Proposal DPRK / MSF Medical Emergency Relief Programme
Project period: 04 June - 04 July 1997

Introduction

The government of the People's Democratic Republic of Korea (DPRK) requested MSF to field a small exploratory team consisting of a teamleader, a medical doctor and a logistics expert. This mission took place from 24 May until 04 June 1997. The main purpose of the MSF explo mission was to re-establish formal contact with the authorities in Pyongyang. If allowed to travel, the mission's TOR were to assess the medical- and the nutritional situation in the DPRK at large and in specific areas of the country. The TOR also allowed the mission to propose an emergency programme to the Government if certain conditions were met. The Government's Flood Damage Rehabilitation Committee kindly allowed the MSF Mission to visit 4 counties: Ichon, Unpa, Pakchon and Huichon. On the last day of the explo mission an extra visit was made to the Maternity Hospital in Pyongyang, the capital city.

Background

The 1995 and 1996 floods were severe, affecting much of the food-producing western planes. Eight of the nine provinces in the country were affected, with North Pyongyang, Chagang and North Hwanghae being the worst. August usually sees the heaviest rains, but for example in 1995 over half the annual precipitation fell in the first 18 days of the month. In North Hwanghae, for example, as much as 488mm of rain fell over a 24 hour period. Rivers broke their banks, dams burst and widespread destruction was the result. Roads, bridges, houses, hospitals, clinics, warehouses and irrigation networks, crops in the field and food stocks were washed away or buried under floating debris. Heavy rains re-occurred in 1996 with a simimilar devastating effect on the country. Until this date the country has not recovered from the devastating effects from the floods in two consecutive years. Much of the infrastructure has not been repaired. Combined with an national economy that was already in peril before the floods, the DPRK has great difficulties with providing especially food and basic medical care to the population at large.

The assessment

During our explo mission we met with the UN agencies present in the D.P.R.K. (UNDP, WFP and UNICEF) and the representative of the I.F.R.C.

- UNDP is focusing on agriculture rehabilitation programs.

- WFP is receiving for the third phase of the emergency that started in April. 202.000 MT worth 5 million USD (containing CSB, cereals, vegetable oil and beans). This will be distributed in nurseries, kindergartens and hospitals (120.000 MT) reaching 2,7 million children < 6 (approx. 10% of the population). They report not a lot of patients in the hospital. The admission rates only slightly improved after food
distribution for hospitals, most likely due to the lack of drugs. 80,000 Tons will be distributed as food for work. A nutritional survey is planned. Like most other agencies they lack objective information about the nutritional situation in the country.

- **UNICEF** has 2 expats present. One doctor nutritionist (MPH) is organising training sessions for therapeutic feeding in different provinces. They have 10 tons HEM and are preparing a project proposal to enlarge the program. They also plan to distribute more drugs at the same time as the distribution of HEM.

- **I.F.R.C.** has one expat present. They are working in 15 counties to support (with food supplies etc.) 29,000 families that have lost everything during the floods. They think about starting a relief health program in August (depending on funding possibilities) where they will target the Ri clinic and Ri hospital levels of certain areas still to be determined.

**Field visit:**

**County of Ichon in the province of Kangwon:**
In the county:
- 1 county hospital (150 beds)
- 3 Ri hospitals (10 beds each)
- 23 Ri clinics
- 4 sanitoria (1 TB, 1 Spa bath, 1 mental diseases, 1 to prevent hepatitis (?)
Population: 75,000

County very far from the referral province: 140 km. In a country with almost no transport possibility an isolated area without any means on hospital level. Almost deserted county hospital with only traditional medicine available.

General food situation: during last distribution 100 gr. rice per person distributed. There is some reserve left enough for 15 days more at a ration of 100 gr./day/person.

Malnutrition data: 10% of all < 5's but no info about how this is determined.

Visit to the crèche: small number of children present, no obvious malnutrition noticed.

**County of Unpa in the province of North Hwanghae:**
County were MSF was present in 1995 with 2 expats for 3 months and a sanitarian who stayed only 15 days. The MSF guidelines were well kept.

County hospital:
- 205 beds
- 300 outpatients/day
- surgical activity
- population 170,000

- clean structure but lack of all antibiotics, only penicillin is distributed by the government in limited amount.
Ri hospital Tae Chong:
- with 10 beds 5 of them occupied.
- outpatients: 100/day
- population: 14,000
- clean structure. Trauma patients with infected wounds without appropriate dressing.
Two adults with malnutrition after disease. CSB present from WFP.

