

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
UNDERFUNDED EMERGENCIES
ROUND 1 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Tapan Mishra

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was conducted in Pyongyang on 14 March 2017 with participation of the heads or senior representatives of each of the recipient agencies, chaired by the Resident Coordinator.

- 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 was shared with the UNCT, which includes all participating UN agencies as well as UNDP. NGOs are not implementing partners in DPRK.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 142,000,000 ¹		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,000,692
	COUNTRY-BASED POOL FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	31,084,710 ²
	TOTAL	39,085,402

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15/02/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-UF-FAO-003	Food Aid	784,000
UNFPA	16-UF-FPA-007	Health	700,000
UNICEF	16-UF-CEF-012	Health	995,982
UNICEF	16-UF-CEF-013	Nutrition	1,650,732
WFP	16-UF-WFP-004	Nutrition	2,870,000
WHO	16-UF-WHO-006	Health	999,978
TOTAL			8,000,692

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,000,692
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	n/a
Funds forwarded to government partners	n/a
TOTAL	8,000,692

HUMANITARIAN NEEDS

DPRK continues to face a chronic, yet largely overlooked and greatly underfunded crisis. Food insecurity and undernutrition remain significant challenges, threatening the well-being of millions. Per the 2016 Global Hunger Index (GHI), which measures and tracks

¹ Includes Emergency Response Plan for North Hamgyong flood response, September 2017

² Includes CERF Rapid Response funding (US\$ 6 million) for North Hamgyong flood response

hunger worldwide, DPRK has a score of 28.6, classified as 'serious' and ranks 98th out of 118 countries. Furthermore, 10.5 million people, or 41 per cent of the total population, are undernourished. The causes of undernutrition are related to a lack of food diversity and suboptimal infant and child feeding practices, compounded by insufficient food production due to a lack of modern machinery and agricultural inputs. Deteriorated health and WASH services further exacerbate malnutrition, particularly among women and children, placing them at higher risk of death due to common life-threatening conditions.

Universal and free health care is guaranteed by law for all DPRK citizens, yet Government committed funds are not sufficient to cover basic health needs. The lack of qualified human resources, essential medicines and basic equipment remain major challenges for the provision of the essential health services and the quality of care and services in many health facilities still do not meet international standards. Access to clean water and appropriate sanitation remain similarly inadequate, affecting an estimated 20 per cent of the population³. Additionally, hospitals are facing chronic shortages of sanitation and of drinking clean water increasing the risk of illness and infection. Coupled with high rates of undernutrition, inadequate access to safe drinking clean water and basic sanitation services are key factors contributing to high incidence of respiratory and water borne diseases, with diarrhoea and pneumonia remaining the top killers of under five children.

II. FOCUS AREAS AND PRIORITIZATION

The crisis in DPRK is essentially one of malnutrition and food insecurity exacerbated by inadequate health care, water and sanitation infrastructure. An estimated 81 per cent of households do not consume an adequately diverse diet⁴. Around 18 million people (70 per cent of population) depend on government food rations and are highly vulnerable to shortages in food production. During 2016, monthly PDS rations were reduced from 380 grams/person/day at the beginning of the year to 300 grams/person/day between July and September; the equivalent of just over 50 per cent of the daily calorific requirements for an adult.

Approximately 1.8 million under-five children and pregnant and lactating women need specialized nutritious food designed to prevent and treat undernutrition. Per the latest national nutrition survey, the average chronic malnutrition (stunting) rate among children under-five is 27.9 percent and acute malnutrition (wasting) was four percent. Between 30-50 percent of all under-five child mortality has undernutrition as the underlying cause⁵ and around 25 percent of pregnant and lactating women suffer from undernutrition⁶, predisposing them to complications during pregnancy and child birth, impacting on the health of the child. While no national survey has been conducted since 2012, the expansion of UNICEF's Community Management of Acute Malnutrition (CMAM) programme demonstrates a significant increase in demand for treatment of malnutrition. A Multi-Indicator Cluster Survey (MICS) is under preparation and will provide updated information about a range of issues related to the well-being of the population in DPRK by early 2018.

In the meantime, there is no doubt that maternal and child mortality and morbidity remain the most serious concerns in the DPRK and is primarily driven by undernutrition and a lack of access to basic health services as outlined in the previous section. The infant mortality rate in DPRK is estimated at 13.7/1,000, under-five mortality rate at 16.2/1,000, and maternal mortality rate at 66/100,000 live births; well above the global averages⁷. Over 56 per cent of under-five deaths could have been prevented through adequate nutrition (through therapeutic feeding) and essential medicines, such as oral rehydration solution. Similarly, the main causes of maternal mortality can be averted through provision of appropriate basic health interventions, including critical life-saving medicines at the various levels of the DPRK's extensive health care network. Diarrhoea and pneumonia are the two main causes of death amongst under-five children in DPRK. Diarrhoea is mainly caused by lack of safe drinking water, poor sanitation and hygiene practices, and is also a contributing factor for childhood pneumonia and is linked to malnutrition. The most common cause of maternal mortality in DPRK is post-partum haemorrhage, with women who give birth at home most at risk. Approximately nine per cent of all women still deliver at home (2014

³ Ministry of City Management, Central Bureau of Statistics, UNICEF, Water Assessment Survey 2013-14 & WHO/UNICEF Joint Monitoring Planform 2014

⁴ WFP 2014 mid-term project review; WFP food security and nutrition assessment (October 2015)

⁵ WHO, UNICEF

⁶ National Nutrition Survey, 2012

⁷ Socio-Economic, Demographic and Health Survey 2014

Socio-Economic, Demographic and Health Survey or SDHS), with 67 per cent of maternal deaths occurring amongst women who deliver at home

It was therefore agreed that the overall strategic objective of the CERF funds should be to reduce excess and preventable maternal, neonatal and under-five child mortality and morbidity through critical food security and nutritional interventions, focusing on the most vulnerable women, children and farming families, as well as preventing further deterioration and morbidity of the most vulnerable women and children through basic health interventions.

The specific objectives of the CERF funding were to:

1. Treat and prevent a deterioration of undernutrition of under-five children and pregnant and lactating women through provision of life-saving therapeutic and nutritious food, micronutrient supplementation and therapeutic activities in eight provinces;
2. Provide essential medicines and basic health care services to pregnant and lactating women, health care providers and caregivers to reduce the incidence of maternal and child mortality and morbidity in 11 provinces with a focus on Musan County, Yonsa County, Hoeryong City, and North Hamgyong province
3. Improve the production of soybean through support to farming families (of whom 34 per cent are U5 children and PLW), with agricultural seeds and equipment in eight key cereal production provinces.

III. CERF PROCESS (one page)

The overall humanitarian situation and priority needs for international intervention were discussed and agreed by the Humanitarian Country Team during the preparation of the 2016 Needs and Priorities. The full Needs and Priorities plan lays out needs and response activities in Food Security, Nutrition, Health and WASH to a total of USD 142 million⁸. Given the continuing decline in humanitarian funding over the past several years, UN programming has already been scaled down to the highest priority interventions. Nevertheless, to further prioritize the CERF applications, the UNCT agreed that CERF funding should be used to sustain ongoing projects targeting the most life-threatening needs of the most vulnerable. It was agreed that maternal, neonatal and under-five child mortality and morbidity were the most serious concerns and would be the focus of the CERF submission. As nutrition is the main underlying factor driving maternal and child mortality this became the main issue to address. Complementary critical interventions that mitigate against factors contributing to maternal and child mortality and morbidity, in food security and health, were chosen. The UNCT agreed that Food Security, Nutrition and Health would be prioritized with a focus on under-five children and pregnant and breastfeeding women.

