

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

24 September 2002

Appeal No. 01.38/2002

Appeal Target CHF 12,413,596

Programme Update No. 1 Period covered: Jan. - June 2002 (last Programme Update issued; Programme Update No. 2 January 17, 2002)

“At a Glance”

Appeal coverage: 75.3%

Related Appeals: East Asia regional programmes (01.37/2002)

Outstanding needs: CHF 3,061,127 m

Update: Donor support has been strong and this has enabled the DPRK Red Cross, with Federation assistance, to assist vulnerable people in what is a very deep humanitarian crisis. The Federation’s humanitarian mandate in the country has been strengthened with its recognition as an international organisation in DPR Korea.

Operational Developments:

On the 5th of June, an agreement between the International Federation and the government of the Democratic People's Republic of Korea (DPRK) was signed in Geneva. The agreement accords legal status to the Federation as an international organisation in the DPRK and will strengthen its humanitarian mandate in the country.

Delegation staffing underwent some changes with the departure in February of the Norwegian Red Cross Health Coordinator, and his replacement in May by a Canadian Red Cross delegate. In May, the HoD of two years left. Unfortunately, his replacement was forced to withdraw due to medical reasons and the position has been replaced by an acting HoD. The former Health Coordinator was due to begin as HoD this month. A Water and Sanitation Coordinator from the Australian Red Cross, funded by Netherlands Red Cross/ECHO, arrived in April and a new Health Delegate (Finnish Red Cross) arrived in June.

Disaster Preparedness

Training/Workshop:

1. One day workshop on Red Cross experience sharing in Kangwon flood operation was planned and carried out by IFRC. It was held on 6th of February in Wonsan city. In order to share the experience with other agencies, FDRC, MoE&LP, ECHO, WFP, WHO, UNICEF and OCHA were invited. A total of 31 participants were present including ECHO, WFP, WHO, MoE&LP and FDRC.

Besides experiences and lesson learned from the flood operation at provincial and county level the major issues discussed during the workshop were emergency information network, rapid assessment and communication in disaster, coordination with other agencies, strength & weaknesses of Red Cross.

2. Three days CDBP ToT was held on June 10-12, 2002. The Workshop was attended by 25 Participants from the different Provinces. The participants included 5 DP officers and Ri level CDBP trainers. Its main objective was to give participants a better overall understanding of the CDBP programme. At the provincial/county/city levels the training is linked with the exercise to establish a disaster preparedness plan and response. Other topics included were basic disaster management, VCA, Red Cross and Red Crescent movement, and CBFA.

3. Two senior personnel from DPRK Red Cross were sent to Asian Disaster Preparedness Centre (ADPC) to attend Community Based Disaster Management Course. The participants were Deputy secretary General responsible for DP&R Department as well as Desk officer of DP&R Department.

DP/DR working group meets quarterly at national and provincial level:

All the members of DP working group were invited to attend the workshop in Kangwon province with the view to hold regular working group meeting followed by experience sharing workshop. During working group meeting DP/DR future program has been discussed and agreed to meet again on March in order to implement CDBP and VCA.

DP working group meeting held on 15 May 02 at Red Cross training center, South Phyongan Province. The meeting was participated by SG, DP delegate, DP department staffs, volunteers from four province and Kaesong city. FDRC and MoE&L were also present. During the meeting following issues were thoroughly discussed:

- Review of flood relief operation in Kangwon province.
- Implementation of CDBP programme- selected the South Phyongan province as a pilot area. Selection of 9 Ri was to be made in early June.
- Field Relief Manual has been finalised.
- Participants understood VCA procedures through its presentation and agreed that 2 risk areas be selected to conduct VCA as a pilot for this year.
- Agreed to conduct ToT on CDBP in June for 5 DP officers and volunteers and those involved in CDBP and VCA implementation.

CBDP Programme:

Community Based Disaster Preparedness (CBDP) programme has been launched in 9 Ri of South Phyongan Province from June 2002. 9 community trainers have been appointed and trained in order to implement the programme.

