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Emergency Plan of Action Operation Update DPR Korea: Influenza-A Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRKP009	Glide number: EP-2018-000012-PRK
DREF update n°1; 26 February 2018	Timeframe covered by this update: 8 February to 12 March 2018
Operation start date: January 2018	Operation timeframe: 6 months, end date: 7 June 2018
Overall operation budget: CHF 303,779	
N° of people being assisted: 373,000 direct beneficiaries	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Democratic People's Republic of Korea Red Cross Society (DPRK RCS)	
Other partner organizations actively involved in the operation: Ministry of Public Health, WHO and UNICEF	

A. SITUATION ANALYSIS

Description of the disaster

On 19 January 2018 the Vice Minister of Public Health officially informed the World Health Organization (WHO) Country Office in Pyongyang of an outbreak of Influenza A (H1N1) stating that between 1 December 2017 and 16 January 2018 there was a total of 126,574 suspected influenza cases – individuals presenting with influenza-like illness. Of these, 81,640 cases were confirmed as Influenza A (H1N1) and as per the Ministry communication there had been four deaths – three children and one adult. According to the Ministry, 24.5 per cent of suspected influenza cases (numbering 31,010) were among children aged 0-7 years, 22.8 per cent (n= 28,858) were among children 8-16 years and the rest 52.7 per cent (n= 66,706), were among those who were above 17 years. The outbreak has become generalized throughout the country with 28.7 per cent of cases in the capital city – Pyongyang. The Government requested support for influenza vaccination targeting high-risk individuals, with the MoPH specifically requesting 30,000 Oseltamivir tablets for healthcare workers. WHO mobilized a total of 6,500 dosages of oseltamivir which reached the country during the last week of January and first week of February 2018. There was a request to strengthen the non-pharmaceutical aspect of the operation with an emphasis on public health including surveillance and preventive activities with agencies requested to conduct an effective communication programme.¹ The outbreak became more severe in the last weeks of January with the MoPH again appealing for assistance for medicines and public health campaigns. The Democratic People's Republic of Korea Red Cross (DPRK RCS) immediately mobilized volunteers in the three target provinces (North and South Pyongan and South Hamgyong) and began activities reaching households where they had ongoing community health programmes.

Summary of response

Overview of Host National Society

The National Society, DPRK RCS, has 14 permanent branches with paid staff at the provincial level and a total of 209 branches with volunteer staff throughout the country so is well placed to respond to a nationwide outbreak. In addition, they have very close links with the MoPH at national and provincial level. A key advantage for this operation was that DPRK RCS has been engaged for over ten years in supplying approximately 2,000 health facilities with medicines and other support meaning they have an existing entry-point with health centres from which the bulk of this operation is now being run. The DPRK RCS has weekly meetings with the Ministry of Public Health to coordinate activities regarding

¹ WHO DPR Korea Situation Report [#01 Emergency – Influenza outbreak](#), 26.01.2018

prevention through social mobilization of volunteers in the most affected areas. Before the DREF was approved, the National Society reached over 30,000 people in target communities in January working in very challenging weather conditions given that the current winter is one of the most severe in recent times. Branches have begun reaching out to target populations with key messages with the focus on the communities where DPRK RCS has on-going integrated programmes, in health facilities and in educational establishments. The DPRK RCS has been proactive in reaching affected populations and is distributing MoPH leaflets on prevention amongst high risk communities and is in close liaison with the MoPH at national, provincial and district level. Specialist staff from headquarters were deployed to the field to work closely with the branches and liaise directly with MoPH in the target provinces and communities.



Red Cross Youth participating in handwashing sensitization in Sinyang County, South Pyongan Province 7 March 2018, (Photo: DPRK RCS)

Overview of Red Cross Red Crescent Movement in country

The IFRC has had a physical presence in DPRK for over twenty years and currently has three delegates in-country: National Society Development / Programme Coordination, Health / WASH and Finance. The International Committee of the Red Cross (ICRC) has an office in DPRK and there is close collaboration with them. There are no partner National Societies in DPRK.

Overview of non-RCRC actors in country

The main government actor is the Ministry of Public Health, with whom the DPRK RCS began meeting daily to plan and coordinate activities. The most important UN actor is the WHO and the IFRC and regular meeting are held between the two. UNICEF has been tasked to work on social mobilization and IFRC is also coordinating with them. There are few other actors in country. IFRC is part of the Health Sector Working Group and participates in the weekly meetings where updates of the outbreak have been shared.