As outlined in the 2017 humanitarian strategy (Needs and Priorities), women and children are the main focus for humanitarian activities. This is based on analysis that in DPRK women (particularly PLW) and children are often the most vulnerable particularly in regards to their health and nutrition and illness or malnutrition during pregnancy or early childhood influence life-long wellbeing. As such many of the CERF activities also focused on these groups, where possible. One of the beneficiary targeting criteria was U5 children and PLW. To inform this pre-existing analysis, during initial discussions with Government, the UNCT requested sex and age disaggregated data, particularly for PLW and U5 children which was partially provided (given access to data is limited in DPRK) which then informed beneficiary targeting. Many of the projects were designed to target these groups either in the types of good provided to ensure that these most vulnerable groups receive the assistance as agencies have limited control of distribution so the project itself has to only be relevant for the targeted beneficiary groups to reduce diversion (e.g.. supplementary foods suitable for PLW and U5 children, medicines available are only for pregnant women, babies or children). Furthermore, any training components of projects specifically targeted certain quotas of women.

Three criteria were applied to establish the optimal geographic focus and targeting: (i) most vulnerable under-five children and pregnant and lactating women; (ii) areas where UN projects would be the most effective and efficient; and (iii) where monitoring could be undertaken. An added criterion was that those projects identified must be possible to implement by end 2016, taking into consideration potential strengthened sanctions and their operational implications, such as through identifying projects that minimize cash expenditure in-country.

⁸ Increased from the original USD 119 m following the North Hamgyong floods in September 2016.

Based on these agreements, UN agencies, in consultation with Government counterparts, proposed activities and associated budgets in line with this focus. The UNCT then had a final meeting with the Government where the proposed sectoral and geographic criteria and activities were discussed. During the discussion, the UNCT reinforced that data and evidence were essential to justify the proposed interventions.

The Government committed to providing further data, including the 2015 crop yields which were based on recent assessments and which confirmed that 2015 production levels fell below the production level of 2014 (5.71 million tons) by 11 per cent⁹. The Government agreed with the UN's prioritization as it contributed to the country's priority of improving people's standard of living. Specifically, they saw food security, nutrition, followed by health and WASH¹⁰ as the most critical sectors for support. Based on this agreement a final UNCT meeting agreed the funding allocation.

The Government of DPRK does not permit UN agencies to work through NGOs as implementing partners. However inter-agency Sector Working Groups (SWGs) on Health, Nutrition, WASH and Food Security and Agriculture are established in the country (which include NGOs) and meet on a regular basis. Each of the CERF proposals were developed in line with the strategies agreed within relevant SWGs and with a view to ensuring maximum complementarity and harmonization among the different interventions and sectors. In this regard, support for food production (FAO) and provision of supplementary and therapeutic food (WFP and UNICEF) during critical life stages, such as early childhood and pregnancy, along with promotion of optimal infant and young child feeding practices (UNICEF), as well as support to critical health services (WHO, UNICEF, UNFPA) are all interlinked requirements to reduce excess mortality and morbidity in a highly vulnerable subset of DPRK's population. There is also complementarity across sectors with nutrition and health working together in almost all provinces supporting interventions that seek to reduce undernutrition as well as provide essential medicines to reduce mortality that is often driven by undernutrition. While agencies' projects have been identified under one sector for the purposes of the CERF proposal many contribute to many other sectoral priorities and objectives.

⁹ GoDPRK Crop Production and Food Security Assessment, 2015

¹⁰ It was agreed by the UNCT that WASH would not be included given the funding envelope

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹¹

Total number of individuals affected by the crisis: 18 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	39,780	119,340	159,120	38,220	114,660	152,880	78,000	234,000	312,000
Health	765,000	130,005	895,005	765,000	18	765,018	1,530,000	130,023	1,660,023
Nutrition	20,000	60,400	80,400	20,000	350	20,350	40,000	60,750	100,750

BENEFICIARY ESTIMATION

In Nutrition, UNICEF and WFP carried out complementary interventions targeting children under five and pregnant and breast-feeding women as well as health care workers associated with the programmes. CERF grant beneficiaries included:

- 20,000 children who received treatment for severe acute malnutrition (SAM);
- 20,000 children who received treatment for moderate acute malnutrition (MAM) with complications;
- 60,000 pregnant and breastfeeding women who received counselling services for the promotion of life-saving optimum infant and young child feeding (IYCF);
- 750 health care providers who received skills training on effective treatment of malnutrition;
- 30,000 pregnant and breastfeeding women who received fortified blended foods
- 82,800 under-five children who received fortified blended foods and biscuits

In Health, UNICEF, WHO, and UNFPA jointly delivered an integrated package of health and nutrition-related services to reduce the risk of mortality and prevent irreversible and long-term effects on children's development. The focus was on the procurement and provision of essential medicines and supplies. In Health, the original beneficiary table reflected the incorrect number of 260,000 PLW, rather than 130,000 PLW as per the project proposal (following a late revision). The correct number is reflected in this table. UNICEF health intervention for children < 18 has been adjusted from 1,700,000 to 1,530,000 as per the project proposal (which was incorrectly reflected in the original chapeau). Beneficiaries included:

- 1,530,000 under-five children in 11 provinces for whom essential medicines and oral rehydration solution (ORS) was made available in case of diarrhoea or pneumonia;
- 130,000 pregnant women for whom essential medicines and health supplies that effectively address avoidable causes of death during childbirth (haemorrhage and eclampsia) had been made available;

¹¹ Table accounts for double counting between agencies and sectors: UNFPA covers all pregnant and lactating women that are targeted by other agencies. FAO and UNICEF cover additional women. UNICEF covers all U5 children targeted by other agencies and FAO targets additional children over the age of five. FAO and UNICEF covers men.

- 120 health care personnel who were trained to administer medicines appropriately;
- 85,000 pregnant and lactating women received ante-natal care, intensive care and surgical interventions (including caesarean sections) with full anaesthetic support for complicated child births, ensuring their survival from preventable deaths;
- 85,000 new-born boys and girls received special focused care with special focus on premature and low-birth weight new-borns minimizing preventable deaths and enhancing child survival;
- 466,000 children (under 5 years of age) with complicated pneumonia, severe acute diarrhoeal episodes and those with acute surgical conditions were timely identified and managed with a comprehensive package of life-saving interventions leading to their recovery and survival;
- 20 provincial hospitals were recipients of CERF support to improve their safe and potable water supply and sanitary conditions to provide a safe environment to reduce hospital-borne infections of women and children during their hospitalization.

In Food Security, FAO had originally targeted households on 80 cooperative farms in eight provinces with seeds, fertilizer and water pumps for the cultivation of soybean. This was increased to 167 farms when it was found that the project managed to procure double the number of pumps originally foreseen within the same budget. Benefitting farms were selected in consultation with the Ministry of Agriculture with priority for the most vulnerable farm households. Selected households were members of work teams responsible for production of soybeans who participated in the planning and implementation of the project. The estimated beneficiary numbers for the 167 farms was estimated at 312,000 people, including:

- 159,120 females (119,340 women and 39,780 children)
- 152,880 males (114,660 women and 38,220 children)

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING¹²

	Children (< 18)	Adults (≥ 18)	Total
Female	824,780	309,745	1,134,525
Male	823,220	115,028	938,248
Total individuals (Female and male)	1,648,000	424,773	2,072,773

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

In Food Security, 4,631 ha of land were brought under soybean cultivation. The average yield of soybean in cooperative farms that received CERF support was 1.813 tonnes/ha which exceeded the average 2015 national yield by 27.8 per cent. Total production of soybean was 8 396 tonnes which translates into availability of 26.9 kg of soybean for each of the beneficiaries (total beneficiaries 312,000). This exceeds per capita nationwide availability of soybean (7.29 kg/year) averaged over 2009-2015 by 19.6 kg/year which is a significant amount in improving nutritional security of vulnerable households. Of the total beneficiaries of 312,000, 159 120 were women

¹² Table accounts for double counting between agency interventions: UNFPA covers all pregnant and lactating women that are targeted by other agencies. FAO and UNICEF cover additional women. UNICEF covers all U5 children targeted by other agencies and FAO targets additional children over the age of five. FAO and UNICEF covers men.

(including 79,560 pregnant and breastfeeding women), 119,340 men, and 39,780 children (including 5,740 under-five underweight children).

