implementation	N/A
Funds forwarded to government partners	20,400
TOTAL	2,102,708

HUMANITARIAN NEEDS

Between 12 and 22 July 2013, DPR Korea faced torrential rain which caused flash flooding. In total, 41 counties in seven provinces (South and North Pyongan, Chagang, North Hwanghae, Kangwon, South Hamgyong and Ryanggang) were reportedly affected by the damage to private homes, agricultural fields and infrastructure (bridges, dams, public buildings, etc.). In all the flood affected counties, the livelihoods and economic well-being of the people was affected. Some lives were lost (Sit Rep# 1 reported 8 to 24 deaths as of 25 July 2013) to the flood. The flood also led to a loss of food rations and outbreaks of diarrhoeal diseases, which posed immediate threat to life.

A request to the UN Country Team to join the emergency response was officially made by the Government on 23 July 2013. According to initial official data collected and shared by the Government with the Resident Coordinator a.i. on 23 July, a total of 23,440 households had their houses submerged or completely or partially destroyed, resulting in 45,948 people being made homeless and 24 reported deaths. The Government also reported a large degree of infrastructure damage affecting roads and bridges, as well as 10,013 hectares of arable land. Revised data released by the Government on 1 August 2013 identified another 1,234 residential homes that had been affected, giving a revised total of 48,688 people who were considered homeless. A total of seven water supply sources in four counties (in three provinces) were damaged, affecting around 38 km of water pipes. A total of 11,567 hectares of cultivated land were affected, with crops (mainly rice and maize) either submerged or washed away. A total of 15 public health buildings in three counties were reported to have been affected, which, according to the Ministry of Health, left approximately 788,000 people without access to proper primary and secondary health care.

There is no information available about how much preliminary assistance the government provided to flood affected regions before it approached the UNCT, but it was observed by WFP that affected families reported receiving building materials, kitchen utensils and clothes from the local government and food and shelter from friends and relatives immediately after they were hit by the floods. Apart from shelter, which was mostly addressed by the International Federation of Red Cross and Red Crescent Societies (IFRC), the most urgent needs and key priorities were identified in the areas of health, water & sanitation, and food security. The funding gap for the response to the consequences of the flooding stood at US\$ 4.1 million at the time of the CERF application. At the onset of the disaster, immediate emergency response included the provision of food, non-food items (NFIs) and the implementation of health and WASH interventions. These were mobilised through the use of internal agency funds and pre-positioned stocks that were already available in-country. CERF funding was required in order for UN agencies to replenish their emergency stocks in case additional flooding occurred (the period of August to mid-September is the peak of the rainy season in DPRK, where the risk of floods is highest). It was also equally important at the time to sustain the ongoing response, targeting the most affected counties to avoid a relapse in the humanitarian situation. In the context of DPRK, vulnerability is a structural problem and flooding makes it even harder for the chronic poor in particular to retain a minimum level of resilience. The risk of relapse in the affected population's living conditions and well-being under these circumstances was high. Safety-net and contingency programmes to cope with such sudden onset disasters do not exist in the country, and even a partial disruption of the normal food supply has serious consequences. Areas of special concern included inadequate nutritional intakes and the increase of diarrhoea and new epidemics, especially among women and children under five. The second phase of the emergency response was expected to continue for approximately one month.

II. FOCUS AREAS AND PRIORITIZATION

The Government provided official data as to the number of affected counties and households, and the type of damage they sustained. It was evident that there was physical damage to the water supply systems and standing crops in the field in those counties visited by resident UN Agencies, Swiss Development Cooperation (SDC) and IFRC.. However, it was not possible for the UN agencies and their partners to independently verify the figures provided on the extent and scope of these damages, nor was it possible to verify the number of injuries, casualties and homeless people. It was also not possible to obtain sex and age disaggregated data from the Government, so the needs of women and children could not be considered to the extent desirable during the overall humanitarian response planning. However, specific data collected during the sector based assessment trips in health and WASH was used as much as possible to disaggregate the data according to response requirements.

