

Final report



International Federation
of Red Cross and Red Crescent Societies

DPRK: FLOODS 2007

Final Report
Emergency appeal n° MDRKP001
GLIDE n° **FL-2007-000126-PRK**
21 January 2009

Period covered by this Final Report:

20 August 2007 to 15 May 2008

Appeal target (current): CHF 5,451,295 (USD 5,198,507 or EUR 3,340,430);

Final Appeal coverage: 105 %; [<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- This Emergency Appeal was initially launched on 20 August 2007 for CHF 6,619,166 (USD 5,481,948 or EUR 4,074,586) for six months to assist 3.7 million beneficiaries.
- Disaster Relief Emergency Funds (DREF) was allocated on 15 August 2007 for CHF 250,000 (USD 205,572, EUR 153,355).
- Operation Update 3 revised the Appeal on 1 Oct 2007 for CHF 6,272,038 (USD 5,356,138 or EUR 3,778,336).
- The Appeal budget was further revised to CHF 5,451,295 to match total funding received at the end of the project.



Red Cross volunteers delivering relief items (Dr. Muhammad Khalid/International Federation)

Summary: Heavy rains and flooding in early August 2007 severely affected nine provinces of the Democratic People's Republic of Korea (DPRK). The DPRK Red Cross Society (DPRKRCS), as part of the

national disaster coordination committee led by the cabinet, rapidly set up a 24-hour operational coordination room at the national headquarters and mobilized tens of thousands of volunteers through its branch network to evacuate and assist early on, rescue during the flooding, and immediately commenced relief distribution for homeless people.

The emergency appeal aimed to prevent an outbreak of waterborne and other diseases by providing emergency health kits, cholera kits, first aid kits, surgical dressing kits and other medical items to the selected health care facilities. It also included chlorine to purify the water to be provided to 22 counties in combination with health promotion and education activities. Non-food relief items from the International Federation's disaster preparedness stock were immediately distributed to 22,899 homeless families. Replenishment of emergency relief stock, which proved to be critically important due to its strategic location in provincial warehouses and swift deployment, has been completed.

A second wave of heavy rains from 18-21 September, with 200 mm of rainfall in a day, worsened the situation in the western part of the country. According to quick assessments, an additional 2,000 homeless families were in need of assistance. Newly arrived relief equipment, originally aimed at replenishing the relief stock, were distributed to these additional families. The relief kits included blankets, water containers, water purification tablets and kitchen equipment.

As the emergency assistance started to arrive in the country through different channels and the scope of the disaster at the community level become clearer, the operation was reinforced by regular Red Cross medical supplies which arrived earlier than expected. The immediate availability of emergency health kits was limited to 55 on the global market and the International Federation bought and shipped all of them. Other agencies were also bringing in medical supplies. The International Federation in cooperation and coordination with the DPRK Red Cross decided to revise the appeal in October, and shifted the focus from drug supplies to refurbishing collapsed *ri* clinics, which were being rebuilt by the local governments, as well as replacing the provision of basic equipment to these health facilities.

During the course of the flood operation, the following objectives have been achieved;

- Non-food emergency relief items were distributed to 24,548 (22,899 and 1649) homeless families.
- Prevention of waterborne diseases through 3.7 million people in 22 counties having had improved access to safe chlorinated drinking water,
- Hygiene promotion and health education by the DPRK Red Cross volunteers in communities and at first aid posts,
- Training of 200 Red Cross volunteers in communicable disease prevention and control, including community-based first aid.
- Restored and improved access to primary health care for 3.7 million people in 22 flood affected counties through the distribution of inter-agency emergency health kits and the refurbishment of 240 destroyed *ri*-clinics.

The main interventions by sector were health, water and sanitation and non-food relief items, as well as communications and advocacy on behalf of the affected population, nationally and internationally.

This was the largest Red Cross Red Crescent emergency appeal operation in DPRK since the mid-90's in terms of the number of beneficiaries and financial volume. It was the second emergency response action in 2007, having responded to the outbreak of measles early 2007. As a large and complex emergency response by the DPRK Red Cross Society, supported by the International Federation and partner national societies, the flood operation achieved most of its major objectives within its projected timeframe with some minor delays regarding equipments and furniture for clinics due to longer procurement and shipment times.

The operation was more complex and logistically challenging than hoped for and support to some 240 damaged and destroyed health facilities took a few months longer to accomplish than planned. However, the increased capacity of the national society as a result of long experience in annual and emergency programme management and very efficient health logistics support from the International Federation's headquarters in Geneva kept these delays to a minimum.

The situation

In early August, eight provinces and the capital Pyongyang were hit by torrential rains that caused devastating floods and landslides in large areas of the DPRK. The government reported that at least 454 people were killed and around 170,000 people left homeless with tens of thousands in temporary shelters.

The DPRK Red Cross immediately mobilized volunteers and distributed relief items to the flood affected areas from its six strategically located disaster preparedness warehouses. An acute shortage of medical supplies and inundated health and communication infrastructure left the population exposed to consequent public health hazards and waterborne diseases. The severe flooding damaged water and sanitation system in the flood affected communities. Wells and water pumps were submerged and hundreds of meters of water pipe were swept away, exposing the affected communities to contaminated water and to the threat of disease outbreaks.