CBDP Manual:

Manual has been produced recently and in process of being tested in the field and translate into Korean.

One additional regional warehouse established at Chongjin, North Hamgyong province, with contingency stocks:

The local authority has provided a warehouse to DPRK RC to establish a regional warehouse at Chongjin almost 1,000KM away from Pyongyang. Federation DP and logistic delegates visited the newly established warehouse, which has been stockpiled with 500 family relief package later increased to 1,500 packages, including blankets, kitchen sets, WPTs, water containers, plastic sheeting. One hospital tent, safety helmets and Red Cross jackets were also placed in warehouse.

Warehouse management training for staff:

Along with DPRK RC logistics department, the Federation logistics and DP delegates trained the staff and branch volunteers of North Hamgyong province in warehouse management. One day training included basic warehouse management, Federation procedures, best use of relief materials, reporting and maintenance of warehouse.

Pre-position of additional 6,000 family packages completed:

6,000 plus additional family packages has already been procured and stocked in central and regional DP warehouses. With this additional 6,000 family packages targeted pre-positioning of 12,000 relief materials has been achieved, which will cover emergency assistance to 60,000 population in case of disaster.

Provincial level coordinated contingency plan for emergency response:

Guidelines to prepare contingency plan for emergency was provided to provincial branches. The plan most likely will be completed by July and will be finalised during forthcoming DP working group meeting.

Health and Care

Distribution of drugs and medical supplies

Objective 1

- To strengthen the capacity of 1,762 health institutions (provincial, county, industrial, city and ri hospitals and clinics) in the four Red Cross operational areas (three provinces and one municipality) to provide basic medical services. NOTE: This number of institutions is an increase from last year, due to the addition of the institutions in the two newly accessible counties.

Progress Against Activities

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.

Funding delays resulted in a reduced drug distribution to all institutions for the first quarter, 2002, and a delayed (but more complete) distribution in the 2nd quarter. The first quarter distribution, began in the 4th quarter of 2001, (see previous report for full details) consisted of hospital and ri clinic kits covering 50% of county hospitals and ri clinics, targeted to the most remote (and inaccessible for patient transfer, especially in winter) areas. The remaining institutions received smaller supplies of antibiotics, with hospitals receiving additional supplies of anaesthetics and ergometrine. This quarterly supply was supplemented in Feb 2002 by further distribution of 600 antibiotic kits so that every institution received some measure of medicine supplies.

The 2nd quarter distribution, delayed as noted, initiated the supply of the new 3 monthly kit types – basic, non-freezable supplies for 1000 people, and supplementary hospital supplies (including injectables and minimal infusion material) for 100,000 people. The first basic kits – to be delivered quarterly – were received in May and were distributed and monitored by the first week of June. The more substantial supplementary kits for two quarters were received and distributed to county warehouses in June, with monitoring completed by the 6th of July.

Malaria medications – chloroquine and primaquine tablets – were also delayed and received in different shipments, with delivery to the counties well into the start of the malaria season, and after the onset of case development. The volumes were calculated based on the number of cases reported to the MoPH, some 101,448, in the RC operational area. Additional health & medical materials which were also received and distributed through this period, included wheelchairs (50) and crutches (200) for provincial level hospitals, stretchers (200) for first aid posts, and water filter candles (1,200) to replace faulty material.

Distribution overview Jan - June 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 - May 30th. Monitoring: May 28th - June 7th	All hospitals and clinics (1762).	Danish Red Cross/ECHO
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 22th - 30th	All hospitals and clinics (1762).	Danish Red Cross/ECHO
Chagang	Antibiotic Kits	Distribution: Mar. 11th - 12th. Monitoring; Mar 13th	35 polyclinics, industrial & county hospitals	Norwegian Red Cross
	Basic Medicine Kits	Distribution: May 29th- 30th. Monitoring: June 4th - 5th	All hospitals and clinics (1762).	Danish Red Cross/ECHO
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 hospitals and clinics (1762).	Danish Red Cross/ECHO

Monitoring

Random access for monitoring continues to be denied, despite continuous efforts by resident humanitarian agencies and their visiting executives. Monitoring consists of predetermined trips by NS staff and IFRC delegates to all county warehouses after supplies are transported, but before there is any local release, to confirm that the volumes of supplies designated for each county actually were in place. Receipt of designated volumes of supplies at hospitals, clinics etc., is confirmed with the institution at the time of all pre-planned institution monitoring visits.

