



Nutrition Thematic Report for 2016

Prepared by UNICEF in the Democratic People's Republic of Korea (DPRK)

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Brief on UNICEF's Nutrition programme in DPRK

The Democratic People's Republic of Korea (DPRK) is in the midst of a protracted, entrenched humanitarian situation largely forgotten or overlooked by the rest of the world. An estimated 18 million people are dependent on Government food rations while 10.5 million people are believed to be undernourished. A lack of access to basic services including water and sanitation, as well as a weak health infrastructure further threaten the well-being of the population, particularly young children and pregnant and breastfeeding women.

In 2016, UNICEF's nutrition programme in DPRK sustained geographic expansion, availing life-saving screening and treatment of wasting to nearly 90 per cent of under-five (U5) children (up from 60 per cent in 2015) and increasing service uptake of Community Management of Acute Malnutrition (CMAM) programme. About 60,000 SAM children with and without complications and 150,000 MAM children with complications were treated in the UNICEF supported CMAM programme. The programme also achieved 99 per cent coverage of 6-23 months' old children with multi-micronutrient powder (MMNP - Sprinkles) supplements during the bi-annual Child Health Days (CHDs).

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Cover photo:

(©UNICEF/DPRK 2016/Simon Nazer) Three years old Kim receiving vitamin-A supplementation during November 2016 Child Health Days in Yonsa County in N. Hamgyong province

Abbreviations and Acronyms

CHD	Child Health Days
CMAM	Community Management of Acute Malnutrition
CP	Country Programme
DPRK	Democratic People's Republic of Korea
ECD	Early Childhood Development
HAR	Humanitarian Action Report
ICN	Institute of Child Nutrition
IDD	Iodine Deficiency Disorders
IFA	Iron Folic Acid
IYCF	Infant and Young Child Feeding
MDG	Millennium Development Goal
MAM	Moderate Acute Malnutrition
MMNT	Multi Micronutrient Tablet
MMNP	Multi Micronutrient Powder (Sprinkles)
MoPH	Ministry of Public Health
MT	Metric Ton
MUAC	Mid Upper Arm Circumference
NCC	National Coordination Committee
ORE	Other Resources Emergency
ORR	Other Resources Regular
ORS	Oral Rehydration Salts
PLW	Pregnant Lactating Women
RR	Regular Resources
RUTF	Ready to Use Therapeutic Food
RWP	Rolling Work Plan
SAM	Severe Acute Malnutrition
SPC	State Planning Commission
SUN	Scaling Up Nutrition
UNSF	United Nations Strategic Framework
WBFW	World Breastfeeding Week

All abbreviations and acronyms are found in the report, the below list is not exclusive.

Executive Summary

The Democratic People's Republic of Korea (DPRK) is in the midst of a protracted, entrenched humanitarian situation largely forgotten or overlooked by the rest of the world. An estimated 18 million people are dependent on Government food rations while 10.5 million people are believed to be undernourished. A lack of access to basic services including water and sanitation, as well as a weak health infrastructure further threaten the well-being of the population, particularly young children and pregnant and breastfeeding women. The humanitarian situation in DPRK is further exacerbated by frequent natural disasters, especially floods and drought, with an estimated 5.6 million people in DPRK affected by natural disasters between 2004 and 2016. These frequent disasters compound people's vulnerabilities and need for humanitarian assistance. In the context of human rights-based programming, the essence of UNICEF's work in DPR Korea is about sharing international lessons learned, and the provision of technical expertise and resources for life saving interventions.

In 2016, UNICEF's nutrition programme in DPRK sustained geographic expansion, availing life-saving screening and treatment of wasting to nearly 90 per cent of under-five (U5) children (up from 60 per cent in 2015) and increasing service uptake of Community Management of Acute Malnutrition (CMAM) programme. About 60,000 SAM children with and without complications and 150,000 MAM children with complications were treated in the UNICEF supported CMAM programme. The programme also achieved 99 per cent coverage of 6-23 months' old children with multi-micronutrient powder (MMNP - Sprinkles) supplements during the bi-annual Child Health Days (CHDs).

At the national level, the programme provided technical inputs and facilitated development of an integrated complementary feeding and Early Childhood and Development (ECD) guidelines for nurseries and disseminated full set of inter-personal communication package to all CMAM service delivery sites in 189 county-hospitals, 13 children's hospitals and 7 district-hospitals.