The government took immediate steps to repair transport routes, restore communication and began rebuilding houses. The International Federation launched its emergency Appeal on 20 August 2007 which was followed by the United Nations flash appeal some weeks later.

The early generous donor response enabled the International Federation to immediately procure and ship 55 interagency emergency health kits (IEHK) and 250 basic health kits for immediate distribution. Subsequently, the international market was depleted of these kits, affecting their timely delivery. Continued support from donor contributions has allowed the DPRK Red Cross to reach many of the affected populations.

Changing needs and logistic constraints e.g. the shortage of interagency emergency health kits globally resulted in a revision of the appeal in October. The expected results related to health in the appeal have been adjusted accordingly. In the meantime, coordination activities continued in the health cluster group led by the World Health Organization (WHO) to streamline coordination between the International Federation, the ministry of public health, European Union programme support units and the UN agencies. The second wave of heavy rains in September aggravated the situation, increasing the number of homeless families in need of relief items.

Red Cross and Red Crescent action

Overview

In the course of implementation, the International Federation and DPRK Red Cross Society flood operation reached approximately 22,900 families with emergency relief items, about 3.7 million people with health care and water and sanitation support. Targets were met in non-food emergency relief, health and water and sanitation. Major areas of support were health, water and sanitation and relief kits provision as well as communications and advocacy nationally and internationally. The East Asia regional officer appointed an information specialist for to cover the heavy media interest in support to the International Federation's DPRK country delegation.

The DPRK Red Cross and International Federation field assessment teams were deployed as soon as the heavy rains and floods begin in the second week of August. Assessment findings underpinning the appeal identified needs and facilitated the development

of a relevant basic framework for a comprehensive emergency response. The immediate DREF allocation and early and generous response to the appeal enabled the International Federation and the national society to begin its relief operation immediately as the government requested assistance which was much earlier than the other organizations working in the country. The national society's better access, presence and recognition



A household doctor examining people injured during the floods. Yonggwang. Dr.Muhammad Khalid/International Federation.



Red Cross supported water treatment facility, Pyongsong city, South Pyongan Dr. Muhammad Khalid/ International Federation.

at community level facilitated information flow which contributed to a rapid Red Cross response. Although access for International Federation field visits in the country normally needs to be planned well in advance, during the assessment and implementation period, the International Federation and the national society had reasonably good access to the field and were able to share it with other cluster group members. In addition to in-house efforts, the International Federation and the national society were pivotal in facilitating relations and promoting the flood response among other organizations working in the country, and as a result, the operation in general could proceed unhindered. The International Federation delegation was reinforced by an experienced relief delegate who was able to visit all International Federation supported

counties.

A rapid assessment of destroyed and damaged primary health facilities was carried out by the DPRK Red Cross, supported by the International Federation in the provinces of South Phyongan, North Hwanghae and South Hamgyong covering 15 percent (30 primary health institutions) of the total number of institutions supported through emergency appeal.

Simultaneously, an International Federation assessment team consisting of the International Federation's relief delegate, health officer and disaster management officer, made assessments to different randomly selected locations where damaged clinics were reported to be located. During the field trips, the International Federation team also witnessed the distribution of medicines, medical supplies and general relief items. All 22 flood-affected counties within the Red Cross supported areas have now been visited by the Red Cross. An additional 12 primary hospitals destroyed by floods were assessed for their needs. 32 individual families supported by the Red Cross operation were interviewed by the International Federation team during the reporting period.

Red Cross support contributed significantly in preventing waterborne and other diseases in the affected areas. The ministry of public health confirmed that the initial rise in diarrhoeal diseases declined quickly after the clinics received medicines and other supplies. Throughout the duration of the operation, no incidence of disease outbreaks was reported, as confirmed by the ministry of public health and other health sector organization working in the country. The quality of drinking water in operational areas improved significantly, while knowledge and practices in communities regarding personal hygiene and disease prevention has also been reported as increased.

A huge and complex emergency response, the operation accomplished most of its major objectives within its proposed timeframe. Accomplishing various early recovery efforts would have been ideal but financial constraints at the time, combined with a lengthy procurement process and somewhat longer than expected relief distributions, made implementing them within the operational timeframe hugely challenging.

Relief distributions (food and basic non-food items)

Objective 3A: The capacity of 21,000 flood affected families to cope with the disaster is improved through provision of non-food relief items for three months. (Kangwon, North Hwanghae, South Hwanghae, South Phyongan, South Hamgyong provinces and Kaesong Municipality)

Objective 3B: The capacity of additional 2,000 flood affected families to cope with the disaster is improved through provision of non-food relief items for three months. (Kangwon, North Hwanghae, South Hwanghae, South Phyongan, South Hamgyong provinces and Kaesong Municipality).