Once again, there has been no observed diversion of relief items from the Red Cross distribution. Drugs of Chinese and Russian origin, continue to be observed for sale in large cities' shops. No further information on the size of this market has been gathered.

In total 92 health institutions have been monitored by Federation delegates during 2002. In addition the NS field monitors have visited 699 health institutions. No requests have been made for additional drugs (apart from the delayed kits, themselves) but hospital/clinic directors continue to request instruments to cover obstetric surgery and orthopaedic emergencies.

No new information has been received that can be evaluated to determine whether the essential drugs provided are either adequate (assuming 60 – 80% coverage for those drugs) or creating an improvement in the general health situation. This lack of information should improve now that the prescription monitoring project is underway – first report to be delivered in September – and the drug supply has basically resumed as of May, so that drug consumption data can be more reliably utilised. The collection of disease surveillance data from 15 selected institutions, which resumed last August, has now been compiled, but not translated into English to date. Further evaluation of the situation will be undertaken as these reports become available. There are anecdotal reports of a decrease in referral rates of up to 50% since the receipt of the basic kits in May.

Surgical instruments

Last year's distribution of abdominal surgical instruments remains appreciated by the recipients, who continue to comment on them during monitoring visits. Ten workshops on aseptic technique have been conducted by end of June to improve, among other points, the sterilisation of instruments, identified as the primary cause of rusting, noted in the previous report. Further follow-up of this is under way; an additional 10 workshops are planned for 2003, monitors continue to check the status of instruments in the field, and the Secretariat is addressing the quality issue with the manufacturers. These activities are expected to prevent a similar situation with further instrumentation supplies, such as the delivery sets which are expected later this year and the orthopaedic sets for which funds are currently being sought.

Medication supply

Monitoring of the pharmacies has revealed no reported discrepancies to the orderliness and accountability previously noted. Supplies usually do not last the full three months, but this could not be determined in this half year due to the noted delays in delivery. Concern has routinely been expressed about the small volumes available in the first quarter and the delay in the delivery of drugs in the second quarter. These two issues have overridden requests for further additional drugs. The western drugs are said to cover at least 80 % of the consumption of their categories of drugs (antibiotics and anaesthetics). The hospitals report some supply of injectable penicillin, streptomycin and novacaine from the MoPH, but the supply is very limited. Koryo medicines, the locally produced herbal medicines, continue to be the mainstay for chronic conditions. These drugs are usually collected by the institution staff themselves, but some are centrally distributed. There is little standardisation of the preparations from one area to the next. These compounds are generally stored and distributed from the same warehouses as the donated drugs.

Warehouse monitoring

There has been no change in the warehousing situation in the country, but as there was no delivery of supplies until spring, the winter conditions did not have an impact in this period. The new kits and distribution plans will continue to take this into consideration. No buffer stock has been retained to date, but is not anticipated to tax the warehouse space available.

Increased knowledge of government health staff

To increase the professional knowledge and skills of government staff working at health facilities by providing them with updated medical guidelines and training in the rational use of drugs and standard treatment schedules, in close cooperation with WHO and the MoPH in 2001 and 2002.

The RC facilitated 4 workshops for 82 provincial and county doctors who are expected to train colleagues in their region on the use of essential drugs, as provided in the basic and supplementary kits. The material and presentations were prepared primarily by the MoPH. The production of a comprehensive handbook for primary health care doctors, covering topics in diagnosis, treatment and drugs continues in progress, but has not yet been published.

