Pyongyang, 03 July 1997

MEMORANDUM OF UNDERSTANDING BETWEEN:

The Flood Damage Rehabilitation Committee, hereafter called FDRC, represented by the Director for External Affairs, Mr. Jong Yun Hyong

and

The international private humanitarian organisation Medicines sans Frontieres, hereafter called MSF, represented by Emergencies Director, Jules H.M Pieters

TAKING INTO CONSIDERATION

- that severe floods in 1995 and 1996 caused considerable agricultural damage and losses of food supply to the population

- that due to consequent food shortages the nutritional status, and herein the health status, of the population of the DPRK becomes seriously threatened

- the mutual positive experience of past and present co-operation between the FDRC and MSF

ACKNOWLEDGE THAT THEY HAVE AGREED THAT

- This MOU is valid for a one year period, commencing 05 July 1997

- MSF can continue with a medical and nutritional relief programme in DPRK commencing 05 July 1997, for the duration of 6 months;

- this programme will be known as "FDRC / MSF Medical and Nutritional Emergency Relief Programme", 
- this programme (for details and planning see programme proposal) will be implemented in close co-operation and collaboration with the FDRC, weekly meetings with Ministry of Public Health;

- the programme will be jointly evaluated by the partners after 4 months, the results of this evaluation shall be used to facilitate a decision to extend the programme for a new period (third phase);

- medical and nutritional assistance as described in the project proposal will be limited to the following project area:

**South Pyongan Province:**
- Pyongson city, Kaechon city, Dokchon city
- Counties: Unsan, Sukchon, Pyongwon, Mundok, Pukchang, Songchon, Daedong, Zungsan

**North Hwanghae Province:**
- Sariwon city, Songrim city
- Counties: Hwangzu, Yontan, Bongsan, Unpa, Rinsan, Sohung, Suan, Yonsan, Koksan, Singye.

**Kangwon Province:**
- Wonsan city, Munchon city
- Counties: Chonnae, Anbyon, Kosan, Tongchon, Kosong, Hoiyang, Sepo, Pangyo, Popdong.

Total population: 4,345,000
Total counties: 34

- one or more detailed funding proposal(s) will be prepared for specific donor use;

- a plan of action (programme- or project proposal) that describes the content of the project will be attached as an annex to this MOU;

- the total estimated cost of the programme is 4.5 million USD, MSF will seek funding for this programme from its (institutional) donors, amongst

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1 In case of an outbreak of an epidemic disease or a nutritional emergency in- or outside the programme area, MSF may expand its programmes. This would require new programme proposals and budgets and additional expatriate staff. All will be done in consultations with the DPRK authorities.
others, ECHO, USAID, European and other governments and the general public.

- this money will be used to finance the purchase of basic medicines, medical and other planned materials in Europe. The cost for transport of these materials from Europe by air or sea, and the running costs of the programme (inclusive of expatriate and local staff costs; local transport of expatriates, housing and communication costs etc.);

- the continuation of the programme is subject to donor approval of MSF’s request for funding of the first six months programme period².

- MSF can field eight experienced MSF expatriate staff for the duration of the project: 1 Head of Mission, 6 (para)-medical staff and 1 logistician³;

- the MSF expatriate staff can travel freely and perform their duties in the described programme area, based on a weekly planning to be provided to the authorities. The expats working in North Hwanghae- and South Pyongang Province will be based in Pyongyang but can have regular stays in the province. The expats based in Kangwon will be based in Wonsan.

- the MSF Head of Mission will, amongst other duties, act as the official counterpart of the FDRC;

- an MSF Operational Director can pay a 10 day visit once during the programme period;

- two medical and/or technical consultants (specialists), can each pay a 10 day visit once during the programme period. The purpose of their visit will be, amongst others, to advice programme staff on the implementation of the current project and the content possible additional projects;

- a financial controller can pay two 5 day visits during the programme period to assist the programme staff with the proper financial administration of the project;

- the MSF logistician will, amongst others, assist with the administrative co-ordination of the proper receipt of the donated materials in

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² The entire application process may take 3-4 weeks before donor contract can be signed.
³ MSF reserves the right to replace expatriate staff for technical or personal reasons throughout the duration of the MOU.
Pyongyang and the field, the administrative procedures for expatriate staff and all matters related to housing, work facility, personnel and transport;

**FURTHERMORE**

- the FDRC arranges for the visa and stay permit for the MSF expatriate staff;

- the medicine and medical materials are made available to the relevant local medical authorities to be used for the affected civilian population in medical facilities as described in the project proposal;

- the FDCR and MSF use an administrative procedure so that MSF receives written confirmation, following standard MSF logistics procedures, of the proper arrival of the donated medicines and medical materials;

- MSF shall receive regular standardised reports from each health facility which received medicines and/or medical materials with, amongst others, information on the diseases for which the donated medicines were prescribed and the total number of patients (i.e. drug-consumption- and prescription);

- medical data (location of health structures, mortality- and morbidity figures, demographic data, malnutrition figures) shall be made available to MSF at local and central level. MSF is obliged to treat these data as confidential medical information to be used only for programme design and intervention, and for the efficient targeting of the distribution of the medicines and medical materials;

- an end of programme MSF internal narrative report, following standard MSF will be prepared by MSF staff. A copy of the report will be made available to the FDRC;

- the FDRC facilitates the arrival of the donated medicines and medical materials, i.e. permission to land a (by MSF chartered) aircraft in Pyongyang or dock a ship in a Korean harbour, aircraft (or ship) unloading, customs clearance without levying taxes and import duties;

- trucks, drivers and casual labour for transport to a warehouse in Pyongyang, safe and proper storage, and onward transport to the designated project area will be at no cost to MSF. MSF will however
contribute to the fuel costs for an amount of 10.000 USD (equivalent to approximately 12.500 kilo fuel);

- the FDRC authorities allow MSF to occupy two apartments cum work facility in the Diplomatic Area, for as long as the project lasts for approximately 400,- USD/month/apartment;

- lodging in Hotels in the provinces for MSF personnel shall be made available at a reasonable price to MSF;

- A separate contract shall be signed for the provision of heating and electricity, washing, cooking and cleaning and furniture. All at a reasonable price for MSF;

- one apartment will be equipped with a local and an international telephone/fax line, the installation costs are for the FDRC, all the communication costs are to MSF;

- the FDRC will investigate the possibility to make rented cars incl. drivers available for the MSF staff in Pyongyang and for field visits, at least four cars including drivers at 40,- USD per day/car or at the nearest reasonable price to be paid by MSF; fuel will be paid by MSF at 1.6 Won/kilo;

- MSF will also investigate the possibility to import three cars and obtain funding for the procurement of cars. In case MSF can procure and import cars, these cars will remain the property of MSF and can be re-exported to a third country after the MOU has expired. Such cars will have to be imported free of tax and customs duties;

- the FDRC facilitates for the services of eight translators (English / Korean) for the MSF staff at 250,- USD/month to be paid by MSF. On fieldtrips outside Wonsan and Pyongyang, MSF will provide a lunch to the translators;

- changes to this MOU for the better of the programme(s) can only be made after the consent of both parties;

**MSF is committed**

- to respect the laws and the regulations of the Democratic People's Republic of Korea;
- that MSF staff will act in a professional manner and will respect the culture and the peoples of the Democratic People's Republic of Korea;

Place: Pyongyang  
Date: 03 July 1997

The Director for External Affairs  
The Representative of MSF  
of the Flood Damage Rehabilitation Committee
ANNEX N°2 TO MOU OF THE 3th of July 1997.

DRAFT

PROGRAM PROPOSAL FROM FEBRUARY 1998 (called third phase).

PERIOD: From February 1998 for a six months period.

LOCATION: Province of South Pyongan: 12 counties including Sunchon.
           Province of Kangwon: 11 counties.
           Province of North Hwanghae: 12 counties.

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EXPATRIATE HUMAN RESOURCES

North Hwanghae Province: One doctor and one nurse/nutritionist.
South Pyongan Province: One doctor and one nurse/nutritionist.
Kangwon Province: One doctor and one nurse/nutritionist.

Pyongyang MSF head office: One head of mission, one administrator, one logistician.

One medical and/or technical consultants (specialists) can pay an one month visit during the programme period. The purpose of his/her visit will be amongst others, to advice programme staff on the implementation of the current project and the content possible additional projects.

COST OF THE PROGRAMME.

The total estimated cost for the programme is 5 million USD.
The assistance of MSF to the medical structures that will be assisted will be as follows:

**GENERAL OBJECTIVE.**

- to continue to give information about the correct use of the distributed drugs by WHO standards.
- to continue and intensify the practical training about therapeutic feeding programs, use of new anaesthetic drugs (ketamine) and certain materials who has been distributed during the second phase and who will be distributed during the third phase.
- to distribute basic drugs and material to Ri hospitals polyclinics and clinics.
- to distribute supplementary drugs, materials and equipment to provincial, county and city hospitals.
- to continue to organise regular seminars for health staff of all health structure levels about most frequent medical problems, like malnutrition, and diarrhoea.

**MEDICAL PROGRAM:**

The strategy determined with the authorities on provincial level and MSF, at the first phase, will be used.

We will continue the co-operation with the epidemiology and hygiene department of the provincial hospitals, to give training to hospital and clinic staff about use of drugs and to give regular seminars, with written guidelines, about certain health problems.

Besides the training organised by provincial and county medical authorities, MSF will have regular meetings on county level with all responsible doctors of the Ri clinics to discuss the use of the basic drugs according to MSF guidelines.

If the basic antibiotics are used as indicated, for those cases where Koreo treatment will not be effective, there will be sufficient supplies available to cover 5000 population/month/ disp kit. Morbidity forms (same as in 1995) will be completed weekly and send to us (from county level) monthly, together with the drug consumption. Based on this information, we will try to correct wrong or over-consumption/prescription.

Regular visits to some clinics (at random, not all) will allow us to detect at that level possible problems.

Supervision of clinics will especially be done by county responsible (following the existing system), with whom we will continue to co-operate and have regular meetings.

Linked with the introduction of the dispensary kit we plan to continue to assist in distributing good information about nutrition.: objective criteria have been introduced (W/H in the clinics and MUAC for detection of malnourished children during home and nursery visits (to be referred for determination of W/H)) as well as treatment guidelines.

These data will be recorded on the morbidity form.

The supplementary drugs for county and provincial hospitals will be distributed. Therefore MSF will co-operate with the education department of the provincial hospital.

MSF will regularly be present in the hospitals.

Regular 2 à 3 day stays in each county, including ½ day to meet with the responsible of the clinics, will allow us to discuss with the doctors and to observe the situation.

Distributions will be done by the normal system, after agreements between the authorities and MSF about the distribution plan.

**NUTRITIONAL PROGRAM.**
After assisting with the preparation and implementation of good functioning therapeutic feeding (training) centres in the paediatric provincial hospitals, other centres on county level can be assisted, depending on the analysis of the nutritional data.

High Energy Milk will be provided by UNICEF. The role of MSF is to provide general and technical support during the entire program period, and to be the liaison between the centres, UNICEF and WFP. The latter role is to guarantee a continuous supply of materials to be provided by these agencies.

The points of the MoU signed the 3 of July 1997 non affected by this annex n°2 will stay as such.