

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

DPR KOREA

5 February 2003

Appeal No. 01.38/2002

Appeal Target CHF 12,413,596

Programme Update No. 2

Period covered: July - December 2002 (last Programme Update issued; Programme Update No. 1 September 24, 2002)

“At a Glance”

Appeal coverage: Covered

Related Appeals: East Asia regional programmes 01.69/03

Outstanding needs: None

Update: Donor response to the Federation appeal has been excellent and has enabled the local national society to mount effective ongoing support to vulnerable people. The scale of the problem in DPR Korea is such that long term engagement on a massive scale will be required to ensure those in need retain assistance.

Operational Developments:

The operational environment has been quite stable in the period, in spite of great events in the country. Tension on the Korean peninsula has risen greatly recently.

While July was dominated by economic reforms, the 2 months of August and September was a Grande Parade of highlights. The most beautiful one was the scene where two young Koreans, one from the North and one from the South, approached each other through a newly opened gate in the Demilitarized Zone where the railroad track is to be reconstructed after nearly 50 years of disruption. Bringing a rose and embracing each other, they symbolized the new hopes for reunification of the two Korean states.

Later summits between DPRK and Russia and DPRK and Japan were conducted. The first resulted in an agreement of reopening the railway connections between South Korea and Russia both on the west and east coast. Road connections are also planned to be opened.

A visit by the Japanese prime minister on September 17th resulted in a joint declaration to work towards normalization of the relations between the two countries. Later developments revealed that the past is far from forgotten, and new setbacks were faced.

The economic reforms which were introduced as of July 1st, 2002, are carefully being assessed by the international humanitarian community. The situation is not clear, whether the vulnerability in the population will change, or in which way. Focus has been put on the heavily industrialized areas in the northeast.

The results from the National Nutrition Survey conducted by the Central Bureau of Statistics, the Institute for Child Nutrition, UNICEF and WFP, are not published yet. The reports so far say that the survey has been carried out smoothly and with sufficient technical standard, so that the results are expected to have a high level of credibility.

The main FAO-WFP Crop and Food Supply Assessment Mission was in the DPR Korea from September 24 to October 5, 2002. Based on field visits and food security assessments, the report (released October 28) noted that, "... *despite the recovery in agricultural production in 2001 and 2002, domestic production still fell well below the minimum food needs. The country would again have to depend on substantial external food assistance, as its capacity to import commercially remained highly constrained*".

The 2002/03 cereal production is forecast at 3.84 million tons. This will be the best harvest since 1995/96 and is 4.9 percent larger compared to last year's revised estimate. Factors behind this include favourable rains, provision of fertilizer and pesticides through international assistance, timely availability of seeds and mobilization of government resources on a priority basis to the agriculture sector. The cereal deficit in the crop year 2002/03 (November/October) is estimated at 1.084 million tons.

The Chief Executive Director of WFP visited DPR Korea November 12. - 16. He focused on the difficult funding situation for the DPRK operation, which so far has forced WFP to scrap their support to about 3 million beneficiaries and by end of the year looked even more dire towards the lean season in the spring. Some food aid from China and the Republic Of Korea is distributed through the Public Distribution System. The aid from ROK is channeled through the Red Cross on a bilateral basis.

Before the WFP funding crisis started, hospital started to report on some improvements in the nutritional status, for instance a general increase in birth weight.

In the second week of August severe floods hit the western part of the country and the Typhoon Ruusa hit the peninsula on August 31/September 1. While South Korea was most severely affected, Kangwon province in DPRK was also quite seriously impacted. Some of the counties were also among the most affected in last years floods on the East Coast. The DPRK Red Cross reacted swiftly and efficiently to both disasters, and it is most probable that previous DP training in the provinces contributed to a reduced number of deaths this year, as compared to earlier disasters.

The winter cold reached the Korean peninsula already early November. Apart from increasing the hardship for the Korean people, both those working in the ice cold paddy fields harvesting the rice crops and those less healthy suffering in unheated hospital building as well as the victims of the floods and typhoons in August and September rebuilding their destroyed houses, it was a reminder of how unpredictable nature is, and that meteorological events far away influences the daily life and also the Red Cross operations in DPR Korea.

Distribution of coal to health institutions attempted to relieve the situation a little.

The cooperation between ROK Red Cross Society and DPRK Red Cross Societies to facilitate visits between families separated by the Korean war, continues. The DPRK Red Cross and the ROK Red Cross agreed on a permanent site for separated family meetings in a meeting in Mt. Kumgang September 8. Another meeting of families separated since the Korean War was conducted in Mt. Kumgang September 13 - 18.

Disaster Preparedness

Objective 1

To further improve DPRK RC disaster preparedness and post disaster response structures and systems.

- The ability of the DPRK Red Cross Society to respond to disasters has been greatly enhanced by the ongoing disaster management programme supported by the Federation.
- The established DP/DR working group meets quarterly at national and provincial level Meeting held in February, May and September. DP working group meeting held on 13 September at Red Cross DP operational center. The meeting was participated by all the members of group. The DP working group meeting also participated by visiting DP Review Team. The meeting was emphasized to have similar kind of working group in provincial level and have significant progress on confidence building process in future.
- No provincial level coordinated contingency plan was developed to date. Progress delayed by disaster response activities in August and lack of provincial DP officers in place.
- The programme has managed to reach its target of stockpiling 12,000 family packs earlier this year, but has since distributed some 6000 of those over the of August/September in order to respond this year flood, which was replenished by the end of the year. An additional 3,000 family packs were added into stockpiling by utilizing the DFID fund 2001/2002 for DP programme through British Red Cross.
- Established one central warehouse and five regional warehouses containing essential relief supplies ready for distribution in the event of a disaster.
- Developed agreed operational procedures for disaster response.
- Started to implement disaster preparedness activities at community level.

Such activities have enhanced both the speed and efficiency of the DPRK Red Cross response to disasters, as was demonstrated following heavy rainfall in the western provinces of DPRK in August 2002.