Constraints

Lack of random monitoring continues to be a concern but donors have been kept fully informed. The delay in commitment of funds has led to delays in provision of basic drugs, which has had adverse effects on patient care, utilisation patterns and physician confidence in RC supply, all of which have been elucidated in previous reports. Proactive planning from both the Federation and the Secretariat may well overcome this in the future. There are signs of donor fatigue - every visiting desk/delegation has requested an exit strategy from drug distribution and this must be seriously considered in the future. To date there is only limited improvement in local production of generic drugs, inadequate to meet the full demands of the country, so any exit strategy will need to be tailored to ongoing developments in this sector.

Health promotion training

Objective 2

To reduce the prevalence of a number of communicable diseases by improving the knowledge and skills of health workers and Red Cross volunteers in specific topics related to priority health care issues and concerns

Progress Against Activities

Diarrhoea Workshops - now Waterborne Diseases

Gastrointestinal disorders continues to be the most frequent disease reported by the health institutions. Last year's evaluation of the Diarrhoea 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.

Acute Respiratory Infections Workshops

The evaluation of the workshops of last year led to a reformulating of the presentation material, which has now been approved by the MoPH. Printing remains to be completed for the workshops which are planned for September/October.

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.

Safe Delivery and Breast Feeding

Material for this workshop was prepared, approved by MoPH and printed so that 6 workshops for 120 nurses and midwives were conducted in May-June. An additional 4 workshops will be conducted later in the summer.

Malaria Workshops

Objective 6 To decrease the incidence of malaria cases (to minimize recurrent epidemics) in the Red Cross operational areas in 2001 and 2002 through:

- Provision of sufficient anti malarial drugs (Chloroquine /Primaquine) for 100,000 cases.
- Extensive health education for community health workers/first aid workers.

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 completed in July. Additional workshops are planned for Doctors, but the training material has not been fully prepared to date.

HIV/AIDS

Significant work has begun to promote awareness of this topic, which remains sensitive in this environment. NS and Federation staff participate in the Interagency theme meetings on HIV/AIDS and collaborated to produce an awareness pamphlet which has been printed. Key Federation policies and guidelines have been translated into Korean, and await approval by the MoPH. Two NS and one Federation delegates participated in a one

week study tour to visit the Red Cross Society of China/Australian Red Cross HIV AIDS project in Yunnan Province, to expand their knowledge of potential projects for the DPRK.

Constraints

The timing of workshops continues to be constrained by both the demands on delegates time and the availability of the community volunteers. Vacancies continued with the health team being one person short for over half of this period, and monitoring of drug/materials distribution also delayed workshop scheduling. Volunteers are not available during the winter months (lack of heating for facilities) and for periods in the spring and autumn when they are busy with planting and harvest, activities in which all community members, including Doctors and health staff are expected to participate. The follow up of the trainees will need to be considered but has not been possible to date.

Winterisation Project

Objective 3

- To improve the operational capacity of health institutions in winter (a four month season - November, December 2001/January, February 2002, and November, December 2002) by providing coal for heating the operating theater, emergency and outpatient areas of 66 provincial, county and city hospitals in 2001 and 2002.

There has been little activity on this project as it was essentially completed in the prior report. However, the Norwegian Red Cross is again interested in contributing for the procurement of coal for the winter 2002/2003, so further activities will commence in the fall.

Water and Sanitation Project

Objective 4

- To provide sufficient quantities of potable water for 300,000 beneficiaries in 30 villages through 300 water points, as from mid 2001.
- To build capacity to increase access to safe water, adequate sanitation and improved personal hygiene
- To train DPRK Red Cross counterparts, with the aim of creating a much needed water and sanitation unit within the DPRK Red Cross.

Progress Against Activities

During this first semester watsan activities concentrated mainly on the finalisation of the 18 Ri Pilot Project and on the initiation of the new ECHO/Swedish Red Cross funded 20 Ri Project. This new project is the first part of a larger project that will have improved water supplies and sanitation systems in 100 Ri and Dong by the end of the year 2003.