In Health, CERF funds ensured WHO could provide continuous provision of basic, life-saving health care delivery in 10 provincial maternity and 10 provincial paediatric hospitals (approximately 551,000 beneficiaries) which resulted in increased survival of vulnerable women and their new-borns during most critical times during pregnancy, child birth and initial days of the lives of new-borns. The interventions supported through CERF spanned the ante-natal, perinatal and post-natal periods and provided benefits to (i) infants such as premature new-borns, low-birth weight new-borns, (ii) children (under five years of age), (iii) pregnant and lactating women. Beneficiaries received timely diagnostic and curative care for life-threatening conditions leading to minimizing deaths. Additionally, UNFPA facilitated the procurement and distribution of two life-saving drugs, Oxytocin and Magnesium Sulphate. These drugs were distributed to 223 hospitals throughout the country, benefitting around 130,000 delivering women and contributed to reducing maternal deaths in the country.

CERF funds further helped UNICEF strengthen and expand community-based integrated management of neonatal and childhood illnesses (IMNCI) through training of the healthcare workers and provision of the household doctor's kits (HHD Kits). The kits contain the basic equipment and essential medicines including oral rehydration solution for treatment of diarrhoea and pneumonia. The CERF funds were utilized for ensuring the availability of essential medicines like antibiotics for the treatment of pneumonia and ORS for the treatment of diarrhoea. Some 5.4 million sachets of ORS procured through CERF support ensured proper case management for 1.7 million U5 children nationwide, while nearly 700,000 children received treatment with essential medicines for pneumonia in 94 counties. To adopt a holistic approach to maximizing the health and nutritional outcomes of the interventions implemented through CERF, WHO and UNICEF deliberately targeted the same beneficiaries.

In nutrition, UNICEF used CERF, with additional resources, to scale up screening and treatment of acute undernutrition. In 2016, UNICEF facilitated two rounds of screening for undernutrition of 1.44 million U5 children using Mid-Upper Arm Circumference (MUAC) (representing about 90% of U5 population) during the bi-annual Child Health Days. The identified SAM children were referred to the nearby operational CMAM service delivery sites in 189 counties and three main cities. The screening was done in nurseries and in the community by household doctors who were responsible to refer all SAM children for treatment and to follow up on weight gain and progress to ensure minimum relapse rate. In 2016, the SAM case recovery rate was more than 80% while the case fatality rate was at 1% and about 19% of the cases relapsed, due to a variety of reasons.

WFP provided specialized foods, rich in nutrients, to 121,847 children under five and pregnant and lactating women (PLW) in 19 counties in 4 provinces. The beneficiary numbers were slightly higher than planned due to the updated list of WFP beneficiaries, which accounted for new registrations in child institutions. A total of 4,831 MT of food commodities including maize (2,208), wheat flour (230), pulses (1,368) and sugar (1,025) were procured using CERF contribution. The procured commodities were used to produce fortified food locally together with other commodities such as dried skim milk, vegetable oil and vitamins and minerals premixes.

CERF's ADDED VALUE (one page)

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

YES PARTIALLY NO

CERF funding facilitated fast and –equally important – continued delivery of life-saving assistance, which would otherwise have had to be interrupted or scaled back, risking setbacks in health and nutrition gains previously achieved. For some agencies, the acknowledgement that CERF has approved a project is sufficient to initiate procurement of essential project supplies even before the CERF funds have been transferred, which additionally helps ensure fast delivery. The confirmation of CERF funding further helped agencies plan. For example, WFP can immediately release existing stocks and start planning for the replenishment, which is vital to the continuing food pipeline.

b) Did CERF funds help respond to time critical needs¹³?

YES PARTIALLY NO

CERF focused on needs that were collectively identified and prioritized by UN agencies in the country. Given that service users need access to life-saving equipment and essential medicines daily, timely provision of them for use at target hospitals was critical. Minimizing the lead time for procurement, shipment and supply to the target hospitals, CERF funds helped respond to this timely critical need. It also addressed the most acute needs in the country at a critical juncture of persistent resource constraints. CERF funding allowed agencies to release existing stocks while guaranteeing replenishment in a timely manner.

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

YES PARTIALLY NO

For UNICEF, CERF funding helped attract additional donors by underlining the urgency of needs, while for FAO and WHO CERF helped trigger additional internal funding. In addition, CERF funding generally triggers additional support from the Government of DPRK who as implementing partners contribute up to 30 per cent of project resources in-kind (logistics, human resources).

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The suggestion of a CERF allocation promotes good coordination to ensure a well-focused and effective overall proposal, with well aligned interventions. It further strengthens coordination with Government, who were consulted throughout the process. Progress and challenges were regularly discussed in Sector Working Groups and other relevant fora. Some joint monitoring was conducted by UNICEF and WFP, as well as by WFP, UNICEF and UNFPA, although joint assessments are difficult to achieve in the DPRK context.

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

CERF is one of the most consistent donors to the humanitarian emergency in DPRK and enables UN agencies to meet the protracted and critical needs in the country and enables the UN to maintain a presence in DPRK. CERF's example of de-politicization of aid, which is a constant challenge in DPRK, has played a critical role in helping agencies continue to highlight the large humanitarian needs. This consistent support displays the UN's commitment to confront and aid humanitarian needs and ensure that the gains of past decades are not lost.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It would be useful to have a better understanding of how CERF coordinates with other emergency funds, e.g. UNICEF emergency revolving fund	Clarify how/whether the CERF coordinates with other emergency funds and how synergies could be maximized	CERF Secretariat
Donors may be wary of giving explicitly earmarked funding for	Make a point of recognizing CERF donors both at local and capital level whenever there is an opportunity	CERF Secretariat + agencies

¹³ 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.).

DPRK, but give generously to the CERF knowing that the CERF in turn funds DPRK.		
CERF grants can encourage internal mechanisms to release additional funding, but do not always lead to more external funding	Agency HQs should be held accountable to develop matching resource mobilization strategies for CERF funded emergencies	CERF Secretariat + agency HQs

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible
Engagement of Line Ministries and Provincial officers in all phases of the project management is important to ensure national ownership and leadership which are critical to the sustainability of the results achieved.	Map out critical stages of project planning, implementation and monitoring and ensure the active engagement of Government partners in each stage.	All agencies
Inter-agency collaboration is critical to leverage resources and maximize results as was demonstrated in the collaboration between UNFPA and UNICEF for storage of cold chain life-saving drugs	Regular meetings for reviews and updates, and joint field monitoring missions.	UNFPA, WHO, UNICEF
Reliable data collection system needs to be in place to measure impact	Support Government to strengthen existing data collection systems	All agencies
Planning process should take into consideration procurement time of supplies needed and plan interventions accordingly	Consult closely with UNFPA global procurement unit at the time of project planning and before submitting purchase requests for medicines, medical equipment, commodities and other relevant kits.	UNFPA
A good practice: WFP conducted an orientation workshop for local officials at both provincial and county levels highlighting the food rations and implementation arrangements.	During monitoring visits to WFP-assisted areas, continue engagement with local implementers to observe food security situation and gather relevant information on crop production, livelihood and food processing activities at county level. In 2017, WFP will pursue the conduct of training for child institution staff to reinforce importance of proper FBF preparations especially for young children. The importance and value of fortified foods will be included in the topic.	WFP
Prioritization strategy was updated to provide guidance for decision-making to adjust food rations and geographic coverage in case of pipeline break.	Continue making efforts in resource mobilization and implement prioritization strategy during pipeline break or resource shortage.	WFP
Bringing essential medical supplies, equipment and medicines in to DPR Korea is laborious, time consuming exercise due to the existing geopolitical conditions	Given the lead time necessary for obtaining approvals through multiple tiers and completion of paperwork, it is necessary to maintain a stockpile (buffer stock) of essential medicines at the national level during the pre-disaster period.	WHO