County of Pakchon
County hospital with 300 beds with 150 inpatients 40 of them children.
Co-operation with MSF in 1995. Drug donation done by MSF in January was
sufficient till April 96.
2 county hospitals
7 Ri hospitals
19 Ri clinics
population 250,000
Total number of birth in 1996 was 4200
Mortality:
Total number of death in 1996 was 2450 = Crude Mortality Rate of 0.268
Morbidity:
A lot of patients with diarrhoea. In 1996 1090 patients were hospitalised for enteritis
for a total duration of 7713 days, 31 of them died. 687 Patients were hospitalised for
pneumonia for a total duration of 6925 days, 5 of them died.
827 operations were done last year.

Huichon county:
Visit of city hospital: MSF left a good supply of gloves that are still (re)used.
Weight for Height knowledge. All children under 5 are measured.
Total population 260,000 in the county
Total amount of malnourished people: 1200 = 4.9 %
Total population under 5 : 14,800
Total amount of malnourished children < 5 800 = 5.3 %
Mortality: 4/10,000/yr. = 0.01/10,000/day
Number of births: 11/10,000
Very good impression about the motivation and the qualification of the hospital staff.
A therapeutic nutritional program is going on with HEM from UNICEF.

Maternity hospital Pyungyang:
Constructed in 1980. Extremely luxurious with marble floors, extremely clean with
everybody who enters the hospital taking of his shoes and wearing slippers.
All sophisticated equipment present from (West) German origin but lack of antibiotics,
X-ray films, Lab reagent etc. Confirmation that the lack of drugs and medical material
is nation wide.

Conclusions:
After this initial contact with the field it is obvious that the total absence of drugs
in health structures with capable medical staff asks for emergency supply of drugs.
Almost no distribution from central level took place since 1994.
A closer look into the nutritional status of the population with eventually the start of therapeutic feeding on county level with a referral from lower level can be tried to organise. There is still a lot of the damage to the water system that is without repairs after the first floods. A eventual sanitation program could be linked in the second phase. The willingness to come out of this desperate situation, the motivation, energy and knowledge of the Korean people are strong positive signs to make future programs a success.

(Hilde Sleurs)

Logistics/sanitation

A. Impressions after field visits to:

- ICHON county hospital + one creche
- UNPA county hospital + Taichong Ri hospital
- PAKCHON county hospital
- HUICHON county - city hospital

Because of limited visiting time and long travelling distances, little time was left over for a questionnaire and visit of the sanitation installations, but here are at least some first observations:

1. WATER:

Most medical structures we saw had a water-provision system through pipes inside the building, but only in half of the cases working because of lack of electricity to run the submersible pumps down in the compound wells or because of main repairs needed on the city pumping stations. In these cases, water is taken manually from the poorly protected wells. The water from these wells are reported acceptable. Taichong Ri hospital had a tap (broken) outside and the creche in Ichong had a protected well.

2. TOILETS:

These installations are in most cases outside on the hospital compound, only the bigger structures do have additional toilets inside the buildings, with flushing facilities or water reservoirs beside. Most toilets are clean, the quantity may not be sufficient to our standards, but the hospital directors expressed no need for more, (in-patients use night buckets) although distances from the wards to the facilities are in some cases too far, as some smells around the buildings suggests.

3. WASTE DISPOSAL:

Although we have not been able to see any of these facilities for now (pits and incinerators) we may accept that collection, handling and elimination of the waste is
done in an acceptable way, because not a single bandage, syringe or other used or spoiled object was laying around inside or outside the buildings. In general, all structures gave a clean impression. Floors are washed with water, walls are chalked, and compound surroundings are maintained and even planted with flowers, trees and vegetables. MSF incinerators, built in 1995 are reportedly still functioning.

4. ELECTRICITY - HEATING:

In all medical structures we visited, there was a shortage in power supply, resulting in periodical failures of the general water provision system and a limitation on the use of basic electric equipment (if any present) for more complicated surgery. At least most wards have light and a limited amount of refrigerators could function (mostly no lights in the corridors). During the last floods, most coalmines in the affected area’s were flooded; this, in combination with a shortage of fuel for trucks, resulted in a shortage of coal to heat the basic stoves, mostly seen in the smaller structures or the central burners, in the bigger structures, which heat water in a hidden pipe system in walls and floors. Most problems may be solved before next winter. (MSF 650 VAC generator in the surgical unit of Ichon county hospital is still in place (and still packed).