18 Ri Pilot Project

All water supply systems for this 18 Ri Pilot Project were fully constructed during the first semester of 2002. The digging and construction of wells and water tanks on nearby hills was initiated in the middle of winter in some villages and was delayed until the end of March in others due to difficulties encountered with the distribution of construction materials. However, two months later, by the end of May 2002, the villagers had finalised all the work, including the digging and installation of pipes. In June, after Federation delegates inspected the 18 new water supply systems, a handover agreement transferring their ownership to the Ri was signed by the DPRK RC, Federation and the Ri cooperative farm managers.

Preliminary water analysis results suggest that water quality in the new wells is better than in the old wells used until recently. As the new water supply systems now provide water not only to the households but also to the public buildings, schools, kindergartens nurseries and health facilities, they seem to have had a major impact. For this reason at present the 18 Ri Pilot Project water supply systems are effectively promoting the efficiency of Red Cross interventions. For example, during a recent visit to Jungsan County, ECHO desk officer Mr. Javier Menéndez Bonilla was informed by the director of Joksong Ri hospital that this summer, as an outcome of the Red Cross water supply intervention, the number of patients affected by water borne diseases has decreased by 80%.

The adequate design of the 18 Ri water supply systems seems to compensate well for the shortages of power which, in some Ri, is available only twice a day, sometimes for only a couple of hours. In spite of the limited amount of time available for pumping, the water storage tanks constructed on the tops of the hills can be filled. This ensures that the pumped water will flow to the villages by gravity during most of the day. The introduction of polyethylene pipes has been appreciated by all concerned parties. These pipes will secure a longer life span for the new water supply systems than the galvanised steel pipes used in other projects.

Unfortunately, two of the 16 Chinese submersible pumps used in this project failed soon after installation and thus two villages were left without water supplies. These two pumps will be replaced during the implementation of the next stage of the water supply project (20 Ri Project). Their failure suggests that the introduction of Chinese submersible pumps in this project may become a problem in the future. In spite of their many advantages, the availability of spare parts for the Chinese pumps, their capacity to withstand high fluctuations of voltage and the possibility of repairing them in-situ seem to be limited. So, once they have failed, they are likely to become non-operational for ever, as people do not have experience with these delicate pumps and the technology needed to repair them is unavailable in the DPRK.

The 18 Ri Pilot Project may present a second problem. Since many of the wells are shallow and are situated on arable land surrounded by flooded rice fields, the water supplies could easily become contaminated by fertilisers and pesticides. There is also a risk of bacteriological, viral or intestine parasites' contamination, since human manure is often used as a fertiliser. To overcome this threat, cement rings were used to construct the wells. This enables extraction of water from aquifers generally over 6 m deep. However, if the materials overlying these aquifers are permeable, this protection may not be enough.

For this reason, the areas surrounding the wells should be protected by fences and increased beyond the agreed 30m radius. However, in a region often affected by food shortages, it may be very difficult to convince people that some 3 hectares of good arable land should only be used to protect wells and never be used for food production.

To help to make a difficult choice between this type of options, local decision makers such as agricultural planners, community representatives and cooperative farm managers should be invited to attend Red Cross workshops. In the workshops they should receive up-to-date information on health issues and waterborne disease prevention strategies, as well as a general understanding of how disease causing factors can move through the earth to reach water supply sources. This would give them a background information they may need to make the right decisions.

In the meantime, comprehensive and reliable micro biological and water chemistry analyses should be completed in many wells to ensure that water supplies provided by the Red Cross do meet established water quality standards for human consumption.

It should be also stressed that a careful initial siting of the wells up hydraulic gradient from the agricultural areas and other potential groundwater contamination sources often can help to significantly reduce all possible threats to water quality.