<p>Though supply of basic life-saving equipment and essential medicines is vital, to ensure delivery of quality health care to pregnant women with complicated pregnancies and deliveries and vulnerable neonates, an ongoing programme is needed to build the technical capacity and technical skills in health care providers.</p>	<p>Establish a mechanism to support an ongoing capacity building programme to train and enhance the essential skills of the health care providers in quality maternal and child health (MCH) care in collaboration with MoPH in 2017.</p>	<p>WHO</p>
<p>Agencies have different approaches to problems generated during implementation of the project. Some agencies have effective solutions to the challenges faced by another agency. Thus, one agency can learn from the experience, strategies of another agency.</p>	<p>A joint review and frequent inter-agency meetings enables updating each other's progress, highlighting challenges, jointly strategizing for effective implementation and overcoming challenges.</p>	<p>All partners</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	09/03/2016 - 31/12/2016		
2. CERF project code:	16-UF-FAO-003		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Support to Increase Soybean production to Reduce Malnutrition in the Vulnerable Population					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 9,260,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$ 1,284,000				
	c. Amount received from CERF:	US\$ 784,000				
<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: ▪ Government Partners: 						
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	19,890	19,110	39,000	39,780	38,220	78,000
Adults (≥ 18)	59,670	57,330	117,000	119,340	114,660	234,000
Total	79,560	76,440	156,000	159,120	152,880	312,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	156,000			312,000		
Total (same as in 8a)	156,000			312,000		

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The total number of beneficiaries was estimated at 156,000. But the project eventually managed to procure 3,040 pumps instead of planned 1,440 units without a change in budget because the actual procurement price per unit pump was lower than the estimated price that helped to increase the number of beneficiary cooperative farms from 80 to 167 and the number of beneficiary farmers from 156,000 to an estimated 312,000.</p>
---	---

CERF Result Framework			
9. Project objective	Increase production and productivity of soybean in eight provinces to improve food availability and nutrition status of vulnerable farming families through provision of seed, fertilizer and portable water pumps.		
10. Outcome statement	Increase in share of women of reproductive age and under-5 children who are regularly consuming soybean-based food products		
11. Outputs			
Output 1	40,000 vulnerable households, including 39,780 pregnant/lactating women and 12 870 under-five children have access to soybean products.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	8 MT of soybean seed planted	About 2,400 ha in 80 farms brought under soybean cultivation	About 4,631 ha in 167 farms brought under soybean cultivation
Indicator 1.2	Soybean yield increased by 95 per cent compared with 2014 national average	2.2 MT/ha	1.813 MT/ha
Indicator 1.3	Number of people who will receive 24-25kg of soybeans each	156,000 (40,000 households) – including 59,670 women, 19,890 girls, 57,330 men, 19,110 boys	312,000 (80,000 households) – including 119,340 women, 39,780 girls, 114,660 men, 38,220 boys
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of 8 MT of soybean seed, 48 MT of chemical (NPK) fertilizers and 1,440 water pumps	FAO	FAO
Activity 3.2	Selection of 80 beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 3.3	Distribution of soybean seed, fertilizer and water pumps to beneficiary cooperative farms	FAO/Ministry of Agriculture	FAO/Ministry of Agriculture
Activity 3.4	Monitoring of project activities	FAO/Ministry of Agriculture/FAO National Committee/FAO consultants	FAO/Ministry of Agriculture/FAO National Committee/FAO consultants
Activity 3.5	Collection of harvest data	FAO, Ministry of Agriculture, and Pyongyang Agri.	FAO, Ministry of Agriculture, and Pyongyang Agri.

		College	College
--	--	---------	---------

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:		
<p>The project was designed to assist 80 cooperative farms in eight provinces of DPRK with 8 tonnes of seed, 48 tonnes of NPK fertilizer and 440 water pumps as inputs for cultivation of soybean. The total number of beneficiaries was estimated at 156,000. But the project eventually managed to procure 3,040 pumps instead of 1,440 units without a change in budget because the actual procurement price per unit pump was lower than the estimated price. This helped increase the number of beneficiary cooperative farms from 80 to 167 and the number of beneficiary farmers from 156,000 to an estimated 312,000.</p>		
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:		
<p>FAO in cooperation with the Ministry of Agriculture (MoA) selected the beneficiary cooperative farms with priority for the most vulnerable farm households in each cooperative farm. The selected households were members of work teams responsible for production of soybean who participated in planning and implementation of the project. Procured inputs were transported from the port to final destinations by the MoA by their own means and monitored by staff of FAO.</p>		
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>	
<p>Project impact evaluation by an independent International Consultant – Field Officer (Monitoring and Evaluation) was carried out during Nov. 02 – Dec. 13, 2017 (30 working days). The relevant key findings are quoted below:</p> <p>Quote:</p> <p>Snapshot of FAO support provided through CERF: Under the project OSRO/DRK/601/CHA 8 tonnes of soybean seed, 48 tonnes of NPK fertilizer and 3,040 units of water pump were provided to 167 cooperative farms in eight provinces of the country which benefitted 80 000 households with a total of 312,000 people. Consumption of soybean and soybean-derived products allows vulnerable households to compensate nutrient deficiency in their diets. Support provided by FAO was critical to increase production.</p> <p>Project Impact and Results: Under the project OSRO/DRK/601/CHA 4,631 ha of land was brought under soybean cultivation. The average yield of soybean in cooperative farms that received CERF support was 1.813 tonnes/ha which exceeded the average 2015 national yield by 27.8 per cent. Total production of soybean was 8,396 tonnes which translates into availability of 26.9 kg of soybean for each of the beneficiaries (total beneficiaries 312,000). This exceeds per capita nationwide availability of soybean (7.29 kg/year) averaged over 2009-2015 by 19.6 kg/year which is a quite significant amount in improving nutritional security of vulnerable households. Of the total beneficiaries of 312,000, 159,120 were women (119,340 adults and 39,780 children) including 79,560 pregnant/lactating women and 25,740 under-five underweight children.</p> <p>Value for money: Total production of soybean on 4,631 ha of land was 8,394 tonnes. The yield of soybean in 2015 averaged over the eight provinces was 1.419 tonnes/ha. If the</p>	EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input type="checkbox"/>

beneficiary farms didn't have access to inputs provided through the project, the harvested yields in these farms, on average, would have been 1.419 tonnes/ha and total production from 4,631 ha land under soybean at $4,631 \times 1.419 = 6,571$ tonnes. Additional production attributable to project support stands at $8,394 - 6,571 = 1,823$ tonnes of soybean which is equivalent to 7,292 tonnes of cereals. This production can be valued at USD 2,661,580 considering the average price of medium quality of rice in Asia in 2015 at USD 365 per tonne. With investment of the budget amount of USD 784,000, the output/input ratio stands at $USD\ 2,661,580 / USD\ 784,000 = 3.40$. This means investment of USD 1.00 excluding the cost of labour and land rent resulted in output worth USD 3.40. In DPRK context, in general, labour and all relevant costs in production of cereal are considered 50 per cent of the gross production. So, the net return stands at $USD\ 3.40 \times 0.5 = USD\ 1.70$. From this analysis, it can be safely concluded that the investment of USD 1.00 in soybean production generated a net return of USD 1.70.

Attachment: Monitoring & Evaluation Report of CERF Projects in 2016

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	08/03/2016 - 31/12/2016		
2. CERF project code:	16-UF-FPA-007		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life-saving maternal health commodities and services for pregnant women					
7. Funding	a. Total funding requirements ¹⁶ :	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁷ :	US\$ 920,000	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 700,000				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	130,036	84	130,120	130,005	18	130,023
Total	130,036	84	130,120	130,005	18	130,023
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	130,120			130,023		
Total (same as in 8a)	130,120			130,023		

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There is a slight discrepancy between beneficiaries planned and reached, because 3 out of 4 planned MISP trainings could not be conducted due to the cash flow issues in the country throughout 2016, and the country programme was in cash conservation mode. Actual cost of procurement of medicines and supplies was however slightly higher than planned and the savings from the three postponed trainings was absorbed there.
--	---