The programme performance indicators and the achieved results were reviewed on quarterly, mid-year and annual bases with implementing partners, namely National Coordinating Committee, Ministry of Public Health, Institute of Child Nutrition, and State Planning Commission. UNICEF international staff carried out on-site verification visits, delivered supportive monitoring in addition to the analysis of the routine programme data provided by the line ministries.

However, the nutrition programme witnessed major challenges in mobilizing sufficient resources needed to ensure availability of multi-micronutrient tablets supplements to Pregnant and Lactating Women (PLW), and other supplies necessary to the children who do not have access to CMAM services. The shortfall was also visible in the capacity building of health workers in delivering the full integrated package of the nutrition-specific interventions. With regard to universal salt iodization (USI), the programme also experienced slow progress in the absence of DPRK-context USI action plan.

Although DPRK is not part of the Scaling Up Nutrition (SUN) movement, selected nutrition-specific interventions were implemented at scale through this nutrition thematic funds (Grant ref. SC149904). Under the new country programme of collaboration for 2017 to 2021, the programme aims to further expand accessibility and promote optimum utilization of key nutrition-specific services including;

- A. Promotion of optimum IYCF and caring practices at households, at nurseries and at community levels using the extensive network of health services. The optimum practices like early initiation, exclusiveness for six months, timely introduction and promotion of sprinkles fortified home-made complementary food.
- B. Institutionalisation of routine Mid-Upper Arm Circumference (MUAC) screening, early referral to CMAM treatment services and follow-up on weight gain of discharged SAM children at community level, promotion of key WASH behaviours at households' like hand-washing with soap during the critical times, and clean water storage.
- C. Provision of multi-micronutrient supplements to PLW as well as to 6-23 months old children (within the context of 1000 days approach).
- D. The nutrition programme is also aiming to achieve elimination of Iodine Deficiency Disorder (IDD) through Universal Salt Iodization by 2021.

Strategic Context of 2016

UNICEF provided life-saving support in health; nutrition; Water, Sanitation and Hygiene (WASH); and tuberculosis (TB) and malaria programmes, while also supporting children and women to cope with protracted crises in the country. UNICEF ensured essential services were available – including immunization and nutrition despite the disruption of the UNICEF banking channel for over 10 months.

The humanitarian situation in the DPRK is characterized by chronic food insecurity and limited access to quality health and water, sanitation and hygiene (WASH) services, which have resulted in chronic undernutrition and poor health outcomes. In 2016, an estimated 18 million people were food insecure and 200,000 children were affected by acute malnutrition. At the same time, the country has maintained an impressive network of social services reaching down to the village level, and made significant progress in increasing enrolment in both primary and secondary education, screening services for malnutrition using MUAC and geographical expansion of CMAM services as well as decreasing mortality due to preventable causes. The progress on key social indicators have been uneven across regions, with Pyongyang city generally faring the best, and provinces in the Northeast faring less well. Noticeable gender and age inequities in terms of health and welfare among men, women, and children appears to be existent. Recurring natural disasters such as flooding and drought have exacerbated existing vulnerabilities. Although exemption granted to humanitarian assistance, imposition of sanctions, coupled with donor fatigue, have reduced the availability of resources to address even the most pressing life-threatening situations. As a result of many complex factors, several key social indicators, such as under-five mortality and maternal mortality, are lower than before 1990.

There was no new data on the latest nutritional status of children in DPRK during 2016. According to the UNICEF-supported DPRK National Nutrition Survey in 2012, stunting has decreased from 32.3 per cent to 27.9 per cent since 2009; acute malnutrition was down from 5.2 per cent to 4 per cent; and the incidence of underweight children was down from 18.8 per cent to 15.5 per cent. The nutrition survey of 2012 also revealed that anaemia in women as a matter of serious concern, with almost one-third of women aged 15 to 49 years affected. About one in four of the women surveyed were also malnourished, and 5 per cent were moderately or severely malnourished.

UN mortality estimates of 2015 indicate that 9,000 children under-five still die every year in DPRK, meaning that on the average 25 children still die every day from largely preventable and treatable

diseases. Pneumonia and Diarrhoea remains major childhood killers with 12 and 6 per cent respectively. Lack of essential medicines remained as a major short coming in managing children with these diseases during 2016.