Due to break downs in water supply systems and an increase of population concentration in certain places as a result of the destruction of a large number of private homes, access to clean water and health care remained as a high priority to avoid epidemics and increased cases of diarrhoea, especially among children under five. Whilst it took several months to restore and repair the damaged water supply systems, local populations relied on alternative water sources, such as springs, rivers and dug wells and risked exposure to contaminated water. In the Tanchon County in Kangwon province, four out of six pumping stations (each of capacity 72 cu. meters per hour) were damaged. In the Pakchon County in North Pyongan province, three out of five pumping stations were submerged, depriving Anju City of a supply of 360 cu. meters per hour. Inundation, and in some cases total collapse of household latrines caused faecal contamination of the environment, posing challenges to safe storage of drinking water. An increase in the incidence of diarrhoea cases was reported by health workers in affected areas, which posed the threat to exacerbate nutrition outcomes of vulnerable children, especially those suffering undernutrition. Reports indicated localized damage to water supply systems as rising waters and heavy rains damaged pumps, and caused additional strain on already stressed and deteriorating supply systems. People were forced to reside temporarily with host families, and so hygiene and sanitation became an issue due to overcrowding. Water supply was extremely limited and quality of drinking water was a major area of concern. Given the fact of high humidity and general low level of sanitation in all

buildings and living premises, incidences of diarrhoea, respiratory infection and skin diseases could have increased further if a targeted humanitarian response was not initiated immediately.

Although flood damages had been observed in maize and rice fields, it was difficult to quantify the possible yield losses. However, a Rapid Health and Nutrition Assessment (RHNA) conducted by the health cluster on 7 August 2013 identified a huge demand for support to health care and water & sanitation facilities as a response to the emergency health needs of 59,000 internally displaced people, particularly vulnerable women and children in rural areas.

On 26 July 2013, WFP immediately released 457 metric tons of maize in prepositioned emergency food assistance to 38,076 flood affected people. The targeted beneficiaries living in South Pyongan (Anju County), North Pyongan (Unsan, Ryongchon, Jiongnu, Pakchon, and Taechon counties), North Hwanghae (Tosan, Yontan, Yonsan counties) and South Hamgyong (Yonggwang County) received a ration of 400 grams of maize for 30 days. The provided assistance constituted 90 per cent of WFP's available emergency stock; leaving a balance of 43 metric tons of maize should a new sudden emergency occur.

Also it was necessary to provide essential drugs, intra-venous fluid and consumables for wounded people and support to mobile teams for further public health activities, water-purification tablets, hospital supplies and consumables, diagnostic kits, safe delivery kits and logistic support to mobilized rapid response health teams. In many places that were visited, stocks of medicine had been washed away and medical equipment was damaged or malfunctioning as a result of flooded and/or collapsed hospital buildings and clinics. As supplies of stocks were running out, there was an urgent need to procure additional essential drugs and other medicines and equipment.

During the inter-agency mission on 24 July 2013, the education section was included in the rapid assessment. However, while damages to school buildings were observed, these damages have not impacted the education sector and interrupted children's learning. Schools remain closed for summer vacation and hence no loss of school hours. The Education Commission has not reported a concentration of children anywhere.

CERF funds were prioritized for assistance in the health, water & sanitation, and food security sectors in South and North Pyongan, Chagang, North Hwanghae, Kangwon, South Hamgyong and Ryanggang provinces. Whilst all efforts were made to ensure that gaps were identified and addressed through effective coordination with clear identification of roles and responsibilities, gaps in the overall response could not be avoided. Apart from the inability to verify the information and data provided by the Government, only limited access was granted to the affected areas, and literally no information was provided to the humanitarian agencies on what needs had been responded to by the Government. It was therefore difficult to identify all gaps, in particular in those counties where no assessments by the international humanitarian community had been conducted.

III. CERF PROCESS

In response to the impact of the flash flooding, the Government officially met with the UN Resident Coordinator a.i. on 23 July 2013 to discuss possible assistance from the international humanitarian and development community. On 24 July, two inter-agency rapid assessment teams, together with Government representatives, visited Pakchon and Taechon counties in North Pyongan province, which, according to the Government, was the most affected province along with South Pyongan. The rapid assessment teams comprised of in-country personnel from resident UN agencies, SDC and the International Federation IFRC. NGOs were not invited by the Government to participate in the assessment mission. A subsequent assessment by the health & nutrition cluster to collect further details of the needs and impacts were conducted in Podong, Pungyan and Unsan counties in South Pyongan province on 6 August 2013 (health) and 7 August 2013 (nutrition).

