

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Strengthening of health services at community level
Project Code	DPRK-03/H07
Sector	Health
Theme	Health
Project Objectives	<ul style="list-style-type: none"> • Provide 1,200 ri-clinics and 15 county hospitals with essential equipment and consumables. • Training of doctors and health personnel at 400 ri-clinics, including provision of household doctor's and drug manuals.
Supporting CAP Objective	Health and Nutrition Sector: Operational Objective One
Targeted Beneficiaries	1,200 Ri-clinics and 15 county hospitals, reaching approximately 2.4 million people
Implementing Partners	MoPH, UNICEF, IFRC and NGOs
Project Duration	January - December 2003
Funds Requested	US\$ 2,342,600

Project Description:

For the most of the population, the ri-clinics and ri-hospitals is the first level of health care, including for deliveries and antenatal care. The country has a high doctor/patient ratio with a household doctor at the community level serving approximately 600 people. However, the ri-clinics have few medical supplies, equipment, or basic drugs. This project aims at strengthening the ri-level clinics and ri-hospitals by supplying 1,200 of them with basic medical equipment,¹ as well as basic consumables, in order to improve the quality of basic health care. This will include providing sterile conditions for natal care and during deliveries. Additionally, 15 county hospitals will receive equipment² in order to improve the important referral function between the Ri and the County hospital (complicated deliveries, surgical essential operations, etc). This complements UNICEF and IFRC activities that provide essential drugs to these facilities and the support to both Ri and County hospitals should be seen as reducing the vulnerability of the health security network. Training in injection practices, sterilisation procedures, the use of supplied equipment, diagnosis and treatment of common ailments and diseases will take place in 500 clinics. This will be supported 10,000 copies of the revised household doctor's handbook and 5,000 copies of a Drug Manual. This project has in the past three years been very effective, reaching the vulnerable with essential items for basic medical services close to where people live, and providing an important boost to the health workers at the community level.³

Prioritisation according to project funding levels

25% FUNDED	50% FUNDED	75% FUNDED	100% FUNDED
<ul style="list-style-type: none"> ▪ Basic equipment to 250 clinics ▪ Equipment to five county hospitals ▪ Printing 10,000 Doctor's Handbook ▪ Printing 5,000 Drug Manuals ▪ Training of medical staff at 250 ri clinics 	<ul style="list-style-type: none"> ▪ Basic equipment to 250 clinics ▪ Training of medical staff at 250 ri clinics ▪ Equipment to five county hospitals 	<ul style="list-style-type: none"> ▪ Basic equipment to 300 clinics ▪ Equipment to five county hospitals 	<ul style="list-style-type: none"> ▪ Basic equipment to 400 clinics ▪ Equipment to five county hospitals

FINANCIAL SUMMARY	
PROJECT ACTIVITY	US\$
Basic medical kits for 1,200 ri-hospitals/clinics	1,560,000
Medical kits for 15 county hospitals	450,000
Training of doctors and other health personnel at 500 clinics	50,000
Printing of 10,000 Revised household doctors handbook	35,000

¹ Such as sterilisers, stethoscopes, blood pressure apparatus, syringes and needles. All the equipment can function without electricity.

² Mainly includes a generator, autoclave and more surgical equipment than the Ri kit.

³ This is documented through an assessment of a WHO public health expert who also has conducted training and developed training material for this project. The content of the kits has been revised and adjusted according to the experience from the field.

Printing of 5,000 Drug Manuals	10,000
Monitoring, Evaluation and Reporting	105,000
Programme Support Costs	132,600
Total	2,342,600

Appealing Agency:	WORLD HEALTH ORGANIZATION
Project Title:	Improving laboratory services at local level – pilot project
Project Code:	DPRK-03/H08
Sector:	Health
Themes:	Health
Project Objectives:	<ul style="list-style-type: none"> • Provide ten county hospitals with improved laboratory equipment • Provide 20 ri-level clinics with improved laboratory equipment • Training of 250 staff at county and ri-level clinics
Supporting CAP Objective:	Health and Nutrition Sector: Operational Objective Two
Targeted Beneficiaries:	The county hospitals and ri-level clinics serve a population of 1 million, with an estimated 50,000 direct beneficiaries of improved laboratory services
Implementing Partners:	MoPH
Project Duration:	January - December 2003
Funds Requested:	US\$ 206,700

Project Description:

The ri and county level clinics and hospitals are an increasingly important part of the health services, as the transport problems have made it difficult to access referral hospitals. Health care is now mainly delivered at ri and county level. Doctors rely on clinical diagnosis, as simple laboratory facilities are not available. This means those common conditions, such as urinary tract infections, anemia, or parasites in the stools might not be detected. To improve the quality of health care, it is therefore important to provide basic laboratory facilities at the county and ri level. This project will assist ten county hospitals and 20 ri level clinics to improve laboratory and diagnostic facilities. Essential laboratory equipment and consumables will be provided to county level hospitals. Improved diagnostic services would include diagnosis of anaemia (haemoglobin) and blood sugar levels, leading to improved antenatal care. For ri level clinics, improved laboratory services will include urine, stool and simple blood screening, including diagnosis of malaria. The equipment provided will be appropriate, as most clinic and hospitals do not have regular electricity supply. In addition to the equipment, a WHO laboratory expert will conduct training for laboratory personnel to update their knowledge and improve the quality of laboratory work. This will ensure proper use of the new equipment. Being a pilot project, it is important to review the outcome and learning experiences gained. Monitoring and evaluation is therefore a key part of the project.

Prioritisation according to project funding levels

25% FUNDED	50% FUNDED	75% FUNDED	100% FUNDED
<ul style="list-style-type: none"> ▪ Three county hospitals and five ri level clinics ▪ Training of staff ▪ Monitoring and Evaluation 	<ul style="list-style-type: none"> ▪ Three county hospitals and five ri level clinics ▪ Training of staff ▪ Monitoring and Evaluation 	<ul style="list-style-type: none"> ▪ Two county hospitals and five ri level clinics ▪ Training of staff ▪ Monitoring and Evaluation 	<ul style="list-style-type: none"> ▪ Two county hospitals and five ri level clinics ▪ Training of staff ▪ Monitoring and Evaluation

FINANCIAL SUMMARY	
PROJECT ACTIVITY	US\$
County level equipment and consumables	75,000
Ri level equipment and consumables	50,000
Training of hospital and clinic staff	50,000
Monitoring, Evaluation and Reporting	20,000
Programme Support Costs	11,700
Total	206,700

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Strengthen the control of malaria, HIV/AIDS and other communicable diseases of public health importance
Project Code	DPRK-03/H10
Sector	Health
Theme	Health
Project Objectives	<p>Malaria Activities:</p> <ul style="list-style-type: none"> • Ensure supply of malaria drugs for 300,000 cases. • Provision of 100 microscopes for laboratory identification of malaria. • Provision of 100,000 sets of slides and lancets and laboratory consumables. • Provision of 300 Hudson Sprayers, 900 set of protective clothing and 2,000 litres of insecticides for spraying. • Provide 100,000 impregnated mosquito nets to population in high-risk counties of Kaesong, Kangwon, North and South Hwanghae. • Develop and print health education materials for all ri-level clinics. • Train four Korean doctors in malariology/entomology in another Asian country (e.g.China). • Provision of equipment to strengthen malaria surveillance and processing of epidemiological data on malaria. <p>HIV/AIDS:</p> <ul style="list-style-type: none"> • Country assessment and situation analysis in cooperation with UNAIDS and UNICEF. • Printing of IEC Materials. • Training of staff. <p>Other Communicable Diseases:</p> <ul style="list-style-type: none"> • Procurement of cholera and enteric bacteriology and support kits and other laboratory reagents. • Training of epidemiologists and laboratory staff on disease surveillance and outbreak response. • Laboratory equipment for Central and provincial Hygiene and Anti-epidemic stations.
Supporting CAP Objective	Health and Nutrition Sector: Operational Objective Seven
Targeted Beneficiaries	Total population of 22 million people
Implementing Partners	MoPH, UNICEF, NGOs and IFRC
Project Duration	January - December 2003
Funds Requested	US\$ 1,378,000

Project Description:

Malaria re-emerged in 1998 and rapidly spread from the southern parts of DPRK, and is now prevalent in eight provinces and two municipalities. A dramatic increase in malaria incidence was particularly noticed in Kaesong and malaria incidence almost doubled in South Hwanghae, North Hwanghae and in Kangwon from 1999 to 2000, with a further 50% increase in 2001.

Through a major campaign launched by the MoPH in 2001, with support from WHO, the number of malaria cases reported during the first six months of 2002 has decreased compared with the previous year. This is a result of making anti-malarial drugs available at the periphery of health services throughout the country, and could not have been made possibly without donor support. It is now vitally important that the work to combat malaria continues, with an emphasis placed both on making anti malaria drugs available and on vector control. The main vector for transmitting malaria in DPRK and its behavioural pattern has now been identified through entomological studies undertaken with support of WHO in July 2002, making it possible to target vector control programmes in order to prevent the disease from spreading. Should the crucial support provided now stop, the positive work achieved so far will quickly be reversed.

HIV/AIDS is currently not a problem in DPRK. There is no case officially reported. However, several risk factors, such as the lack of awareness among the population, unsafe blood and injection practices, are existent. It is vitally important to develop a prevention strategy for HIV infections in DPRK. A country assessment and situation analysis of HIV/AIDS in DPRK is planned in cooperation with UNAIDS and UNICEF. This is an important part of assisting the Government in preparation of a prevention strategy. The production of IEC material, training of health personnel and awareness campaign for the public on HIV and AIDS will be important programme activities. The activities will be coordinated through the UN and Red Cross Country Theme Group on HIV AIDS, presently chaired by WHO.

Prioritisation according to project funding levels

	25% FUNDED	50% FUNDED	75% FUNDED	100% FUNDED
MALARIA	<ul style="list-style-type: none"> ▪ Anti malarial drugs ▪ Laboratory consumables ▪ 50 microscopes ▪ 150 sprayers, 450 sets of protective clothing and 1000 litres of insecticides ▪ 8000 mosquito nets 	<ul style="list-style-type: none"> ▪ 150 sprayers, 450 sets of protective clothing and 1000 litres of insecticides ▪ 30,000 mosquito nets ▪ Technical assistance 	<ul style="list-style-type: none"> ▪ 50,000 mosquito nets 	<ul style="list-style-type: none"> ▪ 12,000 mosquito nets ▪ Development of health education materials ▪ Computer equipment ▪ Technical Assistance ▪ Fellowships ▪ Operational Research
HIV / AIDS	<ul style="list-style-type: none"> ▪ Country Assessment and situation analysis of HIV/AIDS 	<ul style="list-style-type: none"> ▪ Training of health personnel on HIV prevention strategies 	<ul style="list-style-type: none"> ▪ Production and printing of IEC Materials HIV prevention 	
COMM. DISEASES	<ul style="list-style-type: none"> ▪ Procurement of cholera and enteric bacteriology kits, support kits for outbreak of cholera and other enteric diseases and other laboratory reagents 	<ul style="list-style-type: none"> ▪ Training of epidemiologists on disease surveillance and outbreak response 	<ul style="list-style-type: none"> ▪ 50 % of Laboratory equipment for Central and provincial Hygiene and Anti-epidemic stations 	<ul style="list-style-type: none"> ▪ 50 % of Laboratory equipment for Central and provincial Hygiene and Anti-epidemic stations

It is proposed to work with the Government to further build capacity at local and national level to strengthen the disease surveillance and outbreak response, in particular for enteric diseases (cholera, paratyphoid, salmonellas). Diarrhoeal diseases are major problems affecting the Korean people, especially children, most often during the summer. There is a potential for disease outbreak and epidemics. The capacity of public health laboratories has been strengthened in all provinces and at the national level following support from WHO, but requires further strengthening to increase response to disease outbreaks. This support has consisted of essential laboratory equipment, laboratory reagents, as well as training to laboratory personnel. It is planned to provide diagnostic reagents, cholera, and enteric bacteriology kits and support kits for outbreak of cholera and other enteric diseases.

FINANCIAL SUMMARY	
PROJECT ACTIVITY	US\$
Malaria Activities:	
Anti-malarial drugs (chloroquine and primaquine)	100,000
Slides, lancets and laboratory consumables for diagnosis of malaria	30,000
Sprayers, insecticides, and protective clothing	80,000
Binocular Microscopes for use with sunlight and electricity	70,000
Mosquito nets	500,000
Health education materials on malaria prevention and control to be distributed among the population of malaria affected areas	10,000
Equipment for surveillance of malaria	15,000
Training Laboratory Specialists/Technicians engaged in examination of blood slides on malaria and seminars/workshops for provincial and county Epidemiologists/Parasitologists/Entomologists, engaged in malaria control activities	20,000
Technical assistance by WHO experts for entomology and vector control (two months), Laboratory Specialist (one month) and malaria control (two months)	50,000
Train four Korean doctors in malariology/entomology in another Asian country (e.g.China)	30,000
Operational research (1) to determine the proportion of <i>P.vivax</i> with long incubation period in the	30,000

country, and its relapse pattern and (2) to evaluate the impact of insecticide-impregnated mosquito nets on malaria incidence vs. use of indoor residual insecticide spraying (3) to identify suitable locally available larvivorous fish	
HIV/AIDS:	
Country Assessment and situation analysis of HIV/AIDS	15,000
Production and printing of IEC Materials HIV prevention	30,000
Training of health personnel on HIV prevention strategies	20,000
Other communicable diseases:	
Procurement of cholera and enteric bacteriology kits, support kits for outbreak of cholera and other enteric diseases and other laboratory reagents	40,000
Training of epidemiologists and laboratory staff on disease surveillance and outbreak response	50,000
Laboratory equipment for Central and provincial Hygiene and Anti-epidemic stations	150,000
Monitoring, Evaluation and Reporting	60,000
Programme Support costs	78,000
Total	1,378,000