20 Ri Project

A number of important tasks required by this project were finalised before the end of February 2002. They included the selection of the 20 villages that will benefit from the project; the measurement of height differences and distances between wells, villages and hills where the storage tanks are to be constructed; the development of water supply engineering designs; the calculation of construction materials and pipes required by each village, etc. The tendering process was also finalised by the end of February 2002. However, because of delays in the procurement of materials, the cement and steel bars needed to construct wells and tanks were purchased in April and the distribution of these materials was completed in May. Further delays in the signature of the ECHO contract caused further postponements in the ordering of pipes. Therefore, these were not available for distribution until well past the end of June. The March-May period preceding the farming season - when village

people are available to work on water supply projects - could not be used and was lost. The result is that, whilst the construction of the 18 Ri Pilot Project was fully implemented during the first six months of the year, work for the 20 Ri Project in most places will be postponed for at least another six months, probably until the end of the rice harvesting season in October.

This postponement however was not completely disadvantageous. It gave time to absorb the experience with failed pumps in the 18 Ri Pilot Project and helped to decide that - in order to give the 20 Ri Project long-term sustainability - it is preferable to purchase centrifugal pumps and electrical motors made in DPRK, since these are designed to withstand high voltage variations and can be repaired in the DPRK.

A number of DPRK factories were inspected in May and June. Their prices were compared with the prices of imported motors and pumps and found to be reasonable. The centrifugal pumps and motors the factories produce were found to be slightly heavy, but solid and of good quality. Thus it was decided that the 20 Ri Project should use these pumps and motors.

Training and Workshops

In January and February 2002, 85 volunteers and water engineers working in the counties of the 4 provinces were trained. Practical training was also given to 10 county watsan officers belonging to the areas of the 18 Ri Pilot Project. They will all provide a stronger base of support to the watsan staff working for the N S.

Two NS watsan staff participated in the Ecological Sanitation Conference in China early in the year. The 10 day Regional Watsan Workshop in Laos from 11 th to the 20th of June was also attended by two NS watsan staff. The two workshops were very useful in the improvement of their understanding of water supply and sanitation issues.

Two workshops on pump maintenance were given to village pump keepers in early May to secure effective long term care and management of the water supplies in the villages of the 18 Ri Pilot Project. Power installation training was also provided. 16 digital clamp meters to be used for early detection of electrical installation problems were distributed during the workshops. The workshops also taught how to use these instruments.

A two day workshop was completed at Sinuiju to train twelve welders and ensure that up-to-date welding techniques are used in the construction of the new water town supply pipeline financed by the Swedish RC as part of the 20 Ri Project. The progress of this job was checked at the end of May and it was found it is very slow because power at Sinuiju is available for only a very small number of hours every day.

A revised manual to be used for training on basic water and sanitation principles was completed for first edition in Korean. It is being translated into English.

Two NS watsan engineers were trained in the use of altimeters to determine height differences accurately. The engineers learned about the instruments' capabilities and limitations, and about how to improve on their accuracy by using them in pairs. After the training, the engineers revisited all sites of the 20 Ri project and checked the height differences between wells and water storage tanks. They found that significant height estimation errors had been made in some of the sites.

One community health delegate from the Federation's Health Department was engaged on a part-time basis to prepare training materials for community workshops on prevention of waterborne diseases. The training materials were checked and approved by the MOPH before being printed. Three workshops were carried out in June, incorporating a total of 60 participants belonging to the villages of the 18 Ri project. Seven additional workshops will be completed in July.

Water Quality Issues

In close co-operation with the Health Department team, a protocol for collecting information on water borne diseases was developed at the beginning of 2002. However, following discussions with the MOPH (Ministry of Public Health), it was made clear that the MOPH will carry out all the water born disease surveys and provide

the Red Cross with the results. Based on this decision, the protocol was revised. The issue of how to obtain comprehensive and accurate information on hygiene and morbidity issues is still being discussed. This type of information seems to be still sensitive in the DPRK.