The standard operating procedures for emergencies that are in place for the humanitarian agencies / organisations in DPRK were immediately applied after the rapid assessment mission and led to the activation of the Inter-Agency Emergency Coordination Group (IAECG) Chaired by WFP and Save the Children International under the umbrella of the Humanitarian Country Team (HCT). Due to the special coordination arrangements in DPRK, the Government does not participate in the IAECG or HCT meetings and instead its involvement was limited to bilateral meetings with the Resident Coordinator a.i. on the overall response and decisions, while the UN agencies coordinated closely with their respective counterparts in the line ministries. Every resident and non-resident agency is assigned a dedicated Government counterpart in DPRK; for IFRC it is the National Red Cross Society, for UN agencies it is the National Coordinating Committee (NCC) and for the NGOs it is the Korean European Cooperation Coordination Agency (KECCA).

The IAECG and UN Country Team (UNCT) recommended that the Resident Coordinator should apply for CERF funds, despite recognising that residing NGOs in DPRK could not implement projects and undertake activities on behalf of the UN according to their

operational conditions. CERF funds were therefore implemented directly by the requesting UN agencies. In the decision-making process, it was also taken into account that the Government had neither bilaterally approached donor representatives in the country for financial assistance and support, nor had it requested an international appeal. Resource mobilisation was therefore largely individual agency-based and thus constrained. Consequently, CERF was the only option for a consolidated mobilisation of resources that could complement the individual efforts of the UN agencies, in a context where the humanitarian programmes continued to struggle with insufficient funds to meet the needs of the people of DPRK.

Taking into account the amount of damage created by the floods and the consequent impact on the health status of the population, the health and WASH cluster were activated by the IAECG. It was not seen as necessary to collect more information on the food security situation, but further assessments in health and nutrition were required in order to obtain more accurate data on the needs and impact in these sectors. These clusters took the strategy to address the immediate needs of the affected people primarily through distribution of emergency food and non-food items that had been pre-positioned in-country which subsequently ensured a sustained humanitarian response in the most critical areas of health and water & sanitation and hygiene (WASH) to avoid a relapse and further deterioration of the situation. UNICEF led the WASH Cluster, WHO led the health & nutrition cluster whilst IFRC took responsibility for the sole provision of shelter assistance to those people who had their private houses destroyed (partially or completely). The health situation in particular was considered of high risk mainly due to limited access to clean water and overcrowded places.

Four UN agencies were part of this consolidated application; UNFPA, UNICEF, WFP and WHO. UNFPA provided essential and life-saving Reproductive Health (RH) services in order to prevent maternal deaths to ensure clean and safe deliveries at the primary health care (ri) and referral (county) level facilities. UNFPA also provided consumables and supplies to restore essential maternal health services in 46 damaged hospitals and clinics. The assistance provided by UNFPA also ensured uninterrupted reproductive health services, including in the area of family planning, and restored maternal health services for basic emergency obstetric care (EmOC) at ri/hospital level in the affected communities.

WFP requested funds from CERF to replenish the used stocks (457 metric tons) that were used in responding to life-saving needs immediately following the flooding.

With the assistance of UNICEF and WHO, the people living in the worst affected counties also had increased access to treatment of life threatening diseases in health facilities at the county and ri (rural) levels. The assistance sought to control life threatening disease outbreaks in flood affected areas. To minimize the health risks as a result of the flood, safe water supply was provided by UNICEF to 200,000 flood affected people (9,976 displaced families in four provinces whose water system was damaged by the flood).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 800,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Water and sanitation	102,000	98,000	200,000
	Health	13,500	1,500	15,000
	Food	21,703	16,373	38,076
	Multi-sector	402,556	388,244	790,800

BENEFICIARY ESTIMATION

For the food sector, the populations and counties selected were based on the UN assessment findings and in coordination with the Government. Out of the ten flood affected counties in four provinces, WFP conducted monitoring visits in eight counties during August 2013.

For the health and WASH sectors, the estimation of the populations reached was based on the cluster assessments in coordination with the government and county officials. Specifically, the estimates were based on the number of households reported by government as affected, the average number of persons per household and estimates given by county officials. It was not possible to directly verify the number of persons in the affected households, but some counties subsequently requested additional support, implying that the estimated number of people in need was lower than the actual number of people in need.

Based on the government data on flood damaged households provided to UN agencies on 23 July and 1 August 2013, UNFPA provided women's hygiene kits to the households whose homes were completely destroyed by the flood. There were a total of 1,125 completely destroyed houses in 10 provinces, where each household received one kit. For the estimation of the beneficiary of emergency RH kits, UNFPA used the number of people from the flood affected households and the standard target population for each kit as per UNFPA procurement catalogue.

