MSF Report on humanitarian aid policy towards North Korea

Background
Since the beginning of the nineties, North Korea is suffering from an economic decline caused by the disintegration of the former Soviet Republic. Natural disasters, floods in '95/'96 and a drought in '97, have resulted in crop failures, which further challenged its political principles. These are based on the "Juche" ideology which stands for complete self-sufficiency. Among the consequences are a problematic food situation, and a deterioration of the health system.

Regarding the food balance, the preliminary crop assessment of 1998, a year without natural disasters, again reveals a shortfall of 1 million metric ton of rice and grain. North Korea has become dependent on external aid for its food security. A nation-wide nutrition survey to get insight in the current nutritional status has met little cooperation by the authorities. Again during last month's national survey by WFP/UNICEF/ECHO access (in only 140 counties) was insufficient to guarantee a randomised representative study. No hard data can be obtained, but given an ongoing precarious food security situation, further suffering among the population is not unlikely. There is no guarantee that the food available is divided equally. How the inhabitants of the 38 'off-limit' counties are coping, no one knows. There also are various reports from Korean food-refugees across the Chinese border on unequal food distribution. Certain groups, like jobless people, allegedly are excluded from free-of-charge food distributions.

The health system seems to have collapsed. Everywhere outside Pyongyang, the health facilities lack 'western' drugs, medical materials and instruments. There also are structural problems like insufficient heating, electricity, irreparable machines. Difficulties in maintaining the cold chain and scarce vaccines available since 1994, has lead to a completely uncovered generation. There are numerous problems in water and sanitation, with almost none chlorine, soap and other disinfectants available. This (probably in combination with a decreased health status from insufficient nutrients), has lead to a raise in incidence of Tuberculosis, Polio and Tetanus among the North Koran people.

1. Report and experiences on the intervention from MSF
In 1995 MSF started working in North Korea in 3 counties in the by flood affected provinces S. Pyongan, N. Hwangae and Kangwon. During 3 months drugs and medical materials were distributed. The Memorandum of Understanding could not be extended, since no agreement between the North Korean government and MSF could be obtained on a nutritional survey. In the beginning of 1997 a second mission was executed: to deliver barley seeds, and to perform a crop assessment in June.

After a short assessment, MSF started in June 1997 a new medical and nutritional project, in cooperation with the Flood Damage Rehabilitation Committee (FDRC). A large-scale nutritional rehabilitation programme combined with drug distribution was started in the 3 provinces Kangwon, North Hwangae and South Pyongan. In the beginning of 1998, the economic poor northern province North Hamyong was added, again after a short assessment. We only gave aid in the counties were we had access for monitoring and training. In total a population of 6.8 million in 52 counties, with over 1400 health structures, was covered. As the project was based on the scarce information available, it was needed to get more accurate medical and nutritional information, as well to identify specific vulnerable groups. Per province 2 expatriates (a medical doctor and nurse/nutritionist) made daily visits to the health structures to provide training and monitor the programme.

We installed 64 therapeutic feeding centres, in which were admitted over 14,000 moderate or severe malnourished children. Among them around 10,000 were under 5's, which is not even 1.5% of all under 5's (if we consider 10% of the population to be under five). This while the local doctors reported consistently a malnutrition percentage of 15%. There must have been a problem in the access for the malnourished children. We have met one group of social deprived children in Pyongsong. They were more severe malnourished, without parents of belongings, of which the authorities did not want to answer questions on were they came from, or how we could give them special care.
Since we could not perform any nutritional or household surveys, after 14 months we did not have better insight in the nutritional status of the Korean people, and whether there is a famine or not.

The distribution of drugs and medical materials went successfully, but required intense monitoring. On paper an overuse was reported, while in reality the items were stored in hidden stocks. We also noticed reallocations to off-limit counties. Despite the good working relationships with the local doctors, it turned out impossible to perform systematic data collection to determine morbidity and mortality, parameters normally used to evaluate the impact of programme. It was unclear whether the supplies were accessible for the whole population. More specific information on the medical problems and needs for possible future intervention could not be obtained as well.