Expected results	Activities planned
Targeted/Identified flood affected families have received essential non-food items and have mechanisms to cope with their situation	<ul style="list-style-type: none"> Identify, register and verify beneficiaries. Mobilize Red Cross volunteers to register beneficiaries and to distribute family kits. Distribute 21,038 family kits (four blankets, one 20-liter water container, one 4x6m plastic sheet, 300 water purification tablets and one set of basic kitchen equipment) to 21,038 affected families in identified areas. Distribute relief items (four blankets, one 20-litre water container, 300 purification tablets and one set of basic kitchen equipment) to an additional 1,650 affected families. Monitor distribution and carry-out ongoing assessment to establish further non-food item needs. Purchase 23000 family kits as replenishment of distributed stock.

Impact: The DPRK Red Cross with the assistance from the International Federation country delegation rapidly carried out monitoring and assessments of affected communities in the hard hit provinces of the country. The heavy rains badly affected nine provinces rendering 40,463 families (169,561 people) homeless. The national society took immediate actions such as mobilizing volunteers and releasing and distributing relief items from their disaster preparedness warehouses. The relief activities focused on restoring daily life and returning to pre-disaster routines.

The DPRK Red Cross Society distributed one family kit each to these homeless families. The family kit comprised of five blankets, one 20-liter water container, one 4x6m plastic sheet, 300 water purification tablets and one set of basic kitchen equipments. This distribution helped 22,899 families (93,031 persons) to cope with the situation and resume daily routine and also prevented waterborne disease outbreak in these communities. During subsequent Red Cross monitoring, the beneficiaries and health care providers reported that due to the water purification tablets in the relief kits, the incidence of diarrhoeal diseases remained under control and there was no disease outbreak in beneficiary communities, as confirmed by the ministry of public health and WHO. The following table illustrates relief distribution in the nine flood affected provinces. This part of the operation was accomplished by the first week of September.

DPRK Red Cross Society / International Federation of Red Cross and Red Crescent Societies

FLASH FLOODS August 2007

Impact and response data

Description	Provinces									Totals
	Kangwon	N. Hwangh	S. Hwangh	S. Phvongga	S. Hamgvor	N. Phvongga	Pyongqvan	Chaganq	Ryanggan	
Houses										
completely destroyed	8,835	4,482	1,665	3,597	4,904	537	308	323	227	24,878
partly damaged	8,724	7,771	12,664	7,154	2,791	547	864	255	177	40,947
submerged	7,819	19,858	1,988	15,229	20,127	1,167	3,639	274	348	70,449
Homeless Families	14,632	6,094	2,523	5,421	9,175	734	648	668	568	40,463
Homeless People	58,992	24,032	10,131	21,860	44,068	3,062	2,583	2,561	2,272	169,561

The Federation & DPRK Red Cross action:

Distribution of Family kits*	8,779	4,509	964	3,059	5,099	108			381	22,899
No. of Beneficiary families:	8,779	4,509	964	3,059	5,099	108		381		22,899
No. of RC beneficiaries:	35,619	17,933	4,470	12,966	20,071	452	1,520			93,031

The Red Cross emergency operation faced another challenge when between 18 and 21 September, the country was once more hit by heavy rains worsening the already precarious situation. Warnings for new flash floods were issued and people had to leave their homes and find temporary shelters. Houses which had been damaged, now fully collapsed and large areas of land were inundated yet again, further reducing the chances of a reasonable harvest. Some 1,000 more families were reported to have become homeless. The West-Coast was the hardest hit area.

The DPRK Red Cross Society and the international Federation delegation decided to respond to this secondary flooding with supplementary disaster preparedness stocks, which fortunately had arrived in the country as part of the regular delivery to the annual disaster management programme in 2007. Based on rapid assessments carried out by the disaster management teams, it was determined that relief supplies (kitchen sets, blankets, water containers and water purification tablets) could be distributed to an additional 1,649 homeless families (6,596 family members) in 15 counties in the four provinces. This distribution was completed by 10 October. The following table demonstrates the additional distribution of relief items to affected families:

Relief Items	Additional Beneficiary Provinces and Quantities of Relief Items after September 2007 heavy rains				Total
	North Hwanghae	South Hwanghae	South Phyongan	Kangwon	
Cooking sets	304	991	211	143	1,649
Blankets	1,216	3,964	844	572	6,596
Water containers	608	1,982	422	286	3,298
Water purification tablets	72,960	237,840	50,640	34,320	395,760

With 24,548 households reached during the flood emergency operation (24,548 family kits distributed alongside the provision of chlorine for water treatment and medical supplies to the primary health care facilities in the flood hit areas), the operational targets outlined in the revised appeal have been exceeded with actual beneficiary families increased from 23,000 to 24,548. Assistance to some beneficiaries in South Hamgyong Province was delayed due to delayed transportation of items from the North, caused by damage to the main road connecting the Red Cross warehouse in the North to the South Hamgyong province.

