Discussion paper or reflection on the coming negotiations with the DPRK.

Small historical background.

Program started in July 1997 with a MOU for one year.

Two main objectives:

Medical:
- distribution of medical material and medicines in 3 provinces.
- training program
- supervision of the distribution.

Nutritional:
- Setting up of TFC in each county hospitals of the 3 provinces.
- training and supervision.

In February a forth province was taken into account with the same objectives.

Major constraints:
- Difficult / no access to the population (window consultation)
- Small number of expats on the field compared to the magnitude of the program.
- No access to data or data biased in function to the delivered amount.
- No means of evaluation, especially for the nut. program.
- Collaboration with the authorities difficult.
- freedom of movement limited (weekly planning obligatory).
- No access or prepared access to vulnerable groups.
- Enough quantity, little quality.

A positive point is that, although the humanitarian space is very, very limited, there were small improvements in collaboration with the authorities which is quiet successful knowing the rigidity of the gvt.

Points of negotiations for the second MOU.

1. Distribution of medicines.

Without any means of evaluation of the impact of the distribution it is impossible to continue a blanket drug distribution. A drugdistribution based on monthly consumption and with “reliable” morbidity data can be negotiated. This will certainly lead to a diminution of our distribution activities.

2. magnitude of the program, medical approach.

As there is little chance that we can more expats on the field to guarantee a certain
degree of quality we have to limit our geographical area. The option can be to work in a county hospital (paediatric service, bedside consultations) and the different referral structure up to the grasshood level. (home consultation).
Where and how can be discussed following the appreciation of the gvt. The possibilities are
- 3 sections are working in 3 county hospitals in one province.
- 3 sections are working in one county hospital in there respectively province.
In any case one province should be closed after the end of the MOU.

It must be clear that access to the population on all levels and invest in more quality must be a priority.

3. The nutritional program.
During our last interdesk meeting we all agreed on the fact that conducting a nut.
survey was a sine qua non before negotiation an new nut. program. Actually Unicef,
WFP and Echo are negotiating a nut survey which includes 2/3 of the overall counties
(83 out of 210 are not included) Already now the guarantee to conduct a "real" survey are not very encouraging.

This, of course, changes our position. I think we can no longer insists to do a survey because somebody else will do it will a lost battle if we insists that MSF must do their own surveys.
Therefore, I propose to hand over the actual centres to the gvt or the ones who are conducting the nut survey (because we have no means of evaluation) and keep a nut program incorporated in the above mention medical program.

At this time, Sonya is working on an overview and an analysis of the data from the different centres.

4. Institutions.
If there are pockets of malnutrition, they will certainly exists in the institution (social welfare centres, boarding schools, orphanages). Negotiations were already done and a limited access was granted... but as before the visits were very often arranged. We should make it clear that we need to have access to the existing institutes, the freedom to make an evaluation and when necessary to set up a program.

Timetable.
Upon my arrival there will a first discussion with the team. On Monday there will be a first discussion with the FDRC on the future.

At the end of my visit there will be another discussion on the proposed objectives and a debriefing with the team.
Upon my return we should have an interdesk meeting for debriefing, conclusions and future plans. (13/08/98 if possible).
At this moment it is difficult to put cut-off points. I prefer to wait for the outcome of the negotiations.

Voila, this is a synthesis on what is more or less discussed during our interdesk meetings. Meanwhile the NK had a reunion on the same issues and it will be interesting to compare both and create a mutual approach (oef)

Feel free to give comments appreciation's on this. I am leaving on the 29 to NK.

wc
23/07/98.

[Handwritten notes]