In total, it is estimated that when counted separately by sector, 1,043,876 beneficiaries were directly supported by the CERF funding for the emergency in a total of 9 provinces, with most of the assistance directed to North Pyongan, South Pyongan, South Hamgyong, North Hwanghae, South Hwanghae and Kangwon. However, to avoid double counting for counties or provinces targeted by multiple sectors, the highest sectoral planned number was adopted as the overall planned target. Each sector then provided figures for beneficiaries reached broken down into female, male, and children under five. It has been assumed that some beneficiaries would have been assisted by more than one project and therefore for each province, the largest figure was taken as the overall target, in order to avoid overlap. This brings the estimate for the total amount of direct beneficiaries reached to 791,164.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	430,000	403,670
Male	358,000	387,494
Total individuals (Female and male)	788,000	791,164
Of total, children under age 5	60,000	56,900

CERF RESULTS

The CERF support played a critical role in ensuring that the most vulnerable people were supported during the aftermath of this emergency, with the estimated amount of beneficiaries reached exceeding the planned figures. The initial emergency support (food, non-food relief items, medicines, other health items, consumables and water & sanitation needs) provided at the onset of the disaster was mobilised by the IAECG to address immediate needs, mainly through the use of pre-positioned stocks that were already available in-country. However the grant was required and utilised to ensure that the immediate interruptions and instability caused by the heavy rains and floods to the well-being and livelihoods of the people, and access to basic services in the aftermath did not result in a further deterioration of the humanitarian situation.

In July 2013, UNFPA handed over 1,125 hygiene kits to the Ministry of Public Health which dispatched the kits to women in flood damaged areas. The kits were pre-positioned in the central medical warehouse and therefore released in a timely manner. In addition, UNFPA provided 38 pre-positioned emergency reproductive health kits to cover for 6 provinces. CERF funding allowed UNFPA to replenish emergency RH and hygiene kits used for this flood response.

WFP provided 457mt of maize to 38,076 flood affected people in ten counties in four provinces. The ration provided was 400gm/person/day for one month. WFP provided the commodity from the available stock and was later replenished with CERF fund. WFP's operations in 2013 were severely under-funded and so due to the critical shortage of funding WFP prioritized the most vulnerable cross section of the beneficiary groups. To mitigate a pipeline break, WFP during the operation took an internal loan to ensure the procurement of food stocks for the production of super cereals for distributions. The CERF fund of USD 422,156 enabled WFP to provide one month of emergency food rations to 38,076 flood affected people in 10 counties.

The WASH sector ensured that supplies for hand washing, disinfecting contaminated water sources and for point of use treatment of water and safe storage were provided to an estimated population of 200,000 people in the affected areas. Soon after CERF was allocated for the project, UNICEF WASH section ordered off-shore supplies, including 1,200 boxes (12 million tablets) of water purification tablets, 20 tons of calcium hypochlorite for well disinfection, 200 pieces of water filters for schools, health clinics and children's homes, 20,000 pieces of 10 litre foldable plastic jerry cans and locally procured 257,367 soaps and 10,000 pieces of 12 litre buckets to ensure safe water for 200,000 population in affected areas. UNICEF also procured 20 complete sets of inter-agency emergency health kits and 500 essential medicine kits to serve 200,000 flood affected population in the four provinces of South Hamgyong, North Pyongan, South Pyongan and North Hwanghae for the immediate treatment of life threatening diseases and to reduce the incidence of diarrheal diseases among the flood affected population in target areas. In total, 119,712 people received soaps for hand washing, 9,976 families received 14 litre buckets and foldable 10-litre jerry cans for water collection and water storage, 39,904 displaced persons received commodities for water treatment and hand washing. In addition, 200,000 people obtained increased access to treatment of life threatening diseases, with a special focus on 14,220 under five children and 2,940 pregnant women living in flood affected areas and 4,266 under five children affected by diarrhoea were treated with lifesaving essential medicines.