We also concluded that for technical sides of the programme we had better understanding with the MoH, which unfortunately was not our direct counterpart.

In general, during the 14 months presence, we did not see any improvement in access towards monitoring and evaluation of the programme. During the negotiations for a next Memorandum of Understanding, the North Korean government seemed to have changed its priority from direct emergency medical aid towards long-term assistance. Their requests consisted of raw materials for drugs and rehabilitation of drug factories. With such clear blockade to more direct aid for the North Korean people, for MSF no alternative was left than to pull out of the country. MSF left the country September 30th.

In the same period, the medical relief organisations MDM and CESVI were requested similar demands and they left for the same reason.

2. Reports of meetings organised by WFP, MSF and Mercy Corps

WFP/NGO meeting on North Korea (Rome, 10/9/98):
Present where: WFP, OCHA, MDM, ACF, CRS, Caritas, IFRC, German Agro Action.
Critical remarks were made towards WFP: what the value of the newest nutritional survey would be, how representatives its results are, and how it can be that such influential organisation still cannot deny, nor confirm a famine.

The main points which emerged were:
• The need for a strategic approach and collective thinking.
• Minimum criteria and standards of engagement should be established.
• Information about access, monitoring conditions and MoUs should be shared.
• Common assessment by the humanitarian team, such as that conducted after the floods, should continue under the humanitarian co-ordination mechanism.
• International staff need to be able to move more freely, with fewer restrictions.
• Most organisations now working in DPRK are considering a move from vulnerable group feeding to agricultural rehabilitation.

It also was felt that the humanitarian aid has left the emergency phase and that mid- to long-term projects had to be proposed. There are difficulties to plan those projects with only little information, and donors are reluctant to sponsor for the same reason.

OCHA announced it will facilitate the development of a common humanitarian action plan for the 1999 consolidated appeal.

MSF roundtable on 'Experiences and Prospects of Humanitarian Relief in North Korea',
(Amsterdam, 21/10/98). Present were: UN organisations, NGO organisations (European and American), governmental donors and 'Korea experts'. From the discussions, the following conclusions could be made:

Needs: Although we don't have exact data, the expectation is that the situation is worse than we are allowed to see (ie in the forbidden counties, information from the food refugees).

Food: there will be a continuing food shortage, because of agricultural incapacity, insufficient redistribution and economic collapse resulting in lack of financed. The extent is not known, but the expectation is a continuing malnutrition at least of the vulnerable groups.

Health: the health care system has collapsed, the population is weakened, leading to re-emerging diseases and unnecessary mortality.
**Water and Sanitation**: in worrying state

**Vulnerable groups** There might be a discrepancy between the assumed vulnerable groups (non-producers, children, elderly, handicapped, institutionalised) and the observed (non-institutionalised orphans, hospitalised population, people in institutions). According the reports from the refugees: workers from closed mines/factories. Geographical distribution might have been the Northwest, while now the Northeast and Southeast.

We should prevent the 'western interpretation' on vulnerable groups.

Further identifying necessary to enable targeting.

**Constraints**

Most of the constraints are due to problematic co-operation with the authorities.

1. Access
   - To assess needs
   - To monitor aid
   - Proximity with North Korean population
2. Only large scale aid is allowed
3. The restriction in moving and the set agenda with prearranged visits.
4. Restrictions in number of expatriates
5. The counterpart of the organisation is non-technical (e.g. not the Ministry of Health for health programmes)
6. The integration of aid programmes is not approved by the government (compartmentalisation of the counterparts)
7. Donor policy (many short term inputs)
8. There is a lack of integration between emergency and long-term development aid
10. Insufficient common agendas of the aid organisations and donors.

To overcome these constraints, a common approach among the humanitarian organisations was considered as very valuable.