Emergency health

Objective 1: The capacity of primary and secondary health care facilities to provide curative and preventive services to 3.7 million people living in affected areas is improved and the capacity to respond to disease outbreaks and manage minor injuries in selected health facilities is restored and strengthened.	
Expected results	Activities planned
1. Improved access to basic healthcare services in 22 counties/cities 2. Two hundred well equipped and well furnished primary health facilities	<ul style="list-style-type: none"> • Procure and distribute 55 emergency health kits and 250 basic kits to 22 flood- affected counties and cities in identified Provinces. • Distribute 20 cholera kits and 500 cartons of dressing materials already positioned in coordination with the Ministry of Public Health (MoPH), World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). • Distribute 150 first aid kits to first aid posts in the targeted provinces. • Procure and distribute medical equipment and furniture to 200 rural primary health care facilities. • Replenishment and maintenance of stock with 20 cholera kits, 500 cartons of dressing materials and 150 first aid kits. • Monitor and evaluate the drugs and equipment distribution and utilization.

Impact: Primary health facilities in 22 flood affected counties with a catchment population of 3.7 million people, resumed health care services soon after the last consignment of 15 interagency emergency health kits arrived at Pyongyang airport on 16 October. Based on the agreed distribution plan, all 55 interagency emergency health kits and 250 basic units were distributed from the central medical warehouse to 22 local medical warehouses between 2-20 October.

The national society's six field monitors visited the counties to verify the arrival of the kits at the local medical warehouses. The International Federation health and relief delegates, health officer and disaster management officer were also involved in the monitoring during the assessment of the health facilities. Immediately after verification, all basic kits of the interagency emergency health kits and 250 basic units were distributed by 24 October to the selected primary health facilities in the 22 flood-affected cities/counties of South Phyongan, South Hamgyong and North Hwanghae provinces. At the same time, supplementary units of the interagency

emergency health kits were distributed to the county hospitals for the treatment of referral patients. Each provincial hospital in South Hamgyong and South Phyongan provinces also received three kits and five basic units.

During the first part of 2008, the interagency group discussed contingency planning for the floods season 2008. It was agreed that each agency would stock ten interagency emergency health kits in the county. As an objective under this appeal, the additional ten interagency emergency health kits are procured as disaster preparedness stock.

Distribution of 150 first aid kits, 500 dressing materials and 20 cholera kits: Out of 150 kits, 130 first aid kits were distributed to 130 first aid posts in the 22 selected cities/counties at the end of August to enable first aid volunteers to provide immediate service to the people injured during the floods. The 20 remaining 20 first aid kits were provided to the national society and International Federation vehicles engaged in the field.

Based on the need assessment and in coordination with the ministry of public healthy, WHO and UNICEF, 350 dressing material kits were immediately distributed to 22 flood-affected cities/counties in August and the remaining 150 cartons of dressing materials were also distributed in the mid-October. These dressing materials were effectively used to treat an increased number of wounded patients in the damaged primary health institutions where all medicines and consumables were either lost or soaked with water and rendered unusable.

In order to meet the exceedingly high needs as a result of an increased in diarrhoeal diseases, 20 cholera kits which had been kept in the central medical warehouse as an emergency reserve for a possible outbreak of diarrhoea were also distributed to 18 most affected areas and two provincial hospitals during the period of 11-16 October.



A *ri* clinic in Sinhung county. Dr. Muhammad Khalid/ International Federation.

Procurement and distribution of medical equipment and furniture for up to 200 rural primary health care facilities, based on individual damage assessment: The national society received a list of the 200 damaged primary health facilities in South Hamgyong, North Hwanghae and South Phyongan provinces from the Red Cross branches after the need assessment. *Please see the attached distribution list- Annex 2.*

In cooperation with the ministry of public health and DPRK Red Cross Society, the list of medical equipment and furniture for these 200 clinics were finalized. Locally purchased furniture for these health facilities were distributed in March and medical equipment arrived at the end of April. The long procurement and transportation of furniture and equipment were some of the challenges which extended the timeframe. To overcome delays, kits were divided into smaller sub-kits. The most urgently needed supplies and smaller kits were transported by air, while the rest arrived by sea.

The International Federation received an in-kind donation of an additional 36 health equipment kits, which is currently being transported to the DPRK. The distribution plan is being finalised in coordination with the donor.

Monitoring and Assessment

Rapid need assessment of the destroyed primary health facilities was done by the DPRK Red Cross in the three flood affected provinces: South Phyongan, North Hwanghae and South Hamgyong, which covered 15 percent of the total reported number of institutions, including 30 primary health institutions; 23 totally destroyed and seven partially damaged. At least one or two primary health facilities in each of the flood-affected counties were visited for rapid need assessment. Simultaneously the International Federation assessment team comprising the International Federation relief delegate, health officer and disaster management officer,

conducted a random assessment of damaged clinics in different locations. The International Federation team monitored the receipt and distribution of the medicines and relief items during the field trips.

During the monitoring and assessment field trips, two different aspects of information were covered with regard to health issues:

1. Rapid assessment of the current situation of the destroyed primary health facilities was done by collecting general data on the size of the buildings, number of staff, lost medicines, equipment and furniture.
2. Impact monitoring was done by gathering information on the distribution and impact of medicine and medical instruments as well as disease prevalence trends and outbreaks.