CERF Result Framework			
9. Project objective	To reduce maternal mortality and morbidity at the national level through provision of life-saving drugs for women during pregnancy and delivery.		
10. Outcome statement	Pregnant women have increased access to emergency life-saving reproductive health services		
11. Outputs			
Output 1	Sustained supply of two life-saving drugs for 130,000 pregnant and lactating women in all hospitals in the country		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Proportion of health centres and hospitals equipped with emergency lifesaving reproductive health medicines	100% ¹⁸ (223 hospitals at county, provincial and central levels)	223
Indicator 1.2	Proportion of county hospitals equipped with infection prevention supplies	100%	100%
Indicator 1.3	Number of women accessing life-saving drugs during pregnancy and delivery	130,000 ¹⁹ (130,000 under this project)	130,000
Indicator 1.4	Percentage of maternal deaths from institutional delivery	20%	n/a (Since no maternal death survey was conducted in 2016 this indicator cannot be reported)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure Oxytocin and Magnesium Sulphate	UNFPA	UNFPA
Activity 1.2	Procure infusion sets, disposable syringes and safety boxes	UNFPA	UNFPA
Activity 1.3	Develop a distribution plan for the drugs and supplies	MoPH	MoPH
Activity 1.4	Distribute the drugs and supplies to all hospitals nation-wide	MoPH (no budget required)	MoPH
Output 2	Health facilities and service providers are better equipped to correctly administer life-saving drugs to pregnant women		

¹⁸ Please note that UNFPA has supplied stocks that will run out in the second quarter of 2016, hence the baseline of 100%

¹⁹ As mentioned in indicator 1.1, this is based on the imminent stock-out of the drugs in 2nd quarter of 2016

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Availability of clearly visible posters of guidelines and protocols to follow in the administration of life-saving drugs in all hospitals	12,500	12,700
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Printing of posters with the protocols and guidelines for the administration of Oxytocin and Magnesium Sulphate	UNFPA	UNFPA
Activity 2.2	Distribute posters with algorithms to all hospitals nation-wide	MoPH	MoPH
Output 3	120 health care personnel from key institutions receive training on the Minimum Initial Service Package for Reproductive Health during emergencies		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	National training on MISP is conducted	4 (1 central and 3 regional workshops, with 30 participants each)	1 at central level
Indicator 3.2	Number of personnel from key institutions trained/sensitized on MISP at the national level	120 (70% males, 30% females)	23 (78% males & 22% females)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Organise 1 national training in MISP for 30 participants from MoPH and the State Committee for Disaster and Emergency Management (SCEDM)	UNFPA (support from Regional Office), MoPH, SCEDM	UNFPA
Activity 3.2	Organize 3 regional (North, South and East) orientations in MISP for 30 participants per workshop from MoPH and the State Committee for Disaster and Emergency Management (1 day per session)	MOPH, SCEDM	Not implemented
Output 4	Monitoring and evaluation of project achievements		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of monitoring visits by UNFPA staff	3	5
Indicator 4.2	Number of joint monitoring visits with other UN partners (WHO and UNICEF)	3 (quarterly)	3
Indicator 4.3	Number of joint reviews with WHO, UNICEF and MoPH	3 (quarterly)	4
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Conduct regular monitoring visits to health facilities to monitor the distribution, utilization and storage of the drugs and supplies on the ground	UNFPA	UNFPA
Activity 4.2	Organize joint field monitoring with UNICEF and WHO to ensure efficient and cost effective utilization of CERF resources	UNFPA, UNICEF, WHO	UNFPA, UNICEF & WHO

Activity 4.3	Organize joint review meetings with UNICEF, WHO and MoPH	UNFPA, UNICEF, WHO, MoPH	UNFPA, UNICEF, WHO, MoPH
Activity 4.4	Submit final project report		submitted

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: Sustained supply of two life-saving drugs for 130,000 pregnant and lactating women in all hospitals in the country

The two life-saving drugs, Oxytocin and Magnesium Sulphate were procured and distributed to 223 hospitals throughout the country, through the MoPH logistics management system. These drugs benefited about 130,000 delivering women and contributed to reducing maternal deaths in the country. Since post-partum haemorrhage and pregnancy induced hypertension, including eclampsia are the leading causes of maternal death in DPRK, the ready availability of these two drugs was particularly critical to the prevention of complications related to pregnancy and in reducing maternal morbidities and mortality. Magnesium sulphate is used to treat pre-eclampsia, a dangerous complication in pregnancy that can lead to seizures and sometimes death, if left untreated. Oxytocin is used in deliveries to treat post-partum haemorrhage and control excessive bleeding during or after child birth.

Output 2: Health facilities and service providers are better equipped to correctly administer lifesaving drugs to pregnant women

Through CERF funding, 4,700 posters on the proper use of oxytocin were printed and distributed to hospitals where oxytocin was made available through this project. These posters served as job aids that allowed the health care service providers to quickly access the information they need related to oxytocin to provide the drug in a recommended dosage.

Output 3: 120 health care personnel from key institutions receive training on Minimal Initial Service Package (MISP) for Reproductive Health during emergencies

Through CERF funding, technical support was provided through a 3-day MISP training which was conducted at the central level for 23 participants from various departments including MoPH, Family Planning Department, Statistics Department and Pyongyang Maternity hospitals. Based on feedback received, the 23 participants now have a better understanding of why reproductive health needs of women and girls must be met and addressed during emergencies. Consequently, the aforementioned departments are better placed to respond to such needs. While 4 MISP trainings were planned, due to the closure of the banking channel which compelled the Country Office to operate on cash conservation mode only one of four MISP training was conducted in December 2016. However, the CO will conduct the 3-provincial level MISP trainings in 2017 with other resources.

Output 4: Monitoring & Evaluation of project achievements

The following monitoring activities were conducted:

Five monitoring visits by UNFPA staff to:

- Pyongyang Airport to ensure the drugs procured were not damaged, in good condition and maintained at the recommended cold chain temperature
- Central Medical Warehouse to ensure that the drugs were stored at recommended temperatures, that proper warehousing protocols were followed and the inventory was updated in KLMIS
- South Pyongan, Kangwon and North Hamgyong provinces to monitor the delivery and use of RH drugs.

In addition, three joint monitoring missions were conducted with WHO & UNICEF to North Hamgyong province as part of the flood response. While these monitoring missions were covered by the CERF Rapid Response, the missions provided an opportunity to monitor and ensure that the hospitals in the affected areas had sufficient stocks of the two drugs funded through

the CERF Underfunded Window.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

As per Inter-Agency Standing Committee (IASC) standards, affected populations should be included in programme design, planning, implementation and monitoring, but due to the unique context of DPR Korea where agencies don't have direct interaction with communities, affected populations could not be included during all the processes of the programme.

Relevant government departments including National Coordinating Committee (NCC) and MoPH were involved and informed about every step of the programme planning from design to monitoring.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation is planned for this CERF UF project but the outcomes of the project will be evaluated through UNFPA regular programme activity i.e. "Assessment of Quality of Care of Reproductive Health in Health Facilities in DPR Korea". This exercise will be carried out in 2017 (April to Oct) and through this exercise, the availability and utilization of essential RH life-saving medicines will be accessed along with service providers' knowledge.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	10/03/2016 - 31/12/2016		
2. CERF project code:	16-UF-CEF-012		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reducing morbidity and mortality among children under five through provision of lifesaving essential medicines					
7. Funding	a. Total funding requirements ²⁰ :	US\$ 4,500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ²¹ :	US\$ 1,550,000				
	c. Amount received from CERF:	US\$ 995,982				
Beneficiaries						
8a. Total number (planned and reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	765,000	765,000	1,530,000	765,000	765,000	1,530,000
Adults (≥ 18)						
Total	765,000	765,000	1,530,000	765,000	765,000	1,530,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	1,530,000			1,530,000		
Total (same as in 8a)	1,530,000			1,530,000		

²⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²¹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA
--	----

CERF Result Framework			
9. Project objective	To provide essential medicines and oral rehydration salt in health facilities in 94 selected counties in DPRK for treatment of childhood illness to reduce under-five morbidity and mortality.		
10. Outcome statement	Improved availability of lifesaving and essential medicines and ORS for quality and timely treatment of childhood illnesses.		
11. Outputs			
Output 1	770,000 under 5 children have access to Essential Medicines and 1.5 million under children across the country have access to ORS for timely treatment of childhood diseases.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of total children treated in health facilities for pneumonia	693,000 (90 percent of the 770,000 children) (50% boys and 50% girls)	693,000
Indicator 1.2	Percentage of total under five children treated for diarrhoea with ORS and antibiotics	1,530,000 (90 percent of the 1.7 million children) (50 % boys and 50% girls)	1,530,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 1,424 Essential Medicines Kits (EMK) annexed	UNICEF	UNICEF
Activity 1.2	Procurement of 4.5 mil Oral Rehydration Salt (ORS)	UNICEF	UNICEF
Activity 1.3	Distribution of supplies (ORS and EMK) to intended sites	MoPH and UNICEF	MoPH and UNICEF
Activity 1.4	Supportive supervision and monitoring of activities. .	UNICEF and MoPH	MoPH and UNICEF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNICEF successfully advocated for the implementation of community Integrated Management of New-born and Childhood Illnesses (cIMNCI) to reduce childhood morbidity and mortality, which is mostly due to the aforementioned causes. Pneumonia (with a prevalence of 12 per cent) and diarrhoea (with a prevalence of 6 per cent) remain two major childhood killers of U5 children in the country

During the year, UNICEF strengthened and expanded the community based integrated management of neonatal and childhood illnesses (IMNCI) through capacity building of the healthcare workers and provision of the household doctor's kits. The kits contain the basic equipment and essential medicines including oral rehydration solution for treatment of diarrhoea and pneumonia. The CERF funds were utilized for ensuring the availability of the essential medicines like antibiotics for the treatment of pneumonia and ORS for the treatment of diarrhoea.