OCHA has set up a Humanitarian Strategy for 1999, based on discussions in the field among UN organisations, NGOs and one donor government representative. The outcome has already been approved by the North Korean authorities. The principles are the following:

1. Knowledge about the humanitarian situation.
2. Assurance that assistance gets to those in greatest need.
3. Access for assessment, monitoring, and evaluation.
4. Distribution only to areas where access is granted.
5. Protection of the humanitarian interest in the population.
6. Support to local capacity building.
7. Participation of beneficiaries in planning and implementation.
8. Adequate capacity in terms of international staff.

Some organisations consider the principles too weak, and asked whether they could be more concrete. WFP/OCHA are working on benchmarks. It also was mentioned that these principles should be meant to facilitate humanitarian aid in North Korea, and not for reliability to the donors.

The general idea was that it least it was a start with which we could work and which needs further input on specification and benchmarks.

Mercy Corps ‘Musgrove III: Humanitarian Aid to North Korea’ (Musgrove, Georgia, USA)

Participants were: American NGOs working in North Korea (among them CARE, CRS, World Vision and Mercy Corps), representatives of the US Government (Congress, House International Relations committee. US Dep of Agriculture, USAID and US Dep of State), WFP, UNDP, American Red Cross, epidemiological consultants from John Hopkins Institute and CDC Atlanta, and MSF.

The discussions lead to the following agreements: Over-all goals: to address immediate needs and to reconsolidate relations NK/USA

1. Interaction will contact OCHA about principles in humanitarian aid, then the American organisation will look further in them
2. PVO will try to get liaison monitoring office in Pyongyang, serves as ‘clearing house’.
2. to start 'project management orientation training', like was done in China, to improve dialogue
3. identify 'vulnerable groups' and in NK perspectives (C Robinson)
4. Non-commodity based interventions: training, capacity building, EPI, water and sanitation, food security as more reliable, not-erootable, aid
5. to start a Food Security Guarantee Initiative (UNDP/AEAP is now 3 years, work on 10 year security
6. border study (Mercy Corps) to be spread among NGOs and stakeholders
7. Structures: Interaction as main element for co-ordination, info to the Capitol by structurised information papers

Over all impression: the American participants were very optimistic on the changes in North Korea, and their possibilities to intervene. Their aid/interest is more based on long-term aid/relations with North Korea, all small improvements are already satisfying. The PVO will try to get some better conditions in their MoU... More attention to structural, long term, agricultural aid, the direct humanitarian relief aid is put less attention on. Although they regret the EU Delegation came to the conclusion that the emergency is over in North Korea, 'Europe needs to be re-informed again'.

3. Conclusions

On the humanitarian situation: there are clear medical and nutritional needs, but difficult to define to which extent, information from the field and border-assessment is not enough information. There still are acute needs, while long-term aid should start simultaneous.

The North Korean authorities seem to have shifted the priority from acute medical aid towards long-term rehabilitation of their medical supply (drugs factories). The attitude towards direct food aid has not changed, and they also allow more long-term, mostly agricultural development aid.

Vulnerable groups are difficult to identify, they are different from the groups we normally consider as the one's in need. Among them are the 'non-producers'. It is necessary to get better understanding of the system. Also home-less and non-institutionised have less access to care.

The constraints MSF faced while working in North Korea in terms of assessment of needs and vulnerable groups, and working according humanitarian principles were the main problems other relief organisations are dealing with as well. Most organisations therefore feel the need to come to a common approach towards the North Korean authority, to have a set baseline of humanitarian principles. In this way, some of the constraints could be overcome.

Some independent organisations would like the proposed OCHA principles to be more concrete, other organisations (fe IFRC) have started already long term interventions, and therefore they are less flexible to commit themselves. American NGOs in general are more positive towards the developments in working in North Korea, and for them to get field representatives is still a high priority. Also since the American NGOs are more on one line already, the need for common principles is less.