In August 2016, heavy rains from Typhoon Lionrock in North Hamgyong Province resulted in widespread flooding and the destruction of infrastructure, livestock and crops, affecting more than 600,000 people. Children, pregnant women and lactating mothers faced an increased risk of water-borne diseases – with a four-fold increase in diarrhoea – as well as communicable disease outbreaks. The number of children suffering from acute malnutrition in flood-affected areas in need of life-saving treatment quadrupled from 500 to 2,000 during the first three month of the emergency. The Government had requested the support of the international community to meet humanitarian needs and international community including UNICEF's nutrition programme responded.




Results in the Outcome Area

Despite the challenging country context and the intermittent frequent cash crunch problems faced in 2016, the Country Program (CP) retained its significance by being able to deliver critical interventions to support women and children living in the DPRK. For resource optimization, the CP conscientiously attempted to focus on the most relevant and feasible results to achieve high impact with minimum cost and successfully managed to introduce key initiatives in the programme to upgrade, expand service access and utilization/ uptake and improve quality of the nutrition-specific services.

The Nutrition and Care programme is supporting the Government's efforts to reduce child and maternal undernutrition and achieved internationally agreed target of stunting and wasting which is in line with SDG 2 and 3. The programme is focussing on treatment and prevention of wasting and stunting respectively in communities and at children institutions. Within the context of the below outcomes as stated in the MTSP 2014-16 Results Framework and related references, the nutrition programme was successful to achieve the below main outcomes 2016.

OUTCOME AREA 1: INFANT AND YOUNG CHILD FEEDING (IYCF)

The programme facilitated development of equity-focused national policies, legislation, national strategies and plans for scaling-up selected IYCF interventions. The following IYCF activities were achieved in 2016.

-  **Advocacy Workshop on breastfeeding promotion:** UNICEF supported a multi-sectoral workshop for officials from 17 line ministries and Government commissions and introduced the concept of multi-sectoral approach and the 1000 days window of opportunity to address the immediate and underlying causes of undernutrition.
-  **Extension of maternity leave:** In response to the above workshop; the Government issued national decree to extend the paid maternal leave from five months to eight months to cover the exclusive breastfeeding period.
-  **Timely initiation of exclusive breastfeeding and skin to skin policy boost:** in response to UNICEF technical support, MoPH issued directive to close-down all new-born rooms in all maternities in order to facilitate initiation of breastfeeding within one hour after delivery and promotion of skin-to-skin attachment.

- ✚ **Infant and Young Child Feeding education materials:** UNICEF facilitated production of educational film on the 1000 days 'window of opportunity' to promote optimum IYCF practices. The film was produced in collaboration with MoPH and ICN, distributed on DVDs and aired on the national TV during the breastfeeding week and the Korean mother day.
- ✚ **IYCF counselling:** IYCF counselling services is introduced in 90 counties in the four targeted provinces affected by the severe drought in addition to Pyongyang and Nampo city.
- ✚ **World Breastfeeding week celebration:** World Breastfeeding Week activities were supported in two provinces (Pyongyang and South Pyongan). Mothers and women workers in the factories attended educational sessions in both provinces.

OUTCOME AREA 2: MICRONUTRIENTS SERVICES

To strengthen micronutrient supplementation programme and to improve the quality of services at the targeted counties within the context of 1000 days 'window of opportunity' UNICEF facilitated the provision of MMNT for PLW and made it available countrywide through all antenatal care clinics. At the same time, MMNP-Sprinkles were made available to all 6-23 months old infants countrywide through two rounds of CHDs annually. The iron folate supplements to pre-pregnant 20-39 years old women were made available countrywide and the following were achieved in 2016.