A household doctor examining a sick child in a Red Cross rehabilitated clinic. Dr. Muhammad Khalid/ International Federation.

More than half of the 22 flood-affected counties within the Red Cross medical supported areas had been visited by the national society's field health monitors and an additional 15 destroyed primary hospitals had been visited by the International Federation team during this reporting period. In some areas, clinics were totally destroyed. In these places, clinics were set up in temporary borrowed accommodations within schools or other government buildings.

Water, sanitation, and hygiene promotion

Objective 2: The risk of waterborne and water related diseases has been reduced through provision of improved access to safe drinking water, adequate sanitation as well as hygiene promotion and education to 3.7 million flood affected population in the 22 affected counties and cities (South Hamgyong, South Phyongan provinces and Kissing Municipality in North Hwanghae)

Expected results	Activities planned
Access to sustainable safe water and hygiene awareness among the affected populations.	<ul style="list-style-type: none"> • Procure and distribute 100 metric tons of chlorine to county/<i>Ri</i> water storage facilities. • Hygiene promotion and health education by the DPRK Red Cross volunteers in communities and at first aid posts. • Training of Red Cross volunteers in communicable disease prevention and control, including community-based first aid.

Impact: A total of 100 metric tons of chlorine was procured and distributed to 22 flood affected counties in Kaesong Municipality, South Phyongan and South Hamgyong province.

The regional logistics unit in Kuala Lumpur procured the chlorine. However, the first load of 54 tonnes out of the total 100 tonnes which arrived from China on 18 September was not according to the specification. The supplier replaced it with the correct chlorine without additional charges, but this led to some delays. In the meantime 16 tons of chlorine was borrowed from UNICEF to meet the immediate need in the flood affected areas and were distributed by the end of September. After the verification of the correct quality and quantity of 100 metric tons of chlorine by the national society's technicians, the distribution started on 22 Oct and completed on 29 Oct. The transportation and arrival of chlorine was monitored by the national society's water and sanitation technician beginning at the central warehouse right down to the beneficiary counties. Monitoring continued in the following weeks, with support and supervision from the International Federation health and water and sanitation team and emergency relief delegate.

Ri-clinic health professionals and the county Red Cross branch have reported a reduction in diarrhoeal diseases after the floods gradually reduced. This gradual decline is attributed to the Red Cross volunteers' hygiene promotion, distribution of water purification tablets and improved weather conditions contributing to the early rehabilitation and chlorination of community water supplies. It might be difficult to assess quantitatively the impact of chlorination on the decreased incidence of waterborne diseases, but it has contributed to restoring a sense of normality in communities where community water supplies have been restored. The European



Pansok Ri Hospital in Taedong County. Dr. Muhammad Khalid/ International Federation.

Community Humanitarian Aid department (ECHO) was a generous contributor to the chlorine component of these operations. Training materials in communicable disease prevention have been developed and printed in coordination with the ministry of public health. Training for 200 Red Cross volunteers and community members from the 22 selected counties will be held in December.

The monitoring teams visited 22 beneficiary counties and collected health related information using standard field checklists. In addition to DPRK Red Cross field monitors, the International Federation's relief delegate, health officer and national society health coordinator were involved in monitoring the impact of chlorine distribution on the incidence of waterborne diseases. Immediately after

the floods, assessment teams reported an increase of 30 – 40 percent in diarrhoeal diseases (some places reported 50 – 70 percent) as confirmed by the ministry of public health in health cluster meetings. During the programme's implementation, 60 health facilities (30 percent of the total health facilities in 22 counties) were visited by Red Cross monitors. Statistics indicated a steady decline in waterborne diseases during October 2007- February 2008. During the post-flood period, no incidence of diarrhoea outbreak was reported in these 22 counties. This finding had been confirmed by other health cluster members e.g. WHO, UNICEF and the ministry of public health. During the concluding meeting of the health cluster on 25 Jan 2008, the representative from the ministry of public health reported that the incidence of diarrhoeal diseases had reduced and was comparable to previous years' levels.

Generally, chlorinated water was well received and accepted by the communities due to the motivation and health promotion campaigns run by Red Cross volunteers. However at a few locations, few households mentioned the taste of chlorinated water as one of the reason for preferring well water. Community leaders (county people's committee co-ops, farm managers, Red Cross branch secretaries) and clinic health staff were very appreciative of chlorine distribution, health promotion campaigns and Red Cross volunteers' work as a major factor in preventing the disease outbreaks in post-flooding period.



Chlorine in the Red Cross county warehouse was distributed 11 Oct 2007. International Federation.