The 5.4 million sachets of ORS procured through CERF support ensured proper case management for 1.5 million U5 children nationwide, while nearly 700,000 children received treatment with essential medicines for pneumonia in 94 counties. Due to a decline in funding – especially from the Republic of Korea – the total planned quantities of essential medicines for the overall programme could not be provided. Nevertheless, CERF funding ensured that the targets of the CERF project could be met. More than 95 per cent of children in 94 counties had antibiotics for the treatment of pneumonia, while over 90 per cent of children were treated with ORS for diarrhoea.

The emphasis remained on reducing childhood mortality through preventive and curative services. With the support of CERF and other sources UNICEF developed a pool of master trainers in the first quarter of the year. The subsequent cascade trainings started in the last quarter of 2016, having been delayed due to non-availability of cash in-country to print the training materials. This strategy trained and equipped about 2,000 household doctors and midwives for timely provision of preventive, promotive and curative services at the community level in the first phase.

Through GAVI support, expansion of effective cIMNCI has already been initiated in 25 counties, including capacity-building (development of training materials, essential service package). A quarter of the 210 counties in the country will be implementing the cIMNCI strategy by the end of 2018. U5 mortality is at 23 per 1,000 live births in the country and among them more than 50 per cent deaths occur during neonatal period. Implementation of Every New-born Action Plan and cIMNCI can contribute significantly to reducing these preventable deaths.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF supported IMNCI programme is implemented by the MoPH which is responsible for providing the technical support (guidelines and capacity building) at provincial and counties' levels to the respective People's Committees. All programme records are available in the hospitals and were duly reviewed by the UNICEF technical officers. A comprehensive monitoring checklist is used during the field monitoring to ensure quality performance of the programme. The field monitoring trips' observations are recorded in the trip reports and the recommendations are duly followed up for implementation.

Progress in the implementation of IMNCI remains a discussion point in the agenda of the Health Sector Working group which is chaired by WHO while UNICEF is the co-chair. During the reporting period, UNICEF kept all partners in the group informed about the main development and progress made during implementation of this project and the process of scaling-up/ geographically expanding the programme to reach more than 90% of U5 population in 2016.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

UNICEF Health programme, with the support of the regional office, is in the process of finalizing ToRs for the evaluation of the household doctors' programme supporting the evaluation is planned for the 2nd quarter of 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	WHO: 30/03/2016-31/12/2016		
2. CERF project code:	16-UF-WHO-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life-saving interventions and enhancing support for survival of low birth weight newborns and the most vulnerable women and children					
7. Funding	a. Total project budget:	US\$ 20,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 999,978	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 999,978				
Beneficiaries						
8a. Total number (planned and reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	228,340	-	228,340	228,340	-	228,340
Adults (above 18)	237,660	85,000	322,660	237,660	85,000	322,660
Total	466,000	85,000	551,000	466,000	85,000	551,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	551,000		551,000			
Total (same as in 8a)	551,000		551,000			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancies between planned and reached.					

CERF Result Framework			
9. Project objective	To provide life-saving health interventions for women with complicated pregnancies, their sick newborns and children under five with complicated diseases for preventing avoidable deaths		
10. Outcome statement	Life-saving interventions established in 10 provincial maternity and 10 provincial pediatric hospitals with improved service delivery, water supply and sanitation		
11. Outputs			
Output 1	Prevention of delivery of sick and low-birth weight (LBW) newborns and avoiding maternal and child deaths through diagnosis and treatment of life-threatening conditions in pregnant women at provincial maternity hospitals		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of pregnant women that received a full course of treatment for complicated pregnancies	85,000	85,000
Indicator 1.2	Number of women that received caesarean sections with full anesthetic support	12,750	12,750
Indicator 1.3	Number of newborns that received diagnosis and treatment for neonatal complications	105,000 (53,550 girls and 51,450 boys)	105,000
Indicator 1.4	Number of patients that received blood transfusion with full set of transfusion kits	20,000: pregnant women, boys and girls	20,000
Indicator 1.5	Percentage of new-born with early initiation of breastfeeding	84,000 (80% out of 105,000)	84,000 (80%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of essential drugs, basic equipment and consumables for life-saving interventions	WHO and MoPH	WHO and MoPH
Activity 1.2	Promotion of early initiation of breastfeeding and mother-kangaroo method for premature and low birth weight new-born	WHO and MoPH	WHO and MoPH
Activity 1.3	Supportive supervision and monitoring visits	WHO and MoPH	WHO and MoPH
Activity 1.4	Logistic support for distribution of goods	WHO and MoPH	WHO and MoPH
Output 2	Prevention of death among children under 5 with complicated diarrhea and pneumonia through provision of life-saving health services at provincial pediatric hospitals.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children with complicated diarrhea received full course of treatment	186,400	186400
Indicator 2.2	Number of pregnant and lactating women received full course (6 months) of multi-micronutrient tablets.	186,400	186400
Indicator 2.3	Number of children with surgical conditions received full anesthetic support	93,200	93200
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Provision of essential drugs, basic equipment, anesthetic, diarrhea and pneumonia kits for life-saving interventions	WHO and MoPH	WHO and MoPH
Activity 2.2	Supportive supervision and monitoring visits	WHO and MoPH	WHO and MoPH
Activity 2.3	Logistic support for distribution of goods	WHO and MoPH	WHO and MoPH
Output 3	Improving sanitation, hygiene and safety of drinking water in maternity and pediatric hospitals		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of provincial hospitals with improved water supply	20	20
Indicator 3.2	Number of provincial hospitals with available washing and sanitation items	20	20
Indicator 3.3	Number of patients with improved access to safe drinking water and sanitation	531,000	551,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of water testing kits and purification items for safe drinking water	WHO and MoPH	WHO and MoPH
Activity 3.2	Checking quality of drinking water in hospital wells	WHO and MoPH	WHO and MoPH
Activity 3.3	Supportive supervision and monitoring visits	WHO and MoPH	WHO and MoPH
Activity 3.4	Logistic support to MoPH in transportation and distribution of life-saving drugs and equipment	MoPH and WHO	MoPH, WHO

* provided data have been received from multiple sources and yet to be confirmed by the MOPH

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The WHO focus was to address the acute needs of the most vulnerable groups. i.e. neonates, infants, children and women of reproductive age. WHO prioritized the most critical needs to save lives of sick individuals from the identified most vulnerable groups and they included (1) provision of life saving health equipment, (2) provision of life saving essential medicines, (3) capacity enhancement of the Primary Health care (PHC) staff and (4) dissemination of guidelines and standard. To fulfil these needs, the support through CERF focused on (1) procurement, (b) supply and logistics, (C) Training and (d) information sharing.