B. Expectations for the coming month:

For the first phase (month of June), it was discussed and agreed in the MOU that MSF would concentrate on the distribution of medicines and medical material. Although water and sanitation are no emergency any more (so it seems), it is clear that we need to investigate more in that field, especially WATER, through more intensive visits in the above counties and other proposed area’s (and not only in medical structures) to fully understand how waterstorages and distributions are functioning, how the water is treated and how the population uses it. This should be in collaboration with the ministry of public health - water and sanitation department. who could provide us with the results of sample testing. Specific projects could be designed according to the needs and in relation to the MSF medical programs.

(Peter Vanquaille)

**Proposed intervention by MSF**

It was proposed by the mission to start an immediate medical relief programme, in two phases. The first phase of the programme will last one month, the second phase at least 6 months, or any longer or shorter period to be agreed upon between DPRK and MSF. Whether or not an nutritional component has to added to the MSF programme in the 2nd phase has not been decided yet. Mainly because insufficient objective data about the nutritional status of the total population and especially the under 5’s could not be retrieved. It’s the opinion of the mission that, based on anecdotal information, the clinical status of children in the various hospitals and clinics that were visited and the overall picture in the streets of the various villages and cities, the DPRK has not reached a famine-like situation. A nutritional component may later be added, in the second phase, as part of a comprehensive MSF programme in the DPRK.
All hospitals and clinics that were visited - see the assessment report - reached the zero stock level for at least western style basic drugs. Patients with acute diseases cannot be treated adequately. Most basic medical materials are also not available anymore.

The mission proposed to start with an immediate targeted distribution of basic medicines and medical materials to selected hospitals and clinics in 4 different counties. Institutions will receive MSF materials based on their knowledge level; drug consumption- and prescription behaviour and whether or not they have been in contact with MSF before.

The first month of the project will also be used to fine-tune the relationship with the DPRK and the further assess the medical- and nutritional status in the country.

**Main objectives during the first month of the project**

**General objective**

- To maintain acceptable mortality- and morbidity rates, at the first instance of the project at micro level in selected institutions in 4 counties.

**Specific objectives**

- Further assess the medical- and nutritional status of the population at large.
- Further obtain and analyse morbidity-, mortality and malnutrition figures of the population at large.
- Distribute medicines and medical materials to selected institutions in 4 counties.
- Design and propose a programme for the second phase of the MSF intervention.

**Activities**

- Prepare and distribute standard MSF report forms for medical institutions
- Distribute basic medicines and medical material to selected health facilities in 4 counties. Prepare criteria for distribution.
- Make regular field visits to follow-up on arrival of donated materials.
- Provide basic information for the medical practitioners in the field
- Provide translated version of MSF Clinical Guidelines
- Analyse data made available for 1996 by Ministry of Public Health
- Analyse data from health facilities in the field
- Continue to assess the nutritional status of hospitalised patients, especially the under 5's
- Continue to assess the water and sanitation situation
• Prepare funding proposal for selected donors, based on a modular approach (if possible)
• Maintain good coordination with the DPRK/FDRC, NGO's and UN.

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The 1992 and 1993 floods were severe, affecting most of the food producing western plains. Eight of the nine provinces in the country were affected, with North Pyongan, Chonbong and North Hamgyong being the worst. August normally sees the heaviest rains, but for example in 1992 over half the annual precipitation fell in the first 16 days of the month. In North Hamgyong, for example, as much as 480mm of rain fell over a 24 hour period. Rivers broke their banks, fields were flooded and widespread damage to the crops, roads and bridges was noted. The Namhangang river in particular caused extensive damage, flooding the city of Pyongyang.

The assessment
During our exploratory mission we met with the UN agencies present in the DPRK (UNDP, WFP and UNICEF) and the representative of the IFRC.

• UNDP is focusing on agricultural rehabilitation programs.
• WFP is requesting for the third phase of the emergency that started in April 202,000 MT wheat - 3 million USD (containing 88% wheat, 12% vegetable oil).

This will be distributed to maternal, kindergartens and hospitals (170,000 MT) reaching 2.7 million children < 6 (approx. 10% of the population). They report not a lot of patients in the hospital. The admission rates only slightly improved after food