Needs analysis and scenario planning

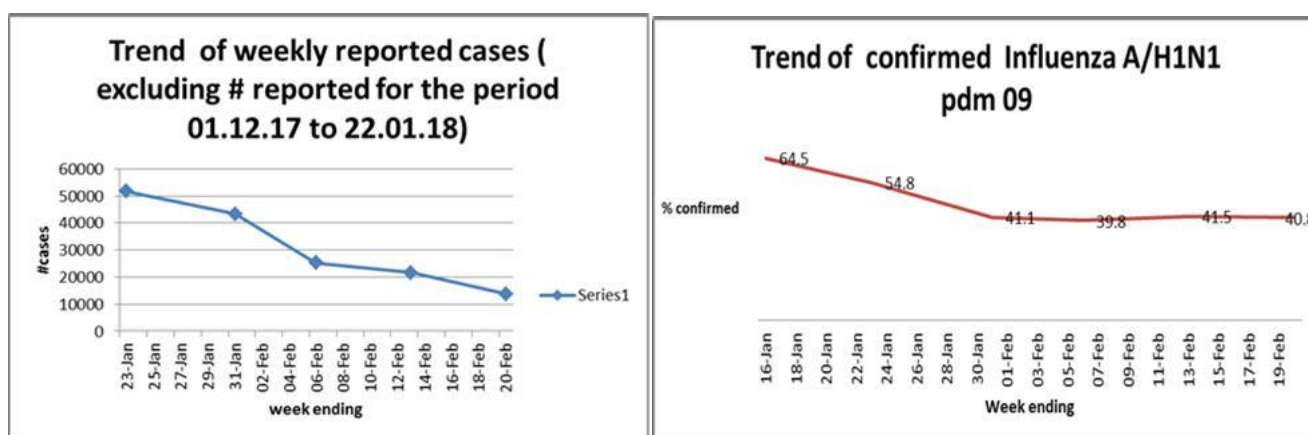
Through regular meetings with the MoPH and WHO, the DPRK RCS and IFRC committed to support awareness campaigns focusing on outreach from 500 health facilities and 300 schools as well as providing frontline health care workers and Red Cross volunteers with PPE, hand sanitizer and distribute soap and IEC material in the 300 educational establishments (nurseries, kindergartens and schools). The Red Cross in consultation with the MoPH also committed to reach at risk households with targeted messaging on influenza signs and symptoms, prevention and treatment options.

Throughout January the MoPH figures pointed to a rapidly developing outbreak and by 23 January 2018, there had been a cumulative total of 178,259 influenza-like illness (ILI) cases and 110,015 laboratory-confirmed cases of influenza A / H1N1.

Information received from WHO on 25 January 2018 indicated that between 17 to 23 January 2018 there had been an additional 51,685 suspected cases (with influenza-like symptoms) with laboratory tests confirming an additional 28,375 cases as Type A (H1N1). It is worth noting that due to lack of testing equipment the actual figure of cases positive for H1N1 was likely to have been higher.

Province	Number of Cases	Percentage ²	Population
Pyongyang	8,735	16.90	3,194,814
South Pyongan	4,342	8.40	3,164,686
North Pyongan	4,239	8.20	2,839,589
Jagang	6,102	11.81	1,358,116
South Hwanghae	6,926	13.40	2,432,669
North Hwanghae	6,047	11.70	2,436,552
Kangwon	578	1.12	1,546,124
South Hamgyong	7,051	14.64	3,155,798
North Hamgyong	2,998	5.80	2,425,121
Ryanggang	1,321	2.56	749,664
Nampo	2,894	5.60	1,024,565
Rason	452	0.87	(n/a)
TOTAL	51,685	100.00	

As of 7 February 2018, the Ministry of Public Health (MoPH), DPR Korea reported a cumulative total of 246,351 influenza like illness (ILI) cases and 502 cases of Severe Acute Respiratory Infections (SARI) for the period from 1 December 2017 to 6 February 2018. Of these reported ILI/SARI cases, 137,884 (56 per cent) were typed as influenza A(H1N1) pdm 09. The gradual decline in cases can be best seen in the reduced weekly rates. From 1-6 February 2018, the reported ILI and SARI cases were 25,143 and 65 respectively. By the week of 14-20 February 2018, the total reported ILI and SARI cases were 13,812 – a reduction of 11,331 cases in two weeks.



Source: WHO DPR Korea

Whilst the trend of weekly reported cases had gradually tracked downwards throughout January and February the trend of confirmed Influenza A/H1N1 pdm09 has remained constant through the first three weeks of February 2018.

Risk Analysis

The weather and road conditions and sub-zero temperatures with ice and snow caused some initial challenges in reaching distant communities. Even in early March the conditions were difficult but fortunately both NS and IFRC were able to reach target areas and we envisage that volunteers will achieve higher outreach as the weather improves and once the bicycles are received at branch level. Volunteers working on the operation are being provided with face masks, disposable gloves and hand sanitizer / soap and were paired and instructed in signs and symptoms and required to assess each other for signs and symptoms of illness prior to activities at the community level.

² Percentage of cases breakdown by province.

B. OPERATIONAL STRATEGY

Proposed strategy


The National Society through daily contact with the MoPH ensured volunteers were deployed to areas of increased risk. The IFRC maintained close liaison with the WHO and presented updates on activities at Inter-Agency Meetings to better understand the evolution of the outbreak and keep partners informed on our activities. Volunteers at the branch level are working closely with household doctors where each doctor is responsible for 130 households (approximately 520 individuals). The health provision in the community is based around health facilities who cater for clinical consultations in the morning and outreach in the afternoon. These facilities are very well known to the DPRK RC since they have been providing essential medicines and other assistance to them for many years. Through focusing on these 500 health facilities and community outreach the DPRK RC will reach over 355,000 direct beneficiaries with key messaging as well as improving infection control at the health facility through the distribution of disposable masks, disposable gloves and hand-sanitizer. A further 18,000 children, teachers and parents will be reached through handwashing and hygiene activities at 300 nurseries, kindergartens and schools in the three target provinces.

Programme integration is being encouraged by having joint training wherever possible with health and WASH volunteers. Red Cross youth are involved at the school trainings and all activities are closely coordinated with the IFRC and DPRK RC communications departments who are advising on how best to communicate our activities at the national and international level. Activities wherever possible are integrated within existing community-based programme which focus on health (CBHFA), WASH, livelihoods and disaster risk reduction.

Vulnerability and targeting was discussed with the MoPH and WHO from the onset with the advice being to target children < 5 years old, pregnant and lactating mothers, the elderly, persons with predisposing illness