The MOPH promised to create a morbidity database for each village benefited by Red Cross water supply projects. This database will allow to compare information obtained before the projects were implemented with information obtained 3 months after their completion.

In close co-operation with the MOPH, the NS collected morbidity data on three possible water born diseases in the 38 villages that will benefit this year from the Red Cross sponsored water supply developments. After the developments are completed, data will be collected on a monthly basis to facilitate future assessments of beneficial impacts on the population. .

All the already available water quality and morbidity information needs to be compiled and thoroughly assessed. Perhaps it will reveal new success stories such as the above mentioned at Joksong Ri hospital. (See the 18 Ri Project section).

In April and in June, the MOH released two reports including chemical and micro biological analyses of water obtained from wells used in the areas of the 18 Ri and 20 Ri projects prior to the construction of the water supply systems. The exact location of the wells sampled is not mentioned in the reports. However, the data represents base-level information that may also be eventually used to assess beneficial impacts.

The number of parameters analysed and presented in the MOH reports is limited, since it only includes TDS, Nutrients, Turbidity, Smell, Hardness and Coliforms. According to the officer of the MOH presenting the June report, the presence of high levels of nutrients (Ammonia and Nitrates) in some of the samples suggests that agricultural contamination has taken place to such an extent that the groundwater could include pesticides. However, the MOH indicated that they do not have the sophisticated equipment needed to carry out pesticide analyses.

The MOH also indicated that, as they hardly have any reagents left and their spectro-photometers have become old and unreliable, it will be very difficult for them to continue analysing samples from the wells of the now finalised 18 Ri Project. They asked Federation to provide them with reagents and spectro-photometers. During the discussion it was suggested that Red Cross should be allowed to complete independent water quality analyses. MOH replied it will consider this suggestion.

In conclusion, water quality impacts are presently measured directly and indirectly. Directly, by comparing levels of coliforms and chemical parameters in old and new water sources. Indirectly, by comparing water born diseases' statistics. Both methods presently have severe limitations. These limitations could be easily overcome if water quality were to become a health issue only.

CBFA (Community Based First aid)

Objective 5 To provide timely, effective and efficient assistance to the community by improving the Community Based First Aid capability of the DPRK Red Cross, using a community based approach. This will incorporate an element drawing attention to the gender issue.

Based on the evaluation of the First Aid training conducted last year, and the recommendations of the Health Review, the curriculum has been upgraded and now includes 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 May and TOT and TOV will commence in late summer, to bring on an additional 200 posts in this year. Refresher supplies have been received for distribution to the existing posts.

Health Care Self-sufficiency

Objective 7:

- Promote national self-sufficiency in the availability and provision of essential drugs and medical equipment throughout the health care system.

The activity to obtain this objective is advocacy. There has been little new activity in this field over the past 6 months. Ongoing participation in UNICEF and WHO health related meetings continue. The MoPH continues to be involved in monitoring statistics for the RC operations, and are kept informed by NS of program progress. WHO now has a country representative to coordinate the increased country support, and has been very active this period with a malaria prophylactic project that involved the provision of primaquine for two weeks to ~330,000 people in the most vulnerable counties, including four in the RC operational area.

For further details please contact: Per Gunnar Jenssen, Head of Delegation. Phone : 008502 381 34 90, email ifrckp02@ifrc.org.

Aurelia Balpe, Federation Desk Officer; phone: 41 22 730 43 52; email: balpe@ifrc.org..

All International Federation Assistance 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.

In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.

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>

John Horekens
Director
External Relations

Simon Missiri
Head
Asia Pacific

DPR Korea						ANNEX 1
APPEAL No. 01.38/2002		PLEDGES RECEIVED			21.09.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				12'413'596		TOTAL COVERAGE 75.3%
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
NETHERLANDS - GOVT		68'303	EUR	100'392	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				5'772'003	CHF	46.5%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CANADA	DELEGATE(S)			37'618		
DENMARK	DELEGATE(S)			54'866		
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)			8'378		
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				3'580'466	CHF	28.8%