The WHO component funded through the CERF focused on life-saving needs of pregnant women and children (under five years of age). WHO's services mainly catered to the acute needs of patients, admitted to specialized provincial paediatric and maternity hospitals with severe complications and life-threatening conditions. These hospitals which were referral hospitals for patients with all complicated conditions were elected as they did not receive financial or technical support UNICEF and UNFPA. Using CERF funds, WHO ensured availability of essential drugs, essential hospital consumables and life-saving equipment at intensive care units and delivery rooms in these hospitals. The target population benefited from this approach of integrated health interventions. In addition to providing essential drugs, essential hospital consumables and life- saving basic equipment, health staff at intensive care units of these specialized paediatric and maternity hospitals were rigorously trained on key lifesaving interventions that could potentially target low birth weight new-borns, vulnerable children and their mothers. Thus, the most vulnerable new-borns received much needed critical support for their acute health needs at the initial stage of their lives.

Targeting reduction of the maternal morbidity and mortality, WHO procured essential drugs to treat pregnancy related complications, such as haemorrhages, hypertension and anaemia for an estimated 85,000 pregnant women in the targeted 10 provincial maternity hospitals. Interventions targeted at anaemia had an indirect impact on the survival of infants leading to reduction of intra-uterine growth retardation (IUGR), premature deliveries and low-birth weight new-borns. The foetal heart monitors, ultrasonic monitors, heart defibrillators with batteries (to ensure functionality even during failures in power supply) were procured for intensive care units to save lives of children and neonates.

CERF were also used to strengthen anaesthetic support that included basic lifesaving anaesthetic kits, aesthetic units and blood

<p>transfusion kits to perform surgical interventions for surgical conditions of children and pregnant women such as caesarean sections.</p> <p>The fund earmarked for WHO under CERF ensured continuous provision of basic, lifesaving health care delivery in 10 provincial maternity and 10 provincial paediatric hospitals. This continuity in service was maintained through ensuring availability of essential life-saving equipment, availability of basic, essential medicines. It resulted in increased survival of vulnerable women and their new-borns during most critical times during pregnancy, child birth and initial days of the lives of new-borns. The interventions supported through CERF spanned the ante-natal, perinatal and post-natal periods and provided benefits to (1) infants such as premature new born, low-birth weight new-born, (2) children (under-five years of age), (3) pregnant and lactating women. They received timely diagnostic and curative care for life-threatening conditions leading to minimizing deaths. To adopt a holistic approach to maximizing the health and nutritional outcomes of the interventions implanted through CERF, these beneficiaries were the same that were subject to the UNICEF interventions. What is noteworthy to highlight is that the access to basic life-saving equipment and essential drugs were sustained at these 10 provincial hospitals to date beyond the project period.</p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>Regular joint monitoring visits were implemented by WHO and MoPH for supervision and monitoring of the activities. Distribution of the essential equipment, drugs and other supplies were monitored at the national and provincial medical warehouses and in the targeted facilities as well.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>As the funding for the WHO component was small, a separate post-implementation evaluation was not designed. The process and output evaluation was conducted as an in-built component of the project monitoring. When CERF II and III were planned, the findings of this evaluation were used</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	08/03/2016 - 31/12/2016		
2. CERF project code:	16-UF-CEF-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Community management of acute malnutrition (CMAM)					
7. Funding	a. Total funding requirements ²² :	US\$ 9,650,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²³ :	US\$ 2,614,280.00	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 1,650,732	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	20,000	20,000	40,000	20,000	20,000	40,000
<i>Adults (≥ 18)</i>	60,400	350	60,750	60,400	350	60,750
Total	80,400	20,350	100,750	80,400	20,350	100,750
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	100,750			100,750		
Total (same as in 8a)	100,750			100,750		
<i>In case of significant discrepancy</i>						

²² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²³ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
---	--

CERF Result Framework			
9. Project objective	To contribute to the UN collective efforts to reduce excess morbidity and mortality among under-five children by sustaining life-saving CMAM treatment services and scaling-up IYCF counselling services for PLW to promote optimum infant feeding practices to prevent undernutrition among 0-23 months old children.		
10. Outcome statement	Quality CMAM services and IYCF counselling sessions will be delivered in 126 counties in eight provinces in DPRK		
11. Outputs			
Output 1	20,000 SAM children with and without medical complications and 20,000 MAM children with medical complications treated in the 126 county CMAM service delivery sites in eight provinces.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of SAM with and without complications treated.	20,000 (10,000 boys and 10,000 girls)	20,000 (10,000 boys and 10,000 girls)
Indicator 1.2	No. of MAM with medical complications treated.	20,000 (10,000 boys and 10,000 girls)	20,000 (10,000 boys and 10,000 girls)
Indicator 1.3	No. of monitoring and technical assistance support field visits to the CMAM sites	80 visits (40 day-trips and 40 overnight trips to remote counties)	56 counties' hospitals (some counties visited twice) visited over the reporting period by the nutrition specialist and nutrition programme technical officers.
Indicator 1.4	Recovery rate above 75 per cent	92%	98%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of CMAM supplies- therapeutic milk and RUTF and related CMAM medicines	UNICEF	UNICEF
Activity 1.2	Transportation of the CMAM supplies to all service delivery sites in the targeted 126 counties in eight provinces	UNICEF	UNICEF
Activity 1.3	Monitoring delivery of the supplies and ensuring appropriate use	UNICEF, MOPH and ICN	UNICEF, MoPH and ICN
Output 2	IYCF counselling services are operational in all CMAM counties' hospitals in 126 counties in eight provinces.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of men and women health workers trained on IYCF	750 (400 women)	600 doctors/

	counselling services	and 350 men)	paediatricians (360 women and 240 men)
Indicator 2.2	No. of PLW received key messages on promotion of optimum IYCF practices	60,000	More than 60,000
Indicator 2.3	Number of health workers providing CMAM services benefiting from supportive supervision and on-the-job training (at least five health workers per CMAM and maternity facilities)	400	448
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Supportive supervision and capacity development of health workers and service providers in all the targeted 126 CMAM counties hospitals through on-the-job training and monitoring field visits.	UNICEF, MoPH and ICN	UNICEF, MoPH and ICN
Activity 2.2	Delivering IYCF counselling sessions to PLW in the maternities in the targeted provinces	MoPH and ICN, AMS	MoPH, ICN and AMS

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In 2016, UNICEF scaled up and expanded the access and utilization of screening and treatment services of acute undernutrition to reach to about 90% of U5 children in DPRK (up from 16% in 2015). Because of this expansion, UNICEF used CERF-UFE and other emergency resources in addition to thematic non-humanitarian funds to treat more than 56,000 SAM children with and without medical complications and more than 110,000 moderately acutely malnourished (MAM) children with medical complications. Mothers of under-two-years' old severely acutely malnourished (SAM) and MAM children with medical complications received key infant and young child feeding (IYCF) messages during the rehabilitation and treatment phases of their children in the community management of acute malnutrition (CMAM) programme.

In 2016, UNICEF facilitated two rounds of screening for undernutrition of 1.44 million U5 children using Mid-Upper Arm Circumference (MUAC) (representing about 90% of U5 population) during the bi-annual Child Health Days. The identified SAM children were referred to the nearby operational CMAM service delivery sites in 189 counties and three main cities. The screening was done in the nurseries and in the community by the household doctors who are responsible to refer all SAM children for treatment and will be responsible to follow up on weight gain and progress to ensure minimum relapse rate. In 2016, the SAM case recovery rate was more than 80% while the case fatality rate was at 1% and about 19% of the cases relapsed because of a variety of reasons.

In August 2016, UNICEF used other emergency resources to facilitate regional workshop for 30 doctors on Nutrition in Emergencies. UNICEF also used other emergency resources including CERF-RR to establish an additional 108 CMAM service delivery sites in six counties in North Hamgyong Province affected by floods. In the last quarter of 2016, the CMAM programme treated more than 6,000 SAM children and provided vitamin A supplement to 44,706 children aged under 5 and two months supplies of multi-micronutrient powder (sprinkles) to 14,216 children aged 6–23 months for home fortification of complementary food and three months supplies of multi-micronutrient tablets to 9,025 pregnant and lactating women who received key messages on optimum infant and young child feeding practices.