In the aftermath of the floods, UNICEF was leading the water and sanitation cluster group for information sharing and coordination of water and sanitation activities in the flood affected areas. The International Federation was one of the major contributors in the water and sanitation programme for flood affected communities. The group had a joint strategy where UNICEF provided chlorine on loan to meet the immediate needs in the national society and International Federation operational area. Similarly as a result of this coordination, resources were efficiently and effectively used by all the organizations working in the flood affected areas. The ministry of public health and ministry of city management were part of the coordination mechanism. Hygiene promotion and the immediate distribution of water purification tablets by the national society contributed to preventing the immediate threat of waterborne disease outbreak. This early gain was then maintained by rehabilitated water supplies through chlorination of drinking water system in these counties. The provision of 100 metric tons of chlorine by the national society/International Federation with ECHO financial assistance contributed significantly to achieve the programme's objective. Diarrhoeal disease incidence had decreased steadily with no reports of a diarrhoea outbreak. By the end of November the incidence rates for diarrhoea in most of the counties were comparable to yearly figures. By Jan 2008, the disease incidence showed normal seasonal patterns in all Red Cross supported counties. During this period the general well being of the communities had been restored quickly. Safe drinking water and improved health facilities with medicine stocks in place had a multiplying effect on the health status of the communities in general, and in women and children in particular.

Conclusion

In the face of numerous challenges, the various pressing emergency needs of hundreds of thousands of families were met effectively and efficiently. After the International Federation's humanitarian operation during the 90s, this was the largest Red Cross Red Crescent emergency appeal for DPRK in terms of beneficiary numbers and volume. The DPRK Red Cross Society demonstrated the benefits of capacity building activities under its ongoing annual programmes. The operation was able to engage trained national society staff in health, water and sanitation and disaster management which proved beneficial in areas where a limited number of expatriate delegates were able to visit.

The national society provided crucial coordination with the government and line ministries through the flood relief committee. With the DPRK government not making a formal request for international assistance (though welcoming it), the coordination role of DPRK Red Cross and the flood relief committee to facilitate external International Federation assistance was important. Preceding sections explain many points reflecting lessons learned and the pace of procurement and general relief distributions within the flood operation. In brief, it was expected through the revised appeal that certain emergency efforts would last more or less six months, from late August 2007 to late February 2008. However, the distribution of locally procured furniture for rehabilitated health facilities lasted till April 2008 and the distribution of medical equipment is still ongoing and will last until May 2008. Upon close analysis, factors influencing the long local and international procurement process are not necessarily surprising, considering the great number of items to be procured and the logistic procedures that included comparative bid analyses, product testing and inspection for quality control, supplier delivery times as well as local transportation.

Like any other emergency and complex humanitarian programme, this operation faced general concerns such as adequate financing, sufficient staff support in terms of numbers, expertise and managerial overview, in addition to appropriate timing and prioritization of all steps to ensure progress.

While these were not necessarily very difficult with most outcomes being positive, the circumstances were nonetheless beyond the limit of minimum operational capacity. Risks could have multiplied if the operation remained underfinanced – without sufficient and experienced finance and programme support staff and managers from the beginning of operation and throughout its implementation. The operation reemphasized the need for continued capacity building in the national society in assessments, programme implementation and its monitoring and particularly in the areas of logistics. As a large and complex emergency operation reaching hundreds of thousands households, the flood operation achieved most of its major goals within its proposed timeframe. Accomplishing various early recovery efforts would have been possible but with a lengthy procurement process and long delivery times, as well as a lack of sufficient transportation immediately at hand, made them next to impossible to achieve. As a result, many procured items for the rebuilt health facilities and replenishment of disaster management stock has yet to arrive in the country.

The Red Cross flood operation helped the target population to cope with the post-flood situation not only in the rural areas but also in semi-urban areas. Through this intervention, the national society had effectively

contributed to reducing human suffering and loss of lives through the provision of non-food relief items, emergency and essential medicines, safe drinking water, health and hygiene promotion and education in order to prevent, control and treat waterborne diseases and their outbreaks, which had been considered inevitable in the wake of severe flooding which hit the country in the beginning of August 2007 and renewed its capacity to plan, design and implement the programme. This programme designing and planning capacity is something which they could not build up by themselves in the normal country context.

The DPRK Red Cross objective to reduce deaths and diseases during health emergencies and natural disasters, in line with the International Federations Global Agenda Goals and the national society's role as auxiliary to government, has been the basis for its role during the recent flooding. The 2007 floods was one of the worst in the country's history in terms of its magnitude, devastation and destruction. Over three and a half million people were provided with relief and basic health care services. The biggest threat of diseases during the post-flood period to those with damaged or destroyed homes was exacerbated by the hostile environment.

The quick resumption of health care services in the flood affected areas, made possible due to the early supply of interagency health kits and basic kits, health and hygiene promotion and immediate distribution of water purification tablets by the national society averted the immediate threat of waterborne disease outbreak in the flood affected areas of the country, as confirmed by the ministry of public health and WHO. This early gain was then maintained by rehabilitated water supplies through the chlorination of drinking water system in these counties. The supply of 55 interagency health kits and 250 basic kits by the DPRK Red Cross and International Federation with financial assistance from Red Cross Movement partners and ECHO contributed significantly to achieving the programme's objectives. Diarrhoeal disease incidences had decreased steadily with no reports of a diarrhoea outbreak. The reduction in incidences of complications such as severe dehydration also lessened the burden on secondary health facilities. By the end of November, incidence rates for diarrhoea and other endemic diseases in most of the counties were comparable to the yearly figures. By Jan 2008, the disease incidence showed normal seasonal patterns in all Red Cross supported counties. During this period, the general well being of the communities had been restored quickly. Safe drinking water and improved health facilities with much needed medicine stock in place had a multinational society is being recognised as major contributors in improving the health of communities in the country.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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- Mr. Carl Naucler (head of regional office); carl.naucler@ifrc.org; phone: +86.10.65327162, fax: +86.10.65327166; Mr. Qinghui Gu (regional disaster management coordinator), email: qinghui.gu@ifrc.org; phone +86 1391 0959 834, fax+86-10-6532-7166.
- Ms Sylvie Chevalley (CAS coordinator for DPRK), email: sylvie.chevalley@ifrc.org, phone: + 41 22 730 4276, fax: +41 22 730 0395.