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 led to a fast delivery of assistance and allowed agencies to carry out essential life-saving support which was distributed to the targeted areas quickly. It was acknowledged that the rapid response grant is the main source of funding available for this kind of emergency without which the agencies would not have been able to prepare pre-positioned stocks to cope with the immediate effects of the flooding, nor prevent a major deterioration in the humanitarian situation which could have been caused by the immediate interruptions and instability caused by the heavy rains and floods. Allocation, accessing, disbursement and implementation procedures for CERF are well established, which meant that based on the guidelines and criteria and under the coordination of HCT, prioritization of allocation was determined quickly. It was felt that once the proposals were submitted and cleared, the disbursement of fund to agencies was very prompt.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funding ensured the provision of time critical essential supplies to the target population during the emergency through the use of pre-positioned stocks and on-going support. Maternal health facilities were quickly restored, lifesaving essential medicines for the treatment of diarrhoea and other diseases in the flood affected areas were procured and 457mt of food assistance was released as an immediate measure to respond to the emergency food needs of people mostly affected by the floods. CERF contribution had played a key role in sustaining operations by making the funds available on time to allow agencies to ensure fast procurement of supplies. It also enabled a fast emergency food distribution to the provinces and allowed agencies to replenish the stocks quickly to deal with the continued risk of future flood emergencies.

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

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.).

CERF funding was crucial as the main source of funding for the 2013 emergency flood response. Collectively, it was felt that due to the distinct geo-political situation in the Korean peninsula, there was no improvement of resource mobilization due to the CERF intervention. The continued unstable political and security environment has affected humanitarian community's effort to mobilize resources from other sources even from the most supportive donors. However, the availability of CERF funds has played a significant role in sustaining humanitarian operations in 2013.

A total of US\$276,000 was received from other sources to complement the CERF grant for the flood response. UNFPA allocated US\$50,000 from its regular programme resources specifically for this project in order to conduct training on Minimum Initial Services Package (MISP) to health service providers of the flood affected areas, who received emergency RH kits under CERF funds and conducted monitoring visits. WHO received in kind donation from Norway and Russia for total amount of \$226,400 in addition to CERF funding proposal. The donation included Inter-agency Emergency health kits, including Emergency Reproductive Health kits, tents for temporary hospitals, institution water tanks and trauma kits for county hospitals damaged during the floods. All items were immediately delivered from the regional UN stockpile in Dubai, so were very timely and effective for meeting immediate health needs of flood affected population. Thus the provided in-kind support was added value to the items provided by the CERF project and therefore the CERF proposal was instrumental to getting additional support from other donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Agencies collectively felt that the emergency response was a good example of coordination between resident UN agencies and the IFRC and SDC, along with the members of the IAECG, which included iNGOs. The assessment mission was quickly mobilized in an attempt to identify the immediate needs and verify the information provided by the Government, although the extent to which was achieved was not adequate. The activation of the clusters also helped for good coordination amongst the humanitarian community, an example of which being how some water purification tablets were distributed through the NGO partner Save the Children in South Hamgyong province. Information sharing was well practiced, such as between WASH and health & nutrition cluster members.

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

N/A

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
WFP and UNFPA used pre-positioned stocks to ensure rapid implementation. CERF funds enabled the agencies to quickly replenish the stocks used for this emergency.	Continue this practice.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Non-resident NGO partners can mobilise resources in kind for emergency response provided they are appraised on the gaps still requiring assistance	Ensure information on needs is shared promptly with non-resident partners, with clear indication of the remaining gaps in the various geographic locations concerned.	Cluster leads
Needs assessment should include international NGOs which are active players in humanitarian emergencies.	The HCT under RC to raise this issue with the Government for future need assessment.	RC Office (RCO)
The Government played the lead role in coordination and implementation of the flood response.	The Government should continue leading emergency response like in 2013 flood emergency.	RCO
Access to affected institutions and beneficiaries should be provided to verify data and information.	The HCT under RC to raise this issue with the Government to ensure proper assessment of needs and impact	RCO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01 Aug. 13 – 31 Jan. 14
2. CERF project code:	13-RR-CEF-108	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Responding to Flood emergency in DPRK		
7. Funding	a. Total project budget:	US\$1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 627,400	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 627,400	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	102,000	102,000	
b. Male	98,000	98,000	
c. Total individuals (female + male):	200,000	200,000	
d. Of total, children <u>under age 5</u>	14,220	14,220	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Approximately 200,000 beneficiaries, with a focus on 14,220 under-five children and 2,940 pregnant women, living in flood affected areas have better access to treatment of life threatening diseases in health facilities at the county and ri (rural) levels. Safe water supply will be provided to 200,000 flood affected people living in 4 provinces (9,976 displaced families in different counties and 20,000 people of Pongchon Up whose water system is damaged and sources contaminated by flooded open sewers). 			
10. Original expected outcomes from approved CERF proposal			
Outcomes:			
<ul style="list-style-type: none"> Immediate treatment of life threatening diseases in all primary and secondary health facilities in flood affected areas/counties in four provinces. Reduce the incidence of diarrheal diseases among the flood affected population in target areas. Immediate access to safe drinking water through point-of-use treatment. 			