In October 2002 a review, supported by the British Red Cross Society, of the activities of the Disaster Management programme to date was carried out. The conclusions of the review were that in the last two years that programme has made a significant contribution to developing the capacity of the DPRK Red Cross to respond to disaster events. The programme has also been successful in defining a clear role for the Red Cross in preparedness and response, which is both acknowledged and appreciated by the government and the main international humanitarian actors in the country.

The review also highlighted a number of issues to be considered for future programme development, notably the need to ensure that targets set can be realised within the planned time frame and that appropriate staffing is made available by the National Society to support the implementation of the programme.

Objective 2

Further develop the knowledge and skill of DP/DR to DPRK RC staff and volunteers

- Provided disaster preparedness and response training to DPRK Red Cross staff and volunteers at all national, provincial, county and Ri level.
- Two senior personnel from DPRK Red Cross were sent to Asian Disaster Preparedness Center (ADPC) to attend Community Based Disaster Management Course-11. The participants were Deputy secretary General responsible for DP&R Department as well and Desk officer of DP&R Department.
- Three member NS staff were visited to the Philippine RC in December in order to enhance and exchange the knowledge of CDBP programme.

- Three training programmes were carried out in different provinces, on which 120 provincial and county volunteers and staffs were trained in disaster preparedness and response within this period.
- Because of earlier termination of DP delegate and year closing period 25 master trainers training postponed to 21-24 January 2003.
- Disaster posters, flip charts and training materials were developed, tested and revised including CBDP manual.

Objective 3

Implement VCA in two provinces and build the capacity of DPRK RC in VCA methodology.

- Three Days training on Vulnerability-Capacity-Assessment (VCA) was organized in Anju city. A total of 22 participants from different provinces and counties were attended.
- Did not receive positive response in order to carry out VCA in two provinces. But agreed to carry out VCA in one of the Ri of only one province in 2002 (rather than the planned). Some initial doubts and resistance to concepts because of required accessibility for VCA process.

Objective 4

Implement a CBDP pilot project in nine Ri level in one province.

- CBDP manual for branch level volunteers, community trainers and committee members has been developed and translated into Korean and tested in the field and revised. This manual covers training curriculum, CBDP management methodologies and teaching materials and methods.
- In first week of October, the Federation held a three Days training on Community Based Disaster Preparedness (CBDP) to which staff members and Red Cross from three counties and nine Ri of South Pyongan Province were invited. A total of 22 participants attended the training of which 18 were from nine RIs from three counties. The people attending had mixture of backgrounds in disaster management, health, engineering and cooperative farming. The main aim of the training was to raise the level of understanding about disaster preparedness at the community level, and to assist the participants in recognizing the relevance of CBDP in their individual community. Furthermore, all participants were asked to draw up an action plan for disaster preparedness, mitigation and setup early warning system. The Federation delegation, DPRK will follow up with the CBDP pilot project ri-area and with National Society in progress made on the action plan.
- By the trained Community Trainers of respected Ri completed five rounds of one day CBDP training to the community people. The training was conducted by participatory by using flip chart and wall chart method. It was extremely satisfactory considering the very first time this kind of training conducted at the grass root level.
- Local level monitoring and early warning systems is in place and mitigation activities implemented. Hazard and risk mapping has been completed in all nine Ri. Procurement of equipment and materials for early warning and mitigation measures has been completed.

Objective 5

Increase disaster awareness of the population in high-risk areas through dissemination of IEC materials, messages

- Design, testing, printing and distribution of DP poster completed but the original image and message on poster design modified by DPRK RC.
- No progress with regards to TV/Radio spot developed, produced and broadcast. Public awareness campaigns and information dissemination is an extremely sensitive issue and has been discouraged to date.

Objective 6

Effectively implement, monitor and evaluate programme objectives, outputs, inputs and process

- As per the job description and mission instruction provided to the Federation DP delegate, the programme as a whole has been effectively implemented and monitored so far. A DP review team organized by British Red

Cross Society has visited DPRK on 10-17 September 2002. The team reviewed the period of 2001-2002 progress and assess, where possible, the effectiveness and impact of the DPRK Red Cross DP programme and also made recommendations for the development and future direction of the DP programme. In overall outcomes of the review team considers that the DP/DR programme over the last 2 years has made a significant contribution to the capacity of the DPRK-Red Cross National Society to respond to disaster events. The programme has been successful in defining a clear role for the Red Cross both in disaster preparedness and response, which is recognized by the government and the main international humanitarian actors in the country. The Red Cross is now considered to be the leading agency in the country, working in support of the government, concentrating on clearly defined competencies, which includes search and rescue, first aid and nonfood aid assistance.

Others

- **Flooding in August**

The torrential rain primarily impacted on 4-5 August the western parts of the country (Kaechon, Dokchon and Anju) the main cities in South Phyongan Province and Nyongwon, Eunsan, Mundok and Sukchon. Approximately 120-227 mm of rain fell in a 3-5 hour duration, resulting in 23,000 people being left homeless and 6,681 partially affected. South Hwanghae Province, the rice-bowl of the country, was also hit by 340-380 mm of heavy rain in less than 10 hours. Flash floods from the mountains swept scores of villages in North Pyongan Province too. Similarly, floods triggered by Typhoon Rusa on 31 August and 1 September have caused damage to parts of Kangwon Province. According to Flood Damage Rehabilitation Committee (FDRC), a Government body, the worst affected areas were the counties of Tongchon and Kosong, which received between 300 to 510 mm of rain, over a 5 to 10 hour period on the morning of 1 September. Flooding was made worse by a tidal surge of up to 1.5 m early on the morning of 1 September. According to the initial assessment conducted by the DPRK Red Cross and the Federation, among the thousands of affected people 2,925 people (717 families) become homeless only in Tongchon county. According to the DPRK Red Cross reports three people perished while 7,401 have been left homeless in two counties of Kangwon Province including severely affected Kosong County, which is inaccessible to resident international organisation.

The Federation and DPRK RC Response

Provincial and city/county Red Cross branches have promptly launched the response activities by mobilizing their volunteers, even though their resources are limited. First aid posts were set up in the villages along with rehabilitation sites to provide medical assistance to the wounded victims. Anju City Red Cross Branch rapidly mobilized and deployed more than 310 volunteers for the rescue, evacuation and first aid service. Some 189 people were saved by an inflatable boat run by the Red Cross rescue team, and homeless people have been temporarily evacuated to the higher ground or are sharing houses with other families.