- ✚ **Iron folate supplements beneficiaries:** 800,000 pre-pregnant women received iron folate supplements representing about 50 per cent of the annual target, to reduce anaemia and birth defects.
- ✚ **Micronutrients tablets beneficiaries:** 330,027 pregnant and lactating women, representing 47 per cent of the annual target, received multiple micronutrient tablets and supplements to reduce micronutrient deficiencies.
- ✚ **Micronutrients powder beneficiaries:** 160,747 children aged 6-24 months, 32 per cent of the annual target, received multiple micronutrient powder-supplements MNP (Sprinkles) to reduce micronutrient deficiencies.
- ✚ **Vitamin A beneficiaries:** 1,537,640 children aged 6-59 months, 98 per cent of the annual target, received two dose of vitamin A supplements during the two rounds of the national Child Health Days to reduce night blindness and increase resistance to infection.
- ✚ **Universal Salt iodization National Plan:** The programme provided technical inputs and facilitated three national workshops to develop the national universal salt iodization action plan by the technical committee of the State Planning Commission, ICN, MoPH, the Quality Control and Quality Assurance Commission, GPSH, the Salt Bureau and other government commissions. The programme also facilitated a regional technical assistance mission by the East Asia and the Pacific universal salt iodization consultant who visited one salt factory and facilitated a three-day workshop to review and to provide additional inputs into the Universal Salt Iodization National Plan.

OUTCOME AREA 3: CMAM

The programme facilitated CMAM services and expanded geographical coverage of CMAM program expanded from 149 counties (60 percent coverage) in 2015 to 194 counties (90 percent coverage) in 2016. The following activities were implemented in 2016:

- ✚ **Provision of Therapeutic milk, food and essential medicine:** UNICEF provided therapeutic milk (both F-75 and F-100), RUTF, CMAM medicines, micronutrient supplements, intra-venous fluids and MUAC tapes to ensure quality CMAM services. In 2016, UNICEF procured and supplied about 85,000 cartons of RUTF and 3,000 cartons of therapeutic milk for treatment of 210,000 cases of SAM and MAM children with complications.
- ✚ **Institutionalizing screening for undernutrition:** the nutrition programme consolidated the results from 2015, institutionalizing screening for undernutrition, early referral and follow-up for treatment at community level in all 194 CMAM counties. In 2016, MUAC screening was included in the CHDs in all nurseries and in communities by household doctors.
- ✚ **Treatment of children via CMAM programme:** The CMAM programme treated about 60,000 SAM children with and without complications and about 150,000 MAM children with complications.
- ✚ **Development of training materials and facilitation of trainings:** UNICEF facilitated development of an integrated training package of CMAM services and IYCF counselling course. UNICEF also facilitated the roll-out of the course where 350 paediatricians from 90 counties were trained on the integrated CMAM and IYCF package of services.

OUTCOME AREA 4: NUTRITION IN EMERGENCY

The programme provided the full package of nutrition services to children and women in areas affected by humanitarian crises in 2016, with special focus on delivering quality CMAM services which is captured under output area 3. UNICEF also facilitated two national training workshops on Nutrition in Emergencies in collaboration with ICN and MOPH. 36 technical officers from eight ministries, Academy of Medical Sciences and Disaster Reduction and Management Commission along with selected focal persons from six flood affected counties were trained in emergency response.

OUTCOME AREA 5: GENERAL NUTRITION

UNICEF's nutrition programme provided technical assistance to Institute of Child Nutrition (ICN), the Grand People's Study House (GPSH) and MoPH to develop a full set of Information, Education and Communication (IEC) materials on IYCF, micronutrient deficiencies/disorders, growth monitoring, cognitive development milestones, early childhood development, Iodine Deficiency Diseases/ Disorders (IDD) and CMAM. UNICEF also supported below activities:

- ✚ **Updating of the national nutrition guideline and strategy:** In order to break the intergenerational cycle of undernutrition in DPRK, UNICEF presented new evidence and actions of breaking the cycle of malnutrition to national technical committee. Subsequently, the Government agreed to revise the National Nutrition Strategy and Action Plan for 2014–2018 in order to adapt global evidence to the national context and accommodate women's and adolescents girls' nutrition with an extension of the action plan until 2021. This revision will be done in 2017.
- ✚ **Development of the complementary feeding and ECD guideline:** In DPRK, about 60 per cent of children aged 6–36 months attend government-supported nurseries. In order to address the nutritional and cognitive needs of these children, the programme provided technical assistance to develop national early childhood development (ECD) and complementary feeding technical guidelines for use in all nurseries.