Indicators:	
<ul style="list-style-type: none"> In 4 provinces, 10,000 families in the flood affected areas receive water and hygiene kits and practice safe water storage. In 4 provinces, 10,000 families in the flood affected areas use water purification tablets to treat their drinking water for a period of three months. In 4 provinces, 100% of contaminated wells are disinfected by the end of October 2013. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> 200,000 people living in flood affected areas, of whom 14,220 were under five children and 2,940 were pregnant women, obtained better access to treatment of life threatening diseases for six months. 4,266 diarrhoeal cases were treated among the flood affected under five children in 10,000 families of four provinces. 200,000 people living in four affected provinces gained access to safe drinking water through point-of-use treatment. 10,000 families in N. Hwanghae, S. Hamgyong, N. Pyongan provinces and in Anju city received water and hygiene kits and practiced safe water storage. 10,000 families received water purification tablets and treated their drinking water. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Not Applicable	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): All affected households, including affected women and men, boys and girls were targeted to receive the water treatment supplies and commodities.	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned as this was a rapid response of short duration. However, UNICEF made spot checks to monitor the distribution of supplies and commodities and corroborated the outcome with stakeholders including the county and regional clinics.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	23 Sept.13 – 22 Mar. 14
2. CERF project code:	13-RR-FPA-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of lifesaving reproductive health services for women in flood affected areas		
7. Funding	a. Total project budget:	US\$ 450,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 180,803	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 130,803	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	12,250	13,500	With the funds from this project (CERF 13-RR-FPA-037), UNFPA has replenished some of the emergency stockpile of the same reproductive health (RH) supplies, namely the RH kits and hygiene kits used for this flood response. The difference is mainly because newborns were not included in the planning. However, the safe delivery kits included support for the newborn.
b. Male	0	1,500	
c. Total individuals (female + male):	12,250	15,000	
d. Of total, children <u>under</u> age 5	0	3,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To provide essential and life-saving RH services in order to prevent maternal deaths, ensuring clean and safe deliveries at primary healthcare (ri) and referral (county) level facilities To restore maternal health services for basic emergency obstetric care at ri/hospital in affected communities 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 46 Ri clinics and county hospitals have received the emergency reproductive health kits and training of health care providers on Minimum Initial Service Package (MISP), including utilisation of the RH kits. 12,250 pregnant women in flood affected areas who have safe deliveries, 7,000 women of reproductive health aged 15-49 in flood affected areas received and used hygiene kits, 46 clinics and hospitals with restored maternal health services, including emergency obstetric care. 			
11. Actual outcomes achieved with CERF funds			
Outcomes based on the actual distribution of prepositioned kits: <ul style="list-style-type: none"> Using its regular resources allocated for this project, UNFPA provided MISP training and training on utilization of emergency RH Kits to health services providers of the 46 health facilities. 13,875 individuals in flooded affected areas received safe RH or neonatal health care 1,125 women of reproductive age (15-49) in flooded affected areas received and used hygiene kits 			