Following the Typhoon on 31 August & 1 September, an Interagency assessment mission to Kangwon Province took place on 2 September, whereas DPRK Red Cross and Federation teams were the first to reach the affected areas. The mission, which included representatives from the Federation, WFP, UNDP, UNICEF, OCHA, and the British Embassy, inspected flood damage in Tongchon and Anbyon counties. The mission did not visit the severely affected Kosong County, which is inaccessible to resident international organizations. In Tongchon County local cooperative farms including Red Cross volunteers had reacted in the meantime by collecting from their villages food items representing two weeks food ration and distributed it to the victims. The National Society and the Federation Delegation have immediately released available relief stock from regional warehouse of Wonsan city, Kangwon Province. DPRK Red Cross working in close collaboration with FDRC in inaccessible Kosong county.

The DPRK Red Cross and the Federation Delegation decided to release pre-positioned DP stocks from the Central DP warehouse in Pyonygang and from the regional warehouses according to closer distance, to the flood victims in all areas. Allmost all distribution has been done so far except than few quantity of the items like water containers and plastic sheeting due to delayed in procurement.

- The population affected by the torrential rain and by the floods triggered by Typhoon Rusa in Kangwon province have started rehabilitation work in their respective areas. Most people are now living in permanent or temporary buildings. Some live in crowded houses, but nobody are living in tents or other temporary shelters any more.
- Most of the period has been busy with training workshops, CBDP program and procurement connected with the emergency response and further prepositioning of DR materials.
- A planned visit by the British Red Cross desk officer in November was postponed until February on his request.
- A final draft of the DP review has been received. The recommendations from the review team are now being considered.
- Programming and budgeting for the next year had to be done earlier than expected, due to an earlier termination of mission for the DP delegate than planned. The delegate was appointed Head of Delegation in Mongolia, and to secure hand over, he left DPRK November 30. It is planned that he will be back for a two week period in January to finalize Annual Report and close the Emergency operation.

Health and Care

Distribution of drugs and medical supplies

Objective 1

- To strengthen the capacity of 1762 health institutions (provincial, county, industrial, city and ri hospitals and clinics) in three provinces and one municipality to provide basic medical services.

NOTE: This number of institutions is an increase from the launch of the Annual Appeal, due to the addition of the institutions in two newly accessible counties.

The drug distribution project now covers 51 counties in 3 provinces (North and South Pyongan, Chagang) and 1 municipality (Kaesong), since gaining access to two new counties in North Pyongan province from November 2001. Starting from the December distribution for first Quarter, 2002, the Red Cross operational area now covers 1,762 institutions - 2 Provincial hospitals, 1 Municipal hospital (equivalent to provincial in service scope), 67 city/county hospitals, 87 Industrial hospitals, 300 Ri hospitals, 89 Poly clinics and 1216 Ri clinics - which are receiving drugs and medical supplies every 3 months. The total population covered in 2001 was 5.8 million, and has now increased to 6.13 million.

After reduced distribution in the 1st quarter (due to funding delays), the 2nd quarter of the year saw the introduction of the two new types of kits – basic, non-freezable supplies for 1000 people attending household doctor departments, and supplementary hospital supplies (including injectables and minimal infusion material), in May and June, respectively. Malaria medications for 100,000 cases were distributed in late June; wheelchairs (50) and crutches (200) for provincial level hospitals, stretchers (200) for first aid posts, and water filter candles(1200) to replace faulty material completed the distributions in the first half of the year.

Distribution in the second half of the year started with the completion of the distribution of the first supplementary kits, in July. Designed for 100,000 people for three months, but delivered for 6 months at a time to avoid winter delivery and freezing risks, funding constraints resulted in both delays in delivery – which should have been for 2nd and 3rd quarter, but only commenced at the start of the 3rd – and lower volumes - which were distributed according to institutional type rather than population size. The funding pipeline improved over the year, so that while the volumes remain unchanged, the second set of supplementary kits arrived in the 4th quarter – for which they were targeted, in addition to coverage of the 1st quarter, 2003 – so their distribution was completed before the winter conditions set in with the attendant concerns of access and temperature control for the drugs becoming a major problem.

The basic kits for the 3rd and 4th quarters were received with increasingly lessened delays and in sufficient volumes to initiate the creation of a small buffer stock, while still supplying the kits based populations of 1,000 people. With the 3rd and 4th quarter supplies, some kits were conserved to provide a buffer stock (approximately 290 kits per consignment). This stock is rotated out with each distribution; it has been drawn down for the winter (1st quarter) distribution to provide early, and slightly fuller, supply for areas rendered inaccessible by winter conditions; it will be made available to the health institutions involved in the prescription monitoring study, to any new counties made accessible and for emergency situations, should such events arise.

Complications in the programme delivery arose when the 3rd quarter kits, donated by the British Red Cross, arrived labelled as donations from the Danish Red Cross, and had to be re-labelled correctly at the county warehouses as distribution was initiated while the manufacturer rushed corrected stickers through to DPRK – a two week delivery process.

A further incident involved both 3rd and 4th quarter kits when the delivered aluminium hydroxide tablets were found to have an inadequate neutralising capacity on testing by the Institute for Drug Testing, MOPH, DPRK which routinely samples and analyses the medicines in the basic kits from each new shipment of kits arriving in the DPRK, before the kits are allowed to be released to health institutions. Since the inception of the IFRC/DPRK RC drug programme in 1997, there has been no reported cases of the imported drugs not meeting DPRK standards, until this incident. The DPRK findings have been substantiated by international testing in Europe. The incident is still under investigation, but of note:

1. The drugs were contributed by a subcontractor who is not involved in the provision of the drugs in the 1st and 2nd quarter 2003 kits which are now in transit, so no further problem is expected.
2. The MOPH, DPRK has utilised the DPRK RC to contact all recipient institutions on the appropriate disposal of the substandard medication.
3. The supplier is in the process of replacing the aluminium hydroxide tablets for both sets of kits, and the Red Cross will distribute as per the kits themselves when the replacements arrive in country – and after appropriate testing, of course!

Drug distribution overview January - December 2002

Province	Material Distributed	Date	Distributed to institutions	Donor
North Pyongan	Antibiotic Kits	Distribution: Mar. 13th - 15th. Monitoring: Mar 20th - 27th	244 polyclinics, industrial & county hospitals	Norwegian Red Cross
	Basic Medicine Kits	Distribution: May 23rd - 30th. Monitoring: May 28th - June 7th	All 693 hospitals and clinics except for provincial hospital.	Danish Red Cross/ECHO
		Distribution: Aug. 28th - Sep. 2nd Monitoring : Sep. 10th - 13th	All 693 hospitals and clinics except for provincial hospitals.	British Red Cross/DFID
		Distribution: Oct. 25th - Nov. 5th Monitoring: Nov. 19th - 27th	All 693 hospitals and clinics except for provincial hospital.	Danish Red Cross/ECHO and Norwegian Red Cross
		Distribution: Nov. 21st - 25th Monitoring: Nov. 21st - 27th	79 hospitals and clinics in 3 remote counties.	Danish Red Cross/ECHO and Norwegian Red Cross
	Supplementary kits	Distribution: July 2nd - 10th	58 provincial, city,	Norwegian Red Cross

		Monitoring: July. 9th - 15th	county and industrial hospitals.	
		Distribution: Nov. 12th - 20th Monitoring: Nov. 19th - 27th	58 provincial, city, county and industrial hospitals.	Netherlands Red Cross
South Pyongan	Antibiotic Kits	Distribution: Mar. 11th - 15th. Monitoring: Mar 19th - 26th	283 polyclinics, industrial & county hospitals	Norwegian Red Cross
	Basic Medicine Kits	Distribution: May 20 - 25th. Monitoring: May 22nd - 30th	All 745 hospitals and clinics except for provincial hospital.	Danish Red Cross/ECHO
		Distribution: Aug. 27th - Sep. 13th Monitoring: Sep. 10th - 13th	All 745 hospitals and clinics except for provincial hospital.	British Red Cross/DFID
		Distribution: Oct. 28th - Nov. 5th Monitoring: Nov. 20th - 27th	All 745 hospitals and clinics except for provincial hospital.	Danish Red Cross/ECHO and Norwegian Red Cross
	Supplementary kits	Distribution: July 4th - 12th Monitoring: July 15th - 18th	76 provincial, city, county and industrial hospitals.	Norwegian Red Cross
		Distribution: Nov. 15th - 24th Monitoring: Nov. 20th - 27th	76 provincial, city, county and industrial hospitals.	Netherlands Red Cross
Chagang	Basic Medicine Kits	Distribution: Mar. 11th - 12th. Monitoring; Mar 13th	35 polyclinics, industrial & county hospitals	Norwegian Red Cross
		Distribution: May 29th- 30th. Monitoring: June 4th - 5th	All 215 hospitals and clinics.	Danish Red Cross/ECHO
		Distribution: Aug. 30th - 31st Monitoring: Sep. 10th - 12th	All 215 hospitals and clinics.	British Red Cross/DFID
		Distribution: Oct. 28th - 30th Monitoring: Nov. 19th - 22nd.	All 215 hospitals and clinics.	Danish Red Cross/ECHO and Norwegian Red Cross
		Distribution: Nov. 19th - 22nd. Monitoring: Nov. 19th - 22nd.	111 hospitals and clinics in 4 remote counties.	Danish Red Cross/ECHO and Norwegian Red Cross
	Supplementary kits	Distribution: July 4th - 6th	15 county and industrial hospitals.	Norwegian Red Cross

		Distribution: Nov. 16th - 21th Monitoring: Nov. 19th - 21st.	15 county and industrial hospitals.	Netherlands Red Cross
Kaesong	Antibiotic Kits	Distribution: Feb. 20th - 21st. Monitoring: Feb 26th	38 polyclinics, industrial & county hospitals	Norwegian Red Cross
	Basic Medicine Kits	Distribution: May 31st. Monitoring: June 4th	All 106 hospitals and clinics except for provincial hospital.	Danish Red Cross/ECHO
		Distribution: Aug. 27th Monitoring: Sep. 11th - 12th	All 106 hospitals and clinics except for provincial hospital	British Red Cross/DFID
		Distribution: Oct. 28th - 29th Monitoring: Nov. 19th - 20th	All 106 hospitals and clinics except for provincial hospital	Danish Red Cross/ECHO and Norwegian Red Cross
	Supplementary kits	Distribution: July 5th Monitoring: July 11th	8 provincial, city, county and industrial hospitals.	Norwegian Red Cross
		Distribution: Nov. 18th - 19th Monitoring: Nov. 19th - 20th	8 provincial, city, county and industrial hospitals.	Netherlands Red Cross

Data Management and Analysis

Data collection and utilisation is vital to the ongoing management of the drug distribution project, both to evaluate efficacy and to project future requirements. However, reliable data has been difficult to collect in DPRK, a well documented fact. In addition to information gained subjectively from institution monitoring, the IFRC has/had 3 sources of data for analysing the impact of the drug distribution project, all of which provide different insights to the health situation. Specifically:

Institution Monitoring Interviews

Institution monitoring interviews remain a source of anecdotal reports. Some consistent observations, which corroborate the preliminary findings, above, but for which hard data is not available, include:

- A decrease in referral rate of up to 50% since the receipt of the basic kits in May.
- A decrease in illness duration of up to 50%
- A reduction in chronicity
- The anaesthetics (ketamine) and oxytocin in the supplementary kits are the only source of those class of drugs available to the supplied hospitals

Analysis of Quarterly Drug Consumption Forms

Quarterly consumption forms are completed by all institutions receiving drugs from the RC. To date, these reports, submitted in Korean, have not been entered into a data base, so detailed analysis has not been possible. An overview of samples of reports, supported by interviewed reports during institution monitoring, suggest that the new kits last populations of 1,000 up to 10 to 11 weeks, with antibiotics representing the first fully utilised drugs, lasting on average 8 weeks. It has been brought to the RC attention that the drugs last only because the doctors are very careful with their supply. This cannot be substantiated by the reports.

Quarterly Disease Surveillance Reports

Disease surveillance data arising from 15 selected institutions was provided from the MOPH to the IFRC through the DPRK RC in an effort to collaborate on defining the health situation in DPRK more clearly for the IFRC Health and Care programme. The initiative began in March, 2000, with intermittent reports being available in the delegation's files. With the implementation of the drug prescription monitoring project (DPM project) in 7 institutions, the MOPH understood that the surveillance of the 15 institutions could be discontinued, and they have provided no further reports to the RC since April, 2002. The IFRC expected that both projects would go on simultaneously, hoping that the two sources of information would prove additive, building a more complete view of the health situation and impact of the donated IFRC drugs. Although not completely resolved at this time, this is unlikely to be the case, but the DPM project results (see below) are likely to be more reliable.

The data provided for the period August 2001 - April 2002 showed, as in earlier reports, that Acute Respiratory Infections (ARI) were the most common disease in winter with Gastrointestinal diseases is the second most prevalent disease group. No great difference in prevalence was found as compared to the same season of the year in the surveillance report from 2001.

Drug Prescription Monitoring Project - (New Initiative)

The Federation, the DPRK RC and the Ministry of Public Health have identified seven target institutions covering a total population of 50,000 from different levels in the health system which are now submitting all prescriptions filled in the OPD for analysis and tracking. The patient profiles, and diagnosis are also captured, so the project will be able to report on both disease incidence and treatment for this population. The project runs for one year, starting from May 2002 (four quarterly reports), at the end of which time it is hoped that this process will result in better quality information about the dissemination and use of Red Cross drugs and equipment. The first report has been received and reviewed; the 2nd quarter report is under translation. Comparison of all quarterly reports will give the best picture.

Preliminary Results May – June 2002

- RC supplied drugs provided 81% of the treatment prescribed in the participating hospitals.
- 53% of the population attended the outpatient clinics in the three months, on average 1.5 times (this was noted to be high, and well above country norms, which were not reported)
- Treatment period (apparently until patient was recovered) was halved for patients receiving the RC drugs (4.1 days vs. 7.6 days)
- The most common complaints were:
- ARIs – 54% (common cold, bronchitis and tonsillitis)
- Digestive diseases – 30% (acute colitis, ascariasis, and acute gastroenteritis)

These data should be used with caution as different interpretations can be drawn from some of the material, which may be an effect of the reporting format, but which will be investigated further, especially with the next reports.

Surgical instruments

No surgical instruments have been distributed this year. Household doctor kits – donated by the Netherlands and German Red Cross - began to arrive in the DPRK the last week of December, for distribution as soon as winter conditions permit in the new year. The delivery kits were expected end December, but have not yet arrived in DPRK. The orthopedic kits were bypassed for funding in favour of the primary health care initiative of the Household doctor kits, and remain an Appeal item for 2003.

No further complaints about rusting of instruments have been volunteered, although it has been a focus of interview question, so it seems that problem has been resolved. Ten workshops on aseptic technique are planned for 2003 to continue to address some of the factors in this incident.

Monitoring

IFRC delegates primarily conduct two types of monitoring: distribution and institution. Distribution monitoring for medical supplies (drugs, instruments and equipment) is primarily conducted at county warehouse levels, with some secondary monitoring occurring during institution visits. Predetermined trips by NS staff and IFRC delegates to all county warehouses after supplies are transported, but before there is any local release, confirms that the volumes of supplies designated for each county actually were in place, and that the condition of the goods is appropriate. Distribution of the supplies to the institutions is the responsibility of the local RC branches; distribution plans have been amended to include signatures of each institution for receipt of the items, to be returned to the IFRC.

Institution monitoring provides an opportunity to review the health status of the area, the usefulness/need of medical supplies and confirm receipt and condition of designated volumes of supplies at the facility. The information is highly subjective, but trends can be identified, and variations, although rare, may be significant. Some 216 institution visits were conducted by Federation delegates in 2002. Since random access continues to be denied, the usefulness of this type of monitoring needs to be considered. Based on these two types of monitoring, as noted previously, there has been no observed diversion of relief items from the Red Cross distribution.

Medication supply

As reported under data management, RC supplied drugs constitute about 80% of medications prescribed. No additional data has been collected on Koryo medicines. Pharmacies always have good documentation in place whenever monitored. Concern over the continuation (and sometimes the volumes) of the drugs is expressed, but requests for changes to the types of drugs are rare.

The national pharmaceutical industry is not close to self-sufficiency. A site visit to the Pyongyang Pharmaceutical Factory in October revealed that of the medications now produced from imported donated raw materials, the entire output is less than the needs of UNICEF and MOPH for whom it is produced. The capacity to increase output will take significant time – several years, by an external pharmaceutical estimate.

Monitoring local shops in Pyongyang reveals a further increase in the amount of pharmaceutical available for sale, almost all of Russian origin.

Constraints

1. The Appeal cycle is not ideal for an operation which requires a lead time of 7 to 8 months from agreement to fund to in country delivery of goods. The desk officer and PNSs have made strides to address this and the situation is much improved – 2002 saw all distributions appealed for covered (albeit to a lesser extent in the 1st quarter), and by the 2nd half of the year, consignments were received and distributed in the quarters for which they were assigned. However, delays still occur, and the programme's vulnerability remains high.
2. Lack of random monitoring continues to be a concern; the risks are well known, but generally accepted by donors to date.
3. Donor fatigue may outstrip the rate of recovery of the National pharmaceutical industry. While exit strategies are being considered, monitoring of the situation is vital to maintain the gains that the drug programme appears to have made in the health situation to date.

Aseptic Techniques and Rational Drug Use Workshops

Ten workshops on these two topics were prepared and delivered to nurses and midwives this period. Based on the very positive evaluation of these, an additional ten workshops are planned for 2003.

Winterisation

The Norwegian Red Cross again contributed funds for the procurement of coal for heating of health institutions for the winter 2002/2003. 6342 metric tonnes of high quality coal was purchased in November and distributed to 48 hospitals and one orphanage. Monitoring is ongoing.

Health promotion training

Objective 2 To increase the knowledge of health workers and Red Cross volunteers in the prevention and care of water borne diseases and ARI/TB, and in breast feeding and weaning.

Waterborne Diseases

Gastrointestinal disorders, the most frequent disease reported in summer months, lead to the development first of Diarrhoea management workshops led to their reclassification as “Waterborne Diseases”, and integrated with the Water Sanitation and Hygiene Promotion program. The materials for the workshops were developed and approved by the MoPH, with implementation of the workshops themselves in June, 2002.

Ten one-day waterborne disease workshops were firstly conducted for 200 health workers and RC volunteers from 15 of the 20 Wat/San project villages from June to July.

In keeping with the ECHO contract, ten additional two-day workshops were prepared and organized for the same participants as the first one-day workshops and focused on exchange of experiences and lessons in their past training for community members since previous workshops, and more technical issues like sanitation. This gave important feedback on results of previous health promotion training.

Such waterborne disease workshops are planned in 2003 for the remaining five of 20 villages where Wat/San project was implemented in 2002 and some of 40 villages where Wat/San project will be implemented in 2003.

Acute Respiratory Infections Workshops

The evaluation of the workshops of last year led to a reformulating of the presentation material, which was approved by the MoPH. Ten ARI/TB prevention and treatment workshops were conducted in October for 200 nurses and midwives of hospitals and clinics within RC operational area. The evaluation was carried out and showed that awareness of participants had considerably been lifted and there was an interest in continuation of such workshops among participants. The teaching materials such as curriculum will be reviewed and updated for further training in 2003.

Safe Delivery and Breast Feeding

Material for this workshop was prepared, approved by MoPH and printed. 10 workshops for 200 midwives of mainly ri-level clinics and hospitals were conducted in May-July.

Malaria

Objective 5 To decrease the prevalence of malaria, and to provide treatment and increase the level of nursing care for malaria patients

Red Cross again distributed Chloroquine and Primaquine for 100,000 patients in July 2002, the estimated caseload in the RC operational area, according to MoPH. Following the recommended continuation of the Malaria prevention workshops, nine malaria prevention workshops were conducted in June, with the final (of 10) workshop being conducted on July 23. The evaluation on workshops was done and it proved that the workshops had effectively contributed to awareness increase of participants on how to prevent malaria epidemic in the communities. Taking continuous malaria epidemic in the country into account, such workshops are also scheduled for 2003 for 200 nurses of city/county, ri-hospitals and ri clinics with more participatory method in RC operational area.

HIV/AIDS

Objective 4

To increase the HIV/AIDS awareness of DPRK Red Cross and Government health staff and volunteers

Work is ongoing to maintain awareness of this topic, and the NS has committed to support the Manila agreement with its emphasis of the RC role in the world epidemic. RC participation at interagency theme meetings and IFRC delegates spoke/facilitated at the two half day workshop organized by the UN for staff and counterparts to raise HIV/AIDS awareness. The NS Health department and IFRC delegates all attended the workshop.

Constraints

The timing of workshops continues to be a major issue. In this half of the year, to complete the contracted services, workshops were held into late November. The winter weather, coupled with lack of heating, create significant hardships for such training, although the volunteers took it in very good part. The need for planning these events in late spring, summer and early fall is evident but again must be tailored around the agricultural priorities. The follow up of the trainees needs to be considered so the feedback from the Waterborne diseases workshops will be of great interest when translated.

CBFA (Community Based First aid)

Objective 3

To improve capability of DPRK Red Cross to plan and manage appropriate Community Based First Aid (CBFA) activities, building on local structures, experience and skills.

Based on the evaluation of the First Aid training conducted last year and the recommendations of the Health Review, the curriculum of the three level workshops has been upgraded and now includes FA in disaster situations, prevention of waterborne disease and HIV/AIDS awareness. One thousand CBFA training manuals have been printed and training material has been developed. Master Training was undertaken in April, TOT in June and TOV in September - October. 18/20 TOV trainings were evaluated by health delegates with test form. After TOV trainings 200 first aid posts in 20 counties were included in program. Refresher supplies have been distributed to first aid posts in July-August.

Water and sanitation

Objective 6

To contribute to sustainable improvements in the health and well-being of men, women and children in 100 Ri and Dong communities through the provision of clean water, locally appropriate sanitation facilities and hygiene education

General

In 2002 the goal was to implement the project in 20 of the 100 communities in this 3 year project.

During most of the second semester of 2002 people in the villages of DPRK were busy growing food. Thus the WatSan project did not progress significantly until the end of the harvest, at the beginning of November 2002.

Water Supplies

During the food-growing season some progress was made in the construction of wells and water storage tanks. Labour intensive work, such as the excavation of water supply pipes, was completed after the harvest and before the onset of winter. By the end of December 2002 all work on water supplies was fully completed in 19 of the 20 villages of the WatSan project.

In October and November 2002, some 45 villages were inspected by the WatSan delegate and engineers of the National Society, with the objective of including these villages in the next phase of the programme, to be carried out in 2003.

Waste Water Collection Systems

The 20 villages were re-inspected in order to determine where the installation of Waste Water Collection Systems (WWCS) was necessary. The main village selection criterion was the need for disposing wastewater so that the new water supply sources will not become contaminated. The amount of interest in the communities in constructing WWCS was also used as a selection criterion. It was found that the most villages had a strong interest in protecting their water sources.

By August 2002, 10 villages were selected and 10 WWCS were designed with the input of National Society engineers, one system for each village. The quantities and types of materials needed for each system were estimated and evaluated and the tendering process was initiated in September. However, the WWCS construction materials finally arrived in Pyongyang at the beginning of winter, too late for the implementation of this part of project. The installation of WWCS will proceed in early spring 2003 once the ground becomes unfrozen.

In December 2002, the National Society decided to further enforce sanitation activities and complete a sanitation programme, including the construction of ecological latrines, during the first half of 2003. This programme will be largely inspired by similar programmes currently being implemented by the Chinese Red Cross.

Water and Sanitation Review

In November 2002 a Project Evaluation Team, composed of two consultants and the IFRC Health Coordinator for East Asia, reviewed the DPRK watsan project and concluded that the execution of the sanitation components of the project were significantly delayed. One of the causes of this delay was the late initiation of the project. Another cause of the delay was understaffing, as the project had been supervised by one full time WatSan delegate and a second delegate employed for only seven months. The Project Evaluation Team recommended that three delegates should supervise the next phase of the project, to be initiated in 2003. This phase will cover 40 villages.

Workshops

During the last semester 2002, ten one day workshops dealing with the prevention and treatment of waterborne diseases, as well as with the protection of water sources, were carried out in the project areas. A second cycle of ten two days workshops was completed by the middle of November. Twenty participants belonging to the communities benefited by the Watsan project attended each workshop.

Technical workshops were completed also in the villages. These workshops provided training to local technicians on how to protect and maintain water pumps and other components of the new water supply systems.

Project Extension

As the project only incorporated the working season of autumn 2002, a five months project extension request was made. If the extension is granted, all sanitation elements of the project will be incorporated during the working season - spring 2003.

Monitoring and evaluation

Objective 7

To effectively implement, monitor and evaluate programme objectives, outputs, inputs and processes.

Activities within the Health and WatSan departments respectively has been described above. A planned workshop on Project Planning Process in September was postponed to February 2003, so the use of log frames has not been fully implemented yet. Internal project reports were produced bimonthly in this period, the last by end of November. The second (present) program update was submitted from the Delegation January 17., three weeks overdue. Participatory evaluation of the WatSan programme was conducted in November. A health review is planned in March 2003.

The following paragraphs were not included in the previous programme update, and therefore cover the whole year.

Organizational development

The organizational development programme started in 2002 as a test for change process of the national society. To implement this programme, an OD committee was established, involving NS headquarters' senior staff, branch chairmen or vice chairmen, and the head and finance delegate of the country delegation in order to monitor and follow-up the progress of the programme.

In a period of five months the branches in provincial and city level were restructured, decreasing the number of paid staff and revising their roles and responsibilities. Six pilot branches were selected out of a total of two hundred branches, to be a model and to be gradually replicated in the coming years. An analysis of strengths and weaknesses of these six branches was carried out in March 2002.

In July, a workshop for top governance and management from the six pilot branches was held during a visit from the Bangkok regional OD delegate. A revised plan of action for the second half of 2002 was prepared as an output of the workshop and approved by the OD committee.

In February an information and communications workshop was held at the DPRK RCS headquarters (HQ), and the communications department was strengthened with two new staff. Training opportunities for two persons from HQ and one branch vice chairman to visit the Vietnamese and Cambodian Red Cross societies was conducted the last quarter of 2002.

In August a training course was provided for the branch staff and in December 3-day workshop for headquarters staff focusing on change process and SWOT analysis of the National Society was successfully conducted.

A national level leadership workshop was also planned in December but postponed until the last week of January 2003 due to transportation difficulties during the winter season. Standard OD guidelines of the Federation were translated into Korean and will be distributed to all branches.

A branch refurbishing component in the programme is not fully implemented because of funding limits and lack of manpower. Two out of six pilot branch offices, Anju and Kaesong, were planned to be refurbished during the last quarter of 2002. The building process has started, but completion has to be postponed until the spring.

After the programme launch it was that expected funding would not be difficult. However, funding was provided late and insufficiently however improving in the second half of the year.

The impact of the programme increased awareness was brought to the NS leadership and Branch directors. Particularly the number of progressive increased and leadership commitment strengthened further to decentralize the authority. Though slow the gender issue is also voiced among the staff and volunteers.

Still the NS faces challenges in terms of shortsighted vision of organizational development and branch infrastructure sustainability and visibility. And many branches are dependent on NS headquarters and local government; they are not easily visible as most of them are located just inside rented small rooms of public buildings. Poor telecommunication and transportation means often impede the branch performances.

To address its mandate with the countrywide perspective of changing situation in mind, the Red Cross should encourage more sustainable organizational development at all levels.

Income generation projects remains an unsolved problem, consistent with the general economic situation in the country.

Preparatory work for updating and revising the Cooperation Agreement Strategy was initiated in the DPRK RCS.

Regional Cooperation

Through close cooperation with the Regional office in Beijing the DPRK delegation has been provided with logistics support like visitor service, administrative matters and some procurement. The country delegation has also been supported by the Regional Delegation in Bangkok regarding programming and training of NS staff in the fields of OD/RD and communication training. Participants in the Disaster Preparedness and Water and Sanitation evaluation teams has also been provided through the Beijing and Bangkok regional delegations, and the delegations has facilitated the participation of DPRK Red Cross Staff in workshops and conferences in the region.

In the second half of the year planning for implementation of the Secretariate Change Strategy has been conducted. HoRD and HoD has increased their information sharing, and both participated in a Stress management in the field workshop in November. HoRD visited DPRK in November to inform the NS and Delegation about the Asia Pacific Regional Development plan for regionalization.

During the Health delegate meeting in Bangkok regional cooperation between the delegates in South East and East Asia regions was discussed, and a plan of action was presented to the Heads of the two Regional delegations.

The DPRK delegation started reporting to the Beijing regional delegation as of January 1. 2003.

Coordination and Management

Objective 1

To ensure the most effective planning, implementation, monitoring and evaluation of Federation supported programmes within the unique DPRK context.

The greatest progress has been observed in the monitoring of the Health and Care and Water and Sanitation programmes as reported in the respective programmes. There is a continuous increased involvement of National Society staff in planning, budgeting and reporting. The greatest constraints are faced in the area of finance, mainly due to lack of Korean speaking delegates and English speaking financial staff.

Considerable results in the quality and consistence of Job descriptions, mission instructions and terms of reference for evaluation teams has also been achieved. Constraints are imbalance between available human resources and activities to be conducted. This has, however, been considerably reduced to better coverage of delegates - major gaps only in the positions of HoD and Health coordinator - and the fact that both delegates and counterparts remain in their positions for a longer time.

Objective 2

To support the DPRK RCS in its dialogue with the authorities in order to promote the acceptance of information collection for monitoring and impact assessment.

The DPRK RCS is still carrying the heaviest burden to meet this objective, and are mostly self reliant. Delegation activities is mainly through the Interagency Forum and active participation in the technical subgroups. Specific activities are reported in previous paragraphs.

Objective 3

To promote the DPRK RCS/Federation programs to the donor community in DPRK and internationally.

Donor country embassies and ECHO resident representative are regularly attending weekly interagency meetings. Visiting donor delegations have regularly met Delegates, and participated in field trips together with delegates and National Society staff. HoD visited donor embassies in Beijing in January, and HoRD has increasingly been involved in the DPRK operation during the last months of the year, advocating for the Federation programmes. The contact between Geneva based desk officer and ECHO and participating national societies is close. Visits to ECHO and donors has been included in the briefing process for coordinators and HoD. Delegates on annual leave have regularly visited their national societies and on several occasions promoted the programme through interviews with mass media.

Six National Societies conducted nine visits in DPRK in 2002.

Objective 4

To coordinate assistance with other international organizations and NGOs.

This objective is achieved through active participation in the Interagency Forum and its Technical subgroups. The Delegation is participating in the preparation of the UN Consolidated Appeal for DPRK.

Outstanding needs

Although the overall coverage of the appeal is accounted to be above 100%, there are still funding problems, mainly to the long time span between the start of the procurement process in Europe and the arrival of the relief items in DPRK. For the drugs, the implementation time is 7 - 8 months, which means that most of the year the pledges are actually covering next year's program. Two main medical instruments projects pledged within this appeal could not be finalized in 2002 due to late arrival of the goods. Funding of long term assistance within humanitarian aid budgets is therefore a permanent constraint. Mainly due to strong support from ECHO and some participating national societies, the lag in funding is reduced by the end of 2002 as compared to 2003.

High communication costs continue to be problematic. The connection to the SITA network is far from stable, and is therefore expensive and time consuming. By end of the year WFP has established a satellite connection, and has generously offered access to their computers for other International organizations, representing a much needed back up to the Delegations' own system.

The Land cruiser which was destroyed in a accident in May was not replaced until end of November due to long transportation time and delays in the registration procedures. The remaining fleet are mostly exceeding their economic life span, and replacements for the vehicles are urgently needed.

The position vacancies of delegates has hampered a smooth implementation of the program. Between end of February and beginning of September there were vacancies. By end of November one WatSan delegate left because of limitations of number of delegates imposed by the Ministry of Foreign Affairs. The lack of delegates and late signing of ECHO contract contributed to a delay in the WatSan program of about 5 months. By end of November the DP delegate was appointed new HoD in Mongolia and terminated his DPRK mission 6 weeks earlier than planned. The lack of delegates is partially compensated by highly devoted and competent National Society staff, but also the NS is facing difficulties in recruiting staff with a combination of both professional and English language skills.

For a full description of the National Society profile, see www.ifrc.org

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

For longer-term programmes, please refer to the Federation's Annual Appeal.

John Horekens
Director
External Relations

Simon Missiri
Head
Asia Pacific Department

DPR Korea						ANNEX 1
APPEAL No. 01.38/2002		PLEDGES RECEIVED				17.01.2003
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				12'413'596		TOTAL COVERAGE 111.2%
CASH CARRIED FORWARD				175'986		
AUSTRALIAN - GOVT		62'975	AUD	54'587	05.03.2002	YUNNAN HIV, HEALTH & CARE
BRITISH - RC		784'314	GBP	1'905'883	21.02.2001	DRUG DISTRIBUTIONS 3RD Q, BASIC KITS, COORD & MGT
BRITISH - RC		7'980	USD	13'279	24.04.2002	ORGANISATIONAL DEVELOPMENT
CANADIAN - GOVT/RC AID TRUST		288'500	CAD	300'502	05.02.2002	
DANISH - GOVT		3'800'000	DKK	749'360	28.08.2002	
ECHO (03001) / DANISH RC		142'877	EUR	211'529	15.01.2002	HEALTH & CARE PROGRAMME
ECHO (01004) / NETHERLANDS RC		790'000	EUR	1'158'377	16.05.2002	WATER & SANITATION AND HEALTH PROMOTION
ECHO (02003) / DANISH RC		2'570'000	EUR	3'768'648	25.11.2002	HEALTH AND CARE
GERMAN - GOVT		246'420	EUR	361'745	07.08.2002	HOUSEHOLD DOCTOR KITS
JAPANESE - RC		25'000'000	JPY	293'075	16.12.2002	HEALTH INSTITUTIONS
NETHERLANDS - GOVT		73'432	EUR	107'651	30.07.2002	DISTRIBUTION COSTS, LOCAL STAFF, TRAINING HEALTH STAFF, PSR
NORWEGIAN - GOVT/RC		3'200'000	NOK	618'598	28.05.2002	PURCHASE OF COAL TO HEALTH INSTITUTIONS, HEALTH PROGRAMME
NORWEGIAN - GOVT/RC		293'000	NOK	56'640	13.06.2002	PROGRAMME SUPPORT
SWEDISH - GOVT		2'700'000	SEK	426'870	30.05.2002	HEALTH/WATER SANITATION, ORGANISATIONAL DEV.
SUB/TOTAL RECEIVED IN CASH				10'202'730	CHF	82.2%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CANADA	DELEGATE(S)			37'618		
DENMARK	DELEGATE(S)			59'959		
FINLAND	DELEGATE(S)			128'130		
GREAT BRITAIN	DELEGATE(S)			30'000		PARTIAL FUNDING
NETHERLANDS	DELEGATE(S)			30'390		
NEW ZEALAND	DELEGATE(S)			33'183		
NORWAY	DELEGATE(S)			29'404		
SWEDEN	DELEGATE(S)			38'603		
ECHO (03001) / DANISH RC		877'123	EUR	1'298'580	15.01.2002	HEALTH & CARE PROGRAMME
NETHERLANDS - GOVT		573'754	EUR	787'910	30.07.2002	367 SUPPLEMENTARY HOSPITAL KITS, 655 HOUSEHOLD DOCTOR KITS, TRANSPORT/INSURANCE
NORWEGIAN - GOVT/RC		5'860'000	NOK	1'132'808	13.06.2002	367 KITS, 3228 BASIC KITS, MALARIA TABLETS
SUB/TOTAL RECEIVED IN KIND/SERVICES				3'606'585	CHF	29.1%