- ✚ **Supportive supervision, mentoring and monitoring field visits:** In 2016, the UNICEF technical team visited over 100 CMAM service delivery sites, including provincial children's hospitals, county general hospitals and baby homes. During these visits the technical team provided on-the-job training and supportive supervision to 170 paediatricians. The UNICEF team also assessed the performance of the service providers against the CMAM monitoring checklist to ensure quality of services and to undertake end-user monitoring of programme supplies

The main bottlenecks:

The main bottleneck impairing the enabling environment for Nutrition programme is related to the challenges encountered in the management and coordination of the programme at national level in terms of ownership, multi-sectoral coordination and government resource allocation. High-level advocacy in certain areas will be extended in 2017 to strengthen the cross sectoral linkages and to formalise a multi-sectoral approach in order to address the immediate and underlying causes of undernutrition.

Lack of humanitarian funding for UNICEF's nutrition programme disrupts the supply chain for continuous provision and availability of CMAM services for children in need to life saving treatment. UNICEF will proactively communicate the needs with national committees and potential donors in 2017.

Although the CMAM programme service coverage extended in the past years, It's worth to mention that an estimated 170,000 U5 children are beyond the reach. These children have never been screened for undernutrition, they are representing the 'most' vulnerable population within the sub-set of vulnerable U5 children in DPRK. UNICEF will continue advocating with the Government for expansion of the CMAM services for nationwide coverage in the country.

The lessons learnt:

Gathering a strong evidence base and learnings for programming is critical to improve the quality of UNICEF programmes in DPRK. The following lessons have been derived from implementation of the project funded by the generous contribution from the Korean Committee for UNICEF. Below learnings were discussed and agreed upon with Government counterparts during the formal mid-year and end of year review meetings:

Increased demand for UNICEF's technical support in DPRK: The MoPH has recognized the need for a strategic balance between UNICEF's programme supplies and technical assistance in the country. The intensive capacity development activities carried out by UNICEF staff in 2016 and joint monitoring visits highlighted the need for increased technical support. As a consequence, UNICEF has been given the permission to recruit another international staff member to support the programme quality in the country and has negotiated the recruitment of two additional consultants/ technical officers to boost the national capacity to respond and to accommodate the geographical expansion of CMAM services. The additional technical officers will help to increase technical capacity and provide support for upgrading the pediatrician's skills in CMAM and IYCF services which has been recognized as crucial for effective use of UNICEF supplies.

Increased recognition on the importance of data sharing for enhanced programming and fund raising: Through continues engagement and advocacy, the Government recognized that timely provision of

nutrition programme data to UNICEF is one of the preconditions for successful fund raising, and for full implementation of the planned activities to achieve quality results.

Recognition of high prevalence of Soil-Transmitted Helminths (STH) as the main reason for endemicity of multi- micronutrient deficiencies including iron deficiency and anemia among children and women:

The MoPH recognized the need to develop a comprehensive plan of action to address the STH problem in the country. This is a very important leap forward in prevention of micronutrient deficiencies among the most vulnerable young children and pregnant-lactating women. UNICEF in collaboration with WHO, MoPH and other line ministries will work on development of a national plan of action in 2017. In 2016, MoPH, ICN and the Institute of Parasites in the (AMS) in collaboration with WHO undertook for the first time national STH prevalence study to identify severity, types of STH and who are the most affected population in the country. Final report is expected to be out in 2017.

Supply and Programme Monitoring activities

The nutrition officers in DPRK country office and the nutrition specialist conducted weekly monitoring field visits and discussed progress and constraints with MoPH, ICN and SPC during the monthly, quarterly and the annual review meetings. Each monitoring visit was used as an opportunity for building MoPH capacity in which on-the-job technical assistance is provided to the health functionaries. Joint field visits with technical counterparts from line ministries were also conducted to mobilize government ownership and to address the faced constraints through taking corrective actions on the spot. Regular feedbacks from the monitoring field visits were shared with MoPH and ICN during programme review meetings to further strengthen programme performance and information flow.

Specific supply monitoring activities were designed and implemented as an integral component of this project. UNICEF's joint programme monitoring with supply section ensured that the supplies were accounted for, properly received in good condition and used by health care providers in the service delivery sites as intended to the right beneficiaries and that all programme activities were implemented as planned with quality standards. During these joint programme monitoring field visits, UNICEF technical officers, nutritionist and supply specialist supported: (a) the use of national guidelines; (b) delivery nutrition education specifically key messages on IYCF and child care education by health care staff to mothers; (c) on-the-job training activities on the correct use of nutrition supplies and, (d) identification and addressing of the bottlenecks faced by CMAM programme.

Financial Analysis

In 2016, for MTSP OA-4 (Nutrition), the planned amount was US\$ 13,350,000 to support implementation of the planned activities in 2016-2017 RWP. In total US\$ 7,053,067 were made available (including carry-over from 2015) with different life spans (all funding sources: RR, OR and ORE) from different donors like the CERF, Korean, German and Australian committees for UNICEF and SIDA Sweden and UK-Aid (DFID). The overall utilization rate of the allocated resources in 2016 was 100 per cent for RR, OR and ORE combined. The allocated funds were utilized to push the nutrition agenda in DPRK towards expansion and increasing the uptake of the CMAM programme. In 2016, service coverage increased from 60 to 90 per cent for CMAM and from 43 to 99 per cent for Sprinkles.

Outcome Area 4: Nutrition

DPR Korea

Table-1 Planned and Funded for the Country Programme 2016 (in US Dollars)

Output	Fund Type	Planned	Funded
04-01 Infant and Young child feeding	Sub-total	428,244	26,614
	ORR	391,244	26,614
	RR	37,000	0
04-02 Micronutrients	Sub-total	3,306,346	2,383,710
	ORE	1,908,286	108,286
	ORR	1,082,332	1,880,298
	RR	315,728	395,126
04-04 Community-based management of acute malnutrition	Sub-total	8,321,174	4,334,240
	ORE	5,156,002	2,173,566
	ORR	3,108,172	2,160,674
	RR	57,000	40,879
04-05 Nutrition and emergencies	Sub-total	1,000,000	6,400
	ORE	1,000,000	0
	ORR	0	9
	RR	0	6,391
04-06 Nutrition # General	Sub-total	294,236	261,224
	ORR	0	348
	RR	294,236	260,876
		13,350,000	7,053,067

Table-2: Outcome Area 4: Nutrition
DPR Korea

Country-level thematic contributions to outcome area received in 2016 (in US Dollars)

Donors	Contribution Amount	Programmable Amount
Global – Thematic Humanitarian Response	18,432	17,510
Consolidated Funds from NatComs	11,579	10,653
Global - Nutrition	4,191,080	3,973,144
The Micronutrient Initiative	35,380	35,380
Total	4,256,471	4,036,687

Note: No thematic fund was received for nutrition in 2016. However, the 2015 thematic funds were carried over to 2016 which is shown in the above table.

In 2016, the DPRK Country office utilised USD 4,006,577 from thematic contributions that was carried over from 2015. DPRK funding context remained largely dependent on the political situation in the Korean peninsula, hence the thematic nutrition funds were very critical and timely in addressing the humanitarian needs of undernourished/wasted children in the country. Other resources, especially emergency funds, received against the HAC2016 and the underfunded window of CERF helped the nutrition programme to order lifesaving supplies. However, the emergency funds which are usually of

short life-span remained the main source of funding for the nutrition programme in 2016. This affected the medium term strategies like the country efforts in developing IDD plan of action and related food fortification programme where more sustained change is sought, in particular if one wants to address bottlenecks and reach out to more vulnerable population.

The thematic funding with its multiyear allotment and the flexibility for use in integrated approaches to nutrition was critical for UNICEF DPRK. Without the thematic funds, the country office would not have been in a position to cover the funding gaps in some important areas, such as the promotion of optimum IYCF practices, multi-micronutrient supplementation and IDD/ salt iodization.

Table-3: Outcome Area 4: Nutrition
DPR Korea
2016 Expenditure in the Outcome Area (in US Dollars)

Organizational Targets	Expenditure Amount			
	ORE	ORR	RR	Total
04-01 Infant and Young child feeding		26,614		26,614
04-02 Micronutrients	108,286	1,880,298	395,126	2,383,710
04-04 Community-based management of acute malnutrition	2,173,566	2,160,674	40,879	4,375,119
04-05 Nutrition and Emergencies		9	6,391	6,400
04-06 Nutrition # General		348	260,876	261,224
Total	2,281,852	4,067,943	703,272	7,053,067

Table -4: Outcome Area 4: Nutrition
DPR Korea
2016 Thematic Expenses by Programme Area (in US Dollars)

Thematic Programme Areas	Expenditure (USD)
Other Resources - Emergency	17,510
04-02 Micronutrients	17,510
Other Resources - Regular	3,989,067
04-01 Infant and Young child feeding	15,922
04-02 Micronutrients	1,841,663
04-04 Community-based management of acute malnutrition	2,131,481
Grand Total	4,006,577

Table-5: Outcome Area 4: Nutrition

DPR Korea
Expenses by Specific Intervention Codes (in US Dollars)

Specific Intervention Codes	Expense
04-01-02 Breastfeeding	26,575
04-02-02 Elimination of iodine deficiency	75,682
04-02-05 Micronutrient supplementation for children	2,168,007
04-04-01 Treatment of Severe Acute Malnutrition	4,365,492
04-05-02 Nutrition emergency preparedness and response	5,876
04-06-01 Nutrition General	239,830
08-01-01 Country programme process	15,616
08-01-06 Planning General	96
08-09-02 Construction activities	558
08-09-06 Other non-classifiable cross-sectoral activities	191
08-09-07 Public Advocacy	14,414
1031 Food and condiment fortification	682
7921 Operations financial and administration	140,048
Grand Total	7,053,067

Future Work Plan

UNICEF will continue to support the humanitarian needs in the country and advocate with the Government in the development and implementation of child and women centred nutrition sector policies, focusing on the provision of life-saving humanitarian interventions for the most vulnerable children and women. In line with the UN strategic Framework (UNSF), the programme will contribute to the expansion and sustaining of the CMAM services for children.

UNICEF will specifically facilitate the implementation of the below nutrition activities in 2017:

1. Revision and upgrading of the national nutrition strategy and action plan to accommodate key interventions to promote women nutrition and adolescent girls' nutrition and to extend its life span till 2021.
2. Implementation of the revised national nutrition strategy and action plan 2017-21 with the focus on delivering nutrition-specific interventions at scale and expanding accessibility, geographical coverage and service uptake of CMAM, IYCF and multi-micronutrient supplements along with other preventive measures.
3. Undertaking CMAM evaluation.
4. Scaling up community mobilization and advocacy efforts to promote early initiation of breastfeeding and timely introduction of home-made fortified semi-solid complementary foods.
5. Finalization of national plan of action to achieve USI.
6. Sustaining high coverage of vitamin A supplementation to 6-59 month children and post-partum women;

7. Sustaining the high coverage of multi-micronutrient supplementation to children 6-23 months and boosting-up the MMNT coverage to PLW.
8. Strengthening the data collection and supportive supervision system;
9. Strengthen national capacity to respond to humanitarian situations.
10. Facilitate study-tour visits to other countries to benefit from the experiences in setting up national coordination mechanisms

Expression of Thanks

The humanitarian support in DPR Korea faces challenge of uncertain funding due to historically sensitive political situation and additional sanctions. Thematic funding, under these circumstances, plays an even more critical role in supporting the nutrition specific interventions in the country. UNICEF DPR Korea wishes to express its gratitude for the National Committees for UNICEF in Korea and Norway for their generous support to humanitarian programming in DPRK. UNICEF looks forward to continuing partnership with National Committees in order to realize the rights and support the survival of the most vulnerable children and women in DPRK.

Human Interest Stories

Nutrition in DPR Korea: making a difference for vulnerable children



Kim Jo Sung, 7 months old admitted two weeks ago with SAM and pneumonia

and progress of the treatment. “We reported few deaths during the treatment phase after UNICEF started technical support to our hospital three years ago,” said the Dr Rim.

Kim Jo Sung, 7-month-old boy, is one of the many young children benefitting from UNICEF’s support in DPR Korea. Two weeks before he was admitted to the provincial paediatric children’s hospital in Pyongsong City South Pyongan Province. He was suffering from SAM and pneumonia – threatening his life conditions.

“Three years ago, before the UNICEF’s support, the doctors did not know how to treat undernutrition” said the hospital’s chief doctor, Dr. Myong Song Rim. “We used to treat undernutrition with ordinary powder milk and antibiotics and many children lost life because of that ineffective treatment” he said.

UNICEF delivered plumpy-nut, a therapeutic treatment for affected SAM as the method of monitoring the weight gain

“Plumpy-nut helped my child,” said Kim Jo Sung’s mother, Jang Jong Mi. “I brought him here when he was very thin and weak, with no interest to play, no willingness to interact with me, and even refusing to be breastfed. I didn’t know whether he’d ever recover. When the doctors started the treatment, I could see the changes; my baby started to be more attentive and interactive. He has gained 1.5 Kg and now is much stronger.”

Life-saving training

‘While UNICEF works throughout the country to support the Government with delivering life-saving supplies, it also works to ensure health workers to have the right knowledge to deliver life-saving interventions for children to ensure efficient use of project resources’ UNICEF nutrition officer Mr. Yong Jo Kim said.

“UNICEF’s Community-based Management of Acute Malnutrition (CMAM) work is a life-saving programme,” said the doctor. “Before we received training on CMAM and infant and young child feeding (IYCF), we sometimes dissolved the therapeutic food paste into water to feed malnourished children,” said the doctor. “This gave children diarrhoea - the doctors thought this is normal. But during the training, we realized that water must not be used.”

Simple trainings have resulted in potentially life-saving interventions. “After the training supported by UNICEF, our doctors have knowledge how to properly use the therapeutic food paste and the therapeutic milk, and eventually how to properly treat severe wasting,” Dr. Rim said.

UNICEF has launched the 2017 Humanitarian Action for Children Appeal, seeking funds to continue such life-saving interventions for vulnerable children: <https://www.unicef.org/appeals/dprk.html>

About the project

Plumpy-nut is Ready-to-Use-Therapeutic Foods (RUTF) for treatment of children who are severely malnourished. The Community-Based Management of Acute Malnutrition (CMAM) approach enables health workers at community level to screen, refer the children affected by severe acute malnutrition (SAM) for treatment, follow-up on progress/ weight gain in order to prevent relapse. Caregivers provide treatment for the majority of children with SAM in the community and at households. Severely malnourished children who have medical complications or lack an appetite are referred to in-patient facilities for more intensive treatment and care. Currently UNICEF supports CMAM services in 189 (out of 210) counties, 13 children's hospitals, 14 baby homes and seven districts' hospitals in DPRK.

“ Two miracles” to save a baby in DPR Korea

For parents like Kim Kong Ha and Choe Chol Su in Hwangju County, DPR Korea, delivering a baby can be an overwhelming experience. With the right support, advice and care from health workers, parents can learn the right habits to help ensure their babies to survive and thrive.

In Hwangju County Hospital, 27 year old Kim Kong Ha had just delivered when the UNICEF nutrition team visited the hospital where to provide supportive supervision and on the job training to obstetricians and paediatricians on optimum IYCF and CMAM.

In the hospital, UNICEF team recognised the need to reinforced the ‘two life-saving miracles’; - early initiation and skin-to-skin attachment in order to keep the baby warm and trigger the hormonal response to breastfeed. ‘All mothers must be actively encouraged to put their new-borns on the breast right after delivery’ said Dr. Hye Gyong Kim from UNICEF.

During the visit, the nutrition team recognised that early initiation of breastfeeding was being practiced, which is an important first step to ensure that babies can grow healthy. Early and exclusive breastfeeding not only helps children survive, but it also supports healthy brain development, improves cognitive performance and is associated with better educational achievements later during school years. In this way, breastfeeding allows all children to thrive and develop to their full potential. That's why UNICEF is working with Government partners in DPR Korea to train health workers on IYCF and CMAM aimed at encouraging mothers to breastfeed.

The doctor in the hospital said that they attended the training on CMAM and IYCF supported by UNICEF four months ago, they learnt about the benefits of early initiation, but they rarely practiced breastfeeding initiation actively before. After the training, all health workers in the maternity ward acquired new skills in promoting early initiation, skin to skin contact between mother and baby and proper positioning of the baby during breastfeeding.

Dr Yong Chol Pak, the chief doctor of Hwangju county general hospital said that before practicing early initiation of breastfeeding, the hospital reported a lot of newborns with moderate to severe jaundice – a



Kim Kong Ha 27 years young gave birth 2 hours ago and is being supported to do skin to skin attachment and early initiation of breastfeeding by UNICEF team.

condition which can cause disabilities in children. The situation tremendously changed when the hospital introduced early initiation practice and are reported only a few cases of 'mild' jaundice over the last four months.