<ul style="list-style-type: none"> By provision of emergency RH Kits, the maternal health services, including emergency obstetric care, were restored in the targeted 46 health facilities in 6 provinces. The kits were designed for clean delivery, clinical delivery assistance, management of delivery complications, vacuum extraction, blood infusion and also included 2 types of referral level kits. <p>In addition, UNFPA has readily available a prepositioned Emergency RH and Hygiene, which would allow us to rapidly respond to the next emergency situations, which regularly occur in the country</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>On 25 July 2013, UNFPA distributed 1,125 women hygiene kits to flood damaged areas for completely destroyed households. These kits were all pre-positioned and released in a timely manner upon the first government request for assistance. In addition, 9 types of Emergency RH Kits to serve women of reproductive age and newborns were distributed in August 2013 to flood damaged areas again from the UNFPA prepositioned stockpile. With the funds from this project (CERF 13-RR-FPA-037) UNFPA has replenished some of the emergency stockpile of the same RH supplies, namely RH kits and Hygiene kits. The difference is mainly because newborns were not included in the planning. However, the safe delivery kits include support for the newborn.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): UNFPA RH and Hygiene kits are for women in reproductive age.</p>	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was carried out due to the nature of the project (Rapid Response). However, field monitoring was conducted.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	26 Jul. 2013 – 25 Jan. 2014
2. CERF project code:	13-RR-WFP-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency food assistance to flood affected people in DPRK		
7. Funding	a. Total project budget:	US\$ 1,412,092	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 422,156	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 422,156	▪ <i>Government Partners:</i>
			US\$ 0
			US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	21,703	21,703	
b. Male	16,373	16,373	
c. Total individuals (female + male):	38,076	38,076	
d. Of total, children <u>under</u> age 5	2,665	2,665	
9. Original project objective from approved CERF proposal			
Provide lifesaving food assistance to 38,076 people mostly affected by the floods.			
10. Original expected outcomes from approved CERF proposal			
	Results Hierarchy	Performance Indicators, target	Risks/Assumptions
	Outcome 1: 12kg ration distributed to 38,076 people as a ration for one month	Decreasing vulnerability and food insecurity in the aftermath of the emergency.	Availability of contingency stock and timely distribution of food.
11. Actual outcomes achieved with CERF funds			
On 26 July 2013, WFP released 457mt of food assistance as an immediate measure to respond to the emergency food needs of people mostly affected by the floods. Each affected person received a 12 kg ration as planned.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): Gender marker code 1 If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The populations and counties selected were based on the UN assessment findings and in coordination with the Government. Out of the ten flood affected counties in four Provinces, WFP conducted monitoring visits in eight counties during August, namely: Tosan, Yontan & Yonsan Counties in North Hwanghae Province; Ryongchon, Jiongnu, Pakchon and Taechon Counties in North Pyongan Province; and Anju County in South Pyongan Province. The missions also gathered information about the damage of the floods. Four out of the eight monitoring visits were conducted in the otherwise non-WFP assisted counties of Yonsan & Yonthan in North Hwanghae Province; and Ryongchon & Taechon in North Pyongan Province.</p> <p>Observations made by WFP staff after visiting the flood affected families in Tosan, Yontan & Yonsan Counties in North Hwanghae Province; Ryongchon, Jiongnu, Pakchon and Taechon Counties in North Pyongan Province; and Anju County in South Pyongan Province stated that families appreciated WFP's timely food assistance. The affected families reported receiving building materials, kitchen utensils and clothes from the local government; food and shelter from friends and relatives immediately after they were hit by the floods; and in North and South Pyongan they also received plastic containers, plastic sheets, water purification tablets, water bags and medicine from UNICEF and the Red Cross. County officials reported increased cases of diarrhoea as people didn't have access to clean drinking water with so many drinking water pumps and pipes destroyed at several places. Reconstruction/repair of the damaged houses was observed as the main task in all the visited counties and families were planning to go back to their own houses before the cold season starts at the end of September.</p> <p>The project was not evaluated given its short duration but regular monitoring took place. After delivery of the food, 80 per cent of the assisted counties in four provinces (North Hwanghae, North Pyongan, South Pyongan and South Hamgyong) were visited in August 2013 to verify food delivery to the flood affected people. In addition people were seen repairing their damaged houses.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	7 Aug. 2013 – 6 Feb. 2014
2. CERF project code:	13-RR-WHO-057	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector		
4. Project title:	Support for immediate health, water and sanitation needs of population in floods affected areas of DPR Korea		
7. Funding	a. Total project budget:	US\$1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,148,749	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 922,349	▪ Government Partners: US\$ 20,400
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	395,000	402,556	The support provided by the project has covered more people than expected. The essential drugs provided under the project were sufficient to treat more cases of diarrhoea and pneumonia, particularly among children under five.
b. Male	393,000	388,244	
c. Total individuals (female + male):	788,000	790,800 ²	
d. Of total, children <u>under</u> age 5	56,000	56,800	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Ensure equitable and timely access to basic emergency health care and services by the affected population. • Provide emergency health and WASH supplies and control of life threatening disease outbreaks in flood affected areas within the project period. 			
10. Original expected outcomes from approved CERF proposal			
<p>Due to the short period for the implementation of CERF RR supported activities, the outcome indicators are set closer to the output level of planning process.</p> <p>By the end of the project:</p> <ul style="list-style-type: none"> • National, 6 provincial and 73 county anti-epidemic stations are equipped to manage safety of drinking water in flood affected locations • 22 hospitals in the targeted six provinces are well equipped with basic health supplies to cope up severe infection and trauma cases. • 22 county hospitals have improved access to basic health care for life saving interventions • 280 doctors and nurses are trained and provided with essential guidelines for early identification and appropriate management of life threatening conditions 			

² Report of the Ministry of Public Health on response to health needs of floods affected population.