In 2016, UNICEF facilitated nine workshops on IYCF and CMAM: three in Pyongyang for district general hospitals; two in Kaesong for provincial and district hospitals; plus, one in Nampo and three in the northern provinces for the first time since 2008. In total about 600 doctors/ paediatricians were trained on CMAM and IYCF services among them 420 paediatricians from four northern provinces (N. and S. Hamgyong, Ryangang and Jagang). The paediatricians received clinical skills on management of wasted children with and without medical complications and learned counselling skills to support breastfeeding women on proper positioning; treatment of breast conditions; and in promoting selected IYCF practices.

During the reporting period, the nutrition team visited 56 county hospitals (CMAM service delivery sites) to provide technical assistance, supportive supervision and end-user monitoring of the distributed emergency nutrition supplies in addition to provision of hands-on guidance on anthropometric measurement and follow-up on treatment of wasted children to ensure efficient utilization of programme resources. The nutrition team undertook two joint field visits with WFP to four CMAM service delivery sites in N. Hwanghae province.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The UNICEF supported nutrition programme is implemented by the Ministry of Public Health (MoPH) in collaboration with the Institute of Child Nutrition (ICN) under the Academy of Medical Sciences (AMS). The CMAM programme at provincial and county levels is directly implemented by the respective People's Committees; the health department in the People's Committees is receiving technical assistance from MoPH at central level in Pyongyang. All programme records are kept in the hospitals and in the People's Committees' offices and were subjected to programme review by UNICEF technical officers. During the reporting period, UNICEF technical officers used comprehensive field monitoring check-lists to document and quality control the programme. Detailed trip reports and check-lists are available for review by the CERF Secretariat at any time. The UNICEF nutrition specialist provided an end of assignment report in which she highlighted that the CMAM quality performance indicators were fulfilled up to in 80% of the visited 27CMAM service delivery places/ counties hospitals (80% of the 27 visited CMAM facilities scored between very good and good while 20% of the visited scored between good and acceptable on all the CMAM performance quality indicators).

UNICEF chairs the Nutrition Sector Working Group and WFP is co-chair. During the reporting period, UNICEF kept all partners in the group informed about the main developments and progress made during implementation of this project and the process of scaling up/ geographically expanding the programme to reach 90% of U5 population in 2016 (up from 16% in 2015).

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The UNICEF nutrition programme has developed comprehensive Terms of Reference to evaluate the CMAM programme and discussions are ongoing with Action Against Hunger to recruit an international consultant before the end of April 2017. Field work and data collection will be carried out in May-June and the final report will be ready before the end of Dec. 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	02/03/2016 - 31/12/2016		
2. CERF project code:	16-UF-WFP-004		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Nutrition support to children and women in DPRK					
7. Funding	a. Total funding requirements ²⁴ :	US\$ 51,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁵ :	US\$ 24,680,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 2,870,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	40,572	42,228	82,800	45,865	44,067	89,932
Adults (≥ 18)	30,000		30,000	31,915		31,915
Total	70,572	42,228	112,800	77,780	44,067	121,847
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	112,800			121,847		
Total (same as in 8a)	112,800			121,847		

²⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁵ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The beneficiary numbers were slightly higher than planned due to the updated list of WFP beneficiaries, which accounted for new registrations in child institutions.
--	--

CERF Result Framework			
9. Project objective	Prevent deterioration in the nutritional status of U5 children, boys and girls and pregnant and lactating women who are food insecure and vulnerable to undernutrition, by providing supplementary foods as life-saving interventions.		
10. Outcome statement	82,800 U5 children, boys and girls and 30,000 pregnant and breastfeeding women will maintain an acceptable nutrition status by consuming locally-produced specialized nutritious foods for 6 months' period encompassing the lean season.		
11. Outputs			
Output 1	112,800 women and U5 children, boys and girls in provinces of South Hamgyong, North Hwanghae, Kangwon and North Pyongan receive supplementary foods Description		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of U5 children who receive fortified blended foods and biscuits, disaggregated by age and sex and type of food	82,800	89,932
Indicator 1.2	Number of pregnant and lactating women who receive fortified blended foods	30,000	31,915
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food delivery to Government Institutions	WFP, NCC, Provincial and County Food Administration, Children's Institutions and Public Distribution Centres	WFP, NCC, Province and County Food Administration, Children's Institutions and Public Distribution Centres
Activity 1.2	Meetings with County Officials on food security and nutrition situation where women participate as member of the People's Committee	WFP	WFP
Activity 1.3	Monitoring visits to institutions and households	WFP	WFP
Output 2	Local production of fortified blended foods and biscuits sustained efficiently in 3 local factories to supply the monthly ration of 100 grams FBF and 60 grams' biscuits to U5 children and 200 grams FBF to PLW, for six months.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of monthly production requirement achieved by product	100%	100%
Indicator 2.2	Number of local factories supported by product	3	7
Indicator 2.3	Proportion of women engaged/employed in local	≥50%	78%

	factories		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure and import raw materials for local production of fortified blended foods and biscuits	WFP	WFP
Activity 2.2	Production of fortified blended foods and biscuits	WFP, NCC, local factories	WFP, NCC, WFP-supported local factories
Activity 2.3	Monitoring visits to local factories	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In 2016, WFP completed its PRRO 200532 in DPR Korea by the end of June. The succeeding PRRO 200907 commenced in July which aims in preventing undernutrition among women and children through provision of specialized foods, rich in nutrients often missing from their diets. The project covers 60 counties in 9 provinces and continues to support the DPR Korea Government in reducing hunger and undernutrition through local production of the fortified foods which are distributed to the beneficiaries – thereby enhancing local production capacity. WFP is supporting 11 local food production factories nationwide for its operations in DPR Korea.

Under WFP PRRO 200907, the nutrition assistance from the CERF contribution reached 121,847 children under five and pregnant and lactating women (PLW) in 19 counties in 4 provinces. The beneficiary number was slightly higher than planned due to the updated list of WFP beneficiaries, which accounted for new registrations in child institutions.

Based on pipeline status and needs of commodities at the time of the CERF fund received, a total of 4,831 MT of food commodities including maize (2,208), wheat flour (230), pulses (1,368) and sugar (1,025) were procured using CERF contribution. The procured commodities were used to produce fortified food locally together with other commodities such as dried skim milk, vegetable oil and vitamins and minerals premixes.

To ensure efficient provision and effective transportation of the fortified food in the four CERF project provinces, the number of local factories has increased to seven from the planned three.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The CERF project design was in accordance with the approved PRRO 200907, which was developed in consultation with the Government of DPR Korea.

WFP continues to uphold its monitoring principle of 'no access, no assistance'. The country office has implemented a robust monitoring and evaluation system, producing weekly and monthly internal monitoring reports, as well as quarterly reports which are made publicly available. WFP has applied random monitoring selection for the child institutions and households by installing randomization software on data collection tablets. WFP monitoring teams consist of international and national staff, and they are face to face talking with pregnant and lactating women, which offer important opportunities for information sharing on their food security, nutritional situation and concerns. In the child institutions, field monitors reported that fortified biscuits were distributed as ready-to-eat snacks while fortified cereals are cooked in a variety of ways, such as making bread and porridge.

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

Evaluation was not done for the CERF project. Information from field monitoring showed 75 per cent of 6-59 months old children attended WFP-supported nursery institutions where they eat WFP fortified food. A nutrition survey was not conducted in 2016. Thus, there was no data available on the prevalence of chronic and acute malnutrition among children 6-59 months. EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Not applicable

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AMS	Academy of Medical Sciences
CMAM	Community Management of Acute Malnutrition
DPRK	Democratic People's Republic of Korea
EMK	Essential Medicines Kits
FBF	Fortified Blended Foods
GHI	Global Hunger Index
HCT	Humanitarian Country Team
IASC	Inter-Agency Standing Committee
ICN	Institute of Child Nutrition
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IUGR	Intra-Uterine Growth Retardation
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MoPH	Ministry of Public Health
MUAC	Middle Upper Arm Circumference
NCC	National Coordinating Committee
ORS	Oral Rehydration Solution
PLW	Pregnant and Lactating Women
PHC	Primary Health Care
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDHS	Socio-economic, Demographic and Health Survey
SWG	Sector Working Group
U5	Under-five
UNCT	UN Country Team