***<Annex, revised budget & final financial report below;
click here to return to the title page>***

APPEAL BUDGET SUMMARY
DPR KOREA - FLOODS 2007

Annex 1
MDRKP001

	ORIGINAL	1ST REVISION	2ND REVISION	VARIANCE
	VALUE IN CHF	VALUE IN CHF	VALUE IN CHF	VALUE IN CHF
<u>RELIEF NEEDS</u>				
Shelter	420,000	460,000	317,751	142,249
Clothing & Textiles	840,000	920,000	888,436	31,564
Water & Sanitation	475,600	253,446	289,652	(36,206)
Medical & First Aid	2,332,000	2,612,207	2,056,302	555,905
Utensils & Tools	630,000	690,000	609,136	80,864
Total Relief Needs	4,697,600	4,935,653	4,161,277	774,376
<u>CAPITAL EQUIPMENT</u>				
Computers & Telecom Equipment	2,500	2,500	1,977	523
<u>TRANSPORT, STORAGE & VEHICLES</u>				
Storage - Warehouse	37,000	37,000	46,280	(9,280)
Distribution & Monitoring	1,355,420	792,803	653,928	138,875
Transport & Vehicles Costs	6,000	6,000	6,000	-
<u>PERSONNEL</u>				
International Staff	30,000	30,000	154,639	(124,639)
National Staff	5,000	5,000	5,000	-
National Society Staff	9,900	9,900	9,900	-
Consultants	15,000	15,000	16,331	(1,331)
<u>WORKSHOPS & TRAINING</u>				
Workshops & Training	14,000	14,000	14,649	(649)
<u>GENERAL EXPENSES</u>				
Travel	5,000	5,000	1,500	3,500
Information & Public Relations	6,000	6,000	1,000	5,000
Communication Costs	5,000	5,000	11,979	(6,979)
Financial Charges	500	500	12,500	(12,000)
<u>PROGRAMME SUPPORT</u>				
Programme Support - PSR	430,246	407,683	354,334	53,348
Total Operational Needs	1,921,566	1,336,385	1,290,017	46,368
Total Appeal Budget (Cash & Kind)	6,619,166	6,272,038	5,451,294	820,744
(LESS) Available Resources	-	2,911,334	5,721,999	
Net Request	6,619,166	3,360,704	(270,705)	

Distribution plan of 200 medical equipment kits, 200 minor medical equipment kits, 200 medical instrument kits and 200 delivery kits for 200 flood-damaged primary health institutions (May 2008)

No	Province	City / County	No. of equipment kits	No. of minor equipment kits	No. of instrument kits	No. of delivery kits
1	South Phyongan	Phyongsong	7	7	7	7
2		Onchon	8	8	8	8
3		Taedong	7	7	7	7
4		Anju	9	9	9	9
5		Sinyang	10	10	10	10
6		Yangdok	11	11	11	11
7		Sunchon	6	6	6	6
8		Eunsan	7	7	7	7
9		Pukchang	2	2	2	2
10		Maengsan	10	10	10	10
11		Tokchon	16	16	16	16
12		Nyongwon	11	11	11	11
13	North Hwanghae	Kaesong	3	3	3	3
14		Kaephung	2	2	2	2
15		Jangphung	2	2	2	2
16	South Hamgyong	Hamju	12	12	12	12
17		Yonggwang	9	9	9	9
18		Sinheung	12	12	12	12
19		Jongpyong	7	7	7	7
20		Keumya	14	14	14	14
21		Hongwon	11	11	11	11
22		Riwon	9	9	9	9
23		Pukchong	8	8	8	8
24	Rakwon	7	7	7	7	
Total			200	200	200	200

These kits will be supplied to 200 primary health institutions which were damaged by last year floods and have already received the furniture kits last February for refurbishment.

Each targeted institution will receive each of four different kits i.e. one medical equipment kit, one minor medical equipment kit, one medical instrument kit and one delivery kit.

Each kit consists of one carton except that medical equipment kit comprises of six sub-kits (No. 1-6, No.1: one carton, No.2:one carton, No.3:two cartons i.e. carton A and B, No.4:two cartons i.e. carton A and B, No.5:two cartons i.e. carton A and B, and No.6:one carton, totalling nine cartons for one medical equipment kit)

International Federation of Red Cross and Red Crescent Societies

MDRKP001 - Dpr Korea - Floods 2007

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2008/12
Budget Timeframe	2007/8-2008/12
Appeal	MDRKP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	5,451,295					5,451,295
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Australian Red Cross (from Australian Government)</i>	758,170					758,170
<i>British Red Cross</i>	72,600					72,600
<i>Canadian Red Cross</i>	113,700					113,700
<i>Canadian Red Cross (from Canadian Government)</i>	289,575					289,575
<i>China - Private Donors</i>	31					31
<i>Czech Government</i>	29,674					29,674
<i>Danish Red Cross</i>	163,840					163,840
<i>ECHO</i>	1,532,633					1,532,633
<i>German Red Cross</i>	190,680					190,680
<i>German Red Cross (from German Government)</i>	128,985					128,985
<i>Hong Kong Red Cross</i>	1,599					1,599
<i>Japanese Red Cross</i>	14,082					14,082
<i>Korea Republic Red Cross (from Korea (Republic of) - Private Donors)</i>	118,722					118,722
<i>Lichtenstein - Private Donors</i>	50,000					50,000
<i>Monaco Red Cross</i>	25,095					25,095
<i>Netherlands Red Cross</i>	65,760					65,760
<i>New York Office (from Lee & Gund Foundation (Lara Lee & George Gund))</i>	11,590					11,590
<i>New Zealand Red Cross (from New Zealand Government)</i>	415,114					415,114
<i>Norwegian Red Cross</i>	19,377					19,377
<i>Norwegian Red Cross (from Norwegian Government)</i>	22,283					22,283
<i>On Line donations</i>	48					48
<i>Other (from Australian Government)</i>	18,230					18,230
<i>Other (from Norwegian Government)</i>	-73					-73
<i>Singapore Red Cross</i>	32,071					32,071
<i>Singapore Red Cross (from Singapore Government)</i>	60,042					60,042
<i>Swedish Red Cross</i>	1,115					1,115
<i>Swedish Red Cross (from Swedish Government)</i>	720,000					720,000
C1. Cash contributions	4,854,943					4,854,943
<u>Inkind Goods & Transport</u>						
<i>Norwegian Red Cross</i>	326,902					326,902
C3. Inkind Goods & Transport	326,902					326,902
<u>Inkind Personnel</u>						
<i>Swedish Red Cross</i>	14,227					14,227
C4. Inkind Personnel	14,227					14,227
C. Total Income = SUM(C1..C5)	5,196,072					5,196,072
D. Total Funding = B + C	5,196,072					5,196,072
Appeal Coverage	95%					95%

International Federation of Red Cross and Red Crescent Societies

MDRKP001 - Dpr Korea - Floods 2007

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2008/12
Budget Timeframe	2007/8-2008/12
Appeal	MDRKP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	5,196,072					5,196,072
E. Expenditure	-5,196,072					-5,196,072
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies

MDRKP001 - Dpr Korea - Floods 2007

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2008/12
Budget Timeframe	2007/8-2008/12
Appeal	MDRKP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		5,451,295					5,451,295	
Supplies								
Shelter - Relief	317,751	317,751					317,751	-0
Clothing & textiles	888,437	797,823					797,823	90,613
Water & Sanitation	289,652	289,657					289,657	-4
Medical & First Aid	2,056,302	1,916,931					1,916,931	139,371
Utensils & Tools	609,136	590,074					590,074	19,062
Other Supplies & Services		-714					-714	714
Total Supplies	4,161,278	3,911,523					3,911,523	249,755
Land, vehicles & equipment								
Computers & Telecom	1,977	1,977					1,977	0
Total Land, vehicles & equipment	1,977	1,977					1,977	0
Transport & Storage								
Storage	46,280	47,665					47,665	-1,386
Distribution & Monitoring	653,928	591,510					591,510	62,418
Transport & Vehicle Costs	6,000	6,499					6,499	-499
Total Transport & Storage	706,208	645,675					645,675	60,533
Personnel								
International Staff	154,639	128,305					128,305	26,334
Regionally Deployed Staff		1,500					1,500	-1,500
National Staff	5,000	6,810					6,810	-1,810
National Society Staff	9,900	8,426					8,426	1,474
Consultants	16,331	16,331					16,331	0
Total Personnel	185,870	161,372					161,372	24,498
Workshops & Training								
Workshops & Training	14,649	14,649					14,649	0
Total Workshops & Training	14,649	14,649					14,649	0
General Expenditure								
Travel	1,500							1,500
Information & Public Relation	1,000	310					310	690
Communications	11,979	13,226					13,226	-1,248
Financial Charges	12,500	-19,798					-19,798	32,298
Total General Expenditure	26,979	-6,261					-6,261	33,240
Programme Support								
Program Support	354,334	325,766					325,766	28,569
Total Programme Support	354,334	325,766					325,766	28,569
Services								
Services & Recoveries		141,372					141,372	-141,372
Total Services		141,372					141,372	-141,372
TOTAL EXPENDITURE (D)	5,451,295	5,196,072					5,196,072	255,223
VARIANCE (C - D)		255,223					255,223	