- 80 anti-epidemic staff, including 35 laboratory staff are trained and provided with essential equipment and guidelines for early detection of water borne diseases and safety of drinking water
- 788,000 women and men will have increased awareness about life saving skills, hygiene and sanitation in temporary settings
- Emergency care practices including management of life threatening infections improved at targeted health facilities
- 56,000 children under 5 years of age suffering from infection and acute malnutrition receive evidence based management of Diarrhoea and ARI through Integrated Management of Childhood Illness (IMCI) emergency programme intervention
- 10,000 posters for community education published and distributed

11. Actual outcomes achieved with CERF funds

The project covered the immediate health, water, sanitation and hygiene needs of the population in 73 affected counties of six provinces of the country.

Water testing kits were provided to 80 (1 national, 6 provincial and and 73 county level) anti-epidemic stations for management safety of drinking water in flood affected locations for next six months.

22 hospitals damaged due to floods in six provinces upgraded their life-saving capacities through revitalizing normal functions with provided basic health supplies to cope with severe infection and trauma cases. 320 doctors and nurses were trained and provided with essential guidelines for early identification and appropriate management of life threatening conditions.

120 anti-epidemic staff, including 45 laboratory staff were trained and provided with essential equipment and guidelines for early detection of water borne diseases and safety of drinking water.

790,800 women and men have an increased awareness about life saving skills, hygiene and sanitation in temporary settings. WHO supported Ministry of Public Health (MoPH) in establishing 50 mobile health teams for identification of infected people, treatment and public health measures for prevention of epidemic spread of water borne diseases. As a result of joint efforts, emergency care practices including management of life threatening infections improved at targeted health facilities.

56,800 children under five years of age suffering from infection and acute malnutrition received evidence based management of Diarrhoea and ARI through Integrated Management of Childhood Illness (IMCI) emergency programme intervention. 10,000 posters for community education published and distributed.

The entire population in the affected areas (women, men, boys and girls) all appreciated greatly the timely and efficient support which facilitated prevention of an epidemic outbreak of water borne diseases.

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

The support provided by the project has covered more people than expected. The essential drugs provided were sufficient to treat more cases of diarrhoea and pneumonia than planned, particularly among children under five.

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): Although the project covered the immediate health needs of the flood affected population, gender equality was mainstreamed in project design and implementation through equal distribution of goods and medical supplies to women, men, boys and girls. Improved quality of water as well as ungraded condition of health facilities equally benefitted men and women. The treatment of water borne diseases as well as pneumonia among the displaced population, particularly among children was equally provided to boys and girls under five years age. All gender groups equally benefited from the investment in life-saving medical equipment and improved health care services available for a long-term period.

14. M&E: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

Due to the short duration of the rapid response project no evaluation has been considered. EVALUATION PENDING

However WHO in close collaboration with MoPH has undertaken regular monitoring of the arrival and distribution of goods and commodities at the central medical warehouse, treatment provided at temporary settings and hospitals. Furthermore, the testing of the quality of drinking water at national, provincial and county anti-epidemic stations has been monitored.

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-WHO-057	Health	WHO	Ministry of Public Health	Yes	GOV	\$20,400	5-Oct-13	9-Aug-13	Health mobile teams were established by MoPH in agreement with WHO on later payment; the agreement has been signed when funds have become available

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARI	Acute respiratory infections
CERF	Central Emergency Response Fund
DPRK	Democratic People's Republic of Korea
EmOC	Emergency Obstetric Care
HCT	Humanitarian Country Teams
IAECG	Inter-Agency Emergency Coordination Group
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
IMCI	Integrated management of childhood infections
KECCA	Korean European Cooperation Coordination Agency
MCH	Maternal and Child Health
MoH	Minsitry of Health
MoPH	Minsitry of Public Health
mt	Metric Tonnes
NCC	National Coordinating Committee (Of DPRK Government)
NGO	Non-Governmental Organisation
NFIs	Non-food Items
OCHA	Office for the Coordination of Humanitarian Affairs
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RH	Reproductive Health
RHNA	Rapid Health and Nutrition Assessment
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollars
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization