

<b>Appealing Agency:</b>	<b>UNITED NATIONS CHILDRENS FUND</b>
<b>Project Title:</b>	Emergency Nutrition Rehabilitation, Prevention of Malnutrition and the Control of Micro-nutrient Deficiencies
<b>Project Code:</b>	DPRK-04/H03
<b>Sector:</b>	Health and Nutrition
<b>Themes:</b>	Nutrition, Children/Youth, Rights of the Child
<b>Objectives:</b>	<ul style="list-style-type: none"> <li>➤ Support the emergency nutrition rehabilitation of 10,000 severely malnourished children in 12 paediatric hospitals, 13 baby homes and 3 counties.</li> <li>➤ Reduce micro-nutrient deficiencies among 2.3 million children under five, 480,000 pregnant and 500,00 lactating women.</li> </ul>
<b>Supporting CAP Objective:</b>	Health and Nutrition Sector: Operational Objectives Six and Seven
<b>Targeted Beneficiaries: (total # &amp; description)</b>	2.3 million children below 5 years of age, 480,000 pregnant women, 500,000 lactating women countrywide, 10,000 severely malnourished children referred to 28 health facilities, 23 million (whole population) for iodised salt, 40,000 pregnant women in Chaggang and Ryanggang provinces for iodine deficiency.
<b>Implementing Partners:</b>	MoPH, State Planning Commission Provincial / County health authorities, health facility and children's homes teams, WFP (for local food production)
<b>Project Duration:</b>	January – December 2004
<b>Funds Requested:</b>	<b>US\$ 2,358,720</b>

### Project Outputs:

#### Nutrition rehabilitation

- Rehabilitation food provided for 10,000 severely malnourished children in 28 rehabilitation centres.<sup>1</sup>
- 60 health staff receive refresher training in treating severe malnutrition.
- Updated protocols for severe malnutrition developed.

#### Malnutrition Prevention

- 2,000 additional nurseries in South Hamgyong and North Hamgyong provinces implement growth-monitoring activities for children under five.
- Protocols for improved nursery care and staff training modules developed.
- Two studies in growth monitoring best practices and feeding practices completed.
- National core training team set up and trained in infant and young child care.
- Key messages on infant and young child feeding practices, feeding the sick child, good nutrition in pregnancy and lactation disseminated nationwide.
- 12 provincial teams trained in breast-feeding practices.
- 12 provincial maternity hospitals and three county hospitals become "baby-friendly".
- One early childhood care seminar conducted for senior Government officials.

#### Control of micronutrient deficiencies

- At least 95% of children between 6 months to 5 years receive 2 doses of vitamin A during the year.
- At least 90% of women receive 1 dose of vitamin A within 6 weeks after delivery.
- At least 95% of all children between 2 years to 5 years de wormed twice during the year.
- Iron and folic acid supplements for pregnant and lactating women available at all health facilities nationally as part of the ante-and post-natal care programmes to reduce the high levels of anaemia.
- Multi-micronutrient supplementation plan developed and adopted.
- 40,000 pregnant women in Ryanggang and Chaggang, the two highest goiter rate provinces, receive 1 iodine dose (capsule).
- 40,000 MTs of iodised salt produced (equivalent to 100% of national human consumption needs).

<sup>1</sup> Countrywide: 13 baby homes, 12 pediatric hospitals and 3 county hospitals (Kosan, Kowon, Jongpyong in South Hamgyong and Kangwon provinces)

- 27,000 MTs locally produced (at WFP-UNICEF supported factories) blended foods for children and supplementary food for pregnant and lactating women fortified with mineral and vitamin pre-mix.

The nutritional emergency in the country is continuing. Although the October 2002 Government-UNICEF-WFP nutrition assessment showed an improvement compared to five years ago, 42% of children and around one third of mothers remain chronically malnourished. Severe malnutrition is at the same level of 1998 with around 70,000 children severely malnourished. Micronutrient deficiencies are a problem.

The project will support 28 hospitals and baby homes to effectively treat 10,000 severely malnourished children. A greater emphasis will be given to the prevention of malnutrition. In addition, the project will address the most critical micronutrient deficiencies, vitamin A, iron, and iodine through national supplementation and food fortification approaches. Increased attention will be given to the development and revision of national policies and operational plans for nutrition. Training for health staff and caregivers as well as focused IEC activities will support all project components. The project will provide technical assistance in nutrition to Government and external partners.

**Nutrition Rehabilitation:** For the estimated 70,000 severely malnourished children, medical care is essential. Severe malnutrition is a medical emergency and without proper care, many of these children will die. Nutrition rehabilitation is, therefore, a core component of this project. Unfortunately, it is not possible to successfully treat *all* of these children. The project will rehabilitate 10,000 severely malnourished children, 15% of the country's total. First, severely malnourished children are increasingly kept at home and not referred for essential treatment. Second, even if children are referred, it is not easy to ensure the minimum quality of care in all counties countrywide due to limited skills of health providers and caregivers and shortfalls in funding. The project will therefore focus on ensuring the availability of quality rehabilitation services in two centres in each of the country's nine provinces and three municipal cities (the provincial/municipal baby home and paediatric hospital) as well as in three counties, selected by UNICEF as pilot counties for integrated programming. The project will advocate for referral of all severely malnourished children to these 28 facilities for proper care. The main UNICEF inputs for this component will be equipment and supplies including fortified therapeutic milk for the acute phase of treatment, fortified rice milk blend for the second phase of treatment (joint WFP-UNICEF project) as well as record charts, protocols, guidelines and materials for training and IEC.

**Prevention of Malnutrition:** The project will give greater emphasis to the prevention of malnutrition by strengthening early childcare practices in institutions and in homes. Effective prevention programmes are required to reduce the incidence of severe malnutrition among children. Growth monitoring (regularly weighing children) is important for the early identification of children at risk i.e., those children who lose weight or do not gain weight. The project will strengthen growth monitoring at existing nurseries through caregiver training and the provision of growth measurement equipment. The project will expand growth monitoring to 2,000 additional nurseries. Poor nutritional status during pregnancy results in poor gestational development, low birth weight and continuation of the inter-generational cycle of malnutrition. The recent nutrition assessment highlighted the poor situation of mothers and increased emphasis will be given to care before and during pregnancy. To improve child-feeding practices, emphasis will be placed on promoting exclusive breastfeeding for the first six months of life through the dissemination of public information, training of caregivers and implementation of the "baby-friendly hospital" initiative. To prevent further "faltering" of moderately malnourished children, the project will support the local production of fortified children's food for the national supplementary feeding programme (WFP-UNICEF joint project). Main UNICEF inputs for this component will be equipment for growth monitoring (scales, "road to health" charts), materials for training, IEC materials and vitamin / mineral pre-mix for food fortification. UNICEF will continue its advocacy for government to develop a more comprehensive approach to the prevention of malnutrition.

**Control of Micronutrient Deficiencies:** The project will support the elimination of iodine deficiency disorders through salt iodisation. After a successful start-up in the past three years, iodisation production will be scaled up to 40,000 MTs meeting 100% of the human consumption needs for the whole country. Most iodisation equipment is already in place and main inputs will be potassium iodate and packaging materials. In the two provinces most affected by iodine deficiency, (Chaggang and Ryanggang - both in the mountainous north east of the country), iodine capsule supplements will again be provided to pregnant women. This will prevent the severe effects of iodine deficiency including involuntary abortion and cretinism. Vitamin A deficiency will be reduced through twice a year supplementation campaigns in May and October 2004 targeting all children between 6 months and 5 years of age (2.1 million) as well as women (480,000) within six weeks of delivery. In these campaigns all children between 2 years and 5 years will also receive de-worming medicine. The capacity of the country to organise mass campaigns has already been demonstrated and very high coverage is expected through this approach. As part of the national programme to reduce anaemia, multi-micronutrient supplements for the 980,000 pregnant and lactating women will be provided through antenatal and post-natal care at more than 6,000 health facilities nationally. IEC activities targeting health staff and women will support the increased use of these supplements. Support will be given for fortification of locally produced foods in 11 factories in collaboration with WFP. Main UNICEF inputs will be vitamin and mineral pre-mix for fortification of children's complementary food and for supplementary food for pregnant and lactating women in addition to the fortification of rice-milk-blend for the treatment of severely malnourished children. Provision of essential supplies, training of hospital staff and caregivers and IEC will be essential activities. The project will provide nutrition technical assistance to Government and to external partners.

### Monitoring and Evaluation

Regular joint field visits will be carried out by UNICEF project staff and line-Ministry project managers to monitor end-use of supplies and equipment and to discuss general progress in implementation. Formal mid-year and end-year reviews of project progress, including compilation of indicator data, will be held.

Prioritisation according to project funding levels

25% funded	50% funded	75% funded	100% funded
Rehabilitation for 10,000 severely malnourished children	Iodisation of salt	Growth monitoring in 2,000 nurseries	Fortification of locally produced foods (remaining production)
Vitamin A, deworming for 2.1 million children (6 months to 5 years)	Multi-micronutrient supplements for pregnant and lactating women	IEC materials	
Iodine supplements for 40,000 pregnant women	Establishment of "baby-friendly hospitals"	Fortification of locally produced foods for children and pregnant women (part production)	
Training			
Studies			
Technical assistance			

<b>FINANCIAL SUMMARY</b>	
<b>Budget Items</b>	<b>US\$</b>
<b>Nutrition rehabilitation for 10,000 severely malnourished children</b>	
Provision of rehabilitation food (therapeutic high energy milk 100 MTs)	251,000
Provision of fortified blended food (see food fortification below)	-
Training workshops for caregivers and health staff	15,000
Printing of technical guidelines and treatment record sheets	30,000
<b>Prevention of Malnutrition</b>	
Growth monitoring in 2,000 additional nurseries (2,000 weighing scales, charts, height boards, record sheets)	400,000
IEC materials for public awareness campaigns on infant/young child feeding and good nutrition for women	100,000
Training staff in early child care	10,000
Studies in growth monitoring and feeding practices	15,000
Training staff in breastfeeding counseling / BFHI accreditation	30,000
<b>Micro-nutrient Deficiencies</b>	
Iodised salt production (potassium iodate 4 MTs, packaging materials)	250,000
Salt monitoring	10,000
Micronutrient supplementation / deworming	
Vitamin A capsules (6 million)	*
De-worming medicine (5 million)	105,000
Iron-folic acid supplements (60 million)	40,000
Iodine capsule supplementation for pregnant women (40,000)	10,000
Vitamin and mineral pre-mix for local food production (WFP-UNICEF joint project)	710,000
Project monitoring, planning and evaluation	
Field monitoring and evaluation	10,000
Technical assistance (international)	120,000
Project support costs	*
<b>Sub-Total</b>	<b>2,106,000</b>
Cost recovery (see footnote)	252,720
<b>Total</b>	<b>2,358,720</b>

(\* Denotes regular programme funding)

**Note:** Actual recovery rate on individual contributions will be calculated in accordance with Executive Board decision 2003/9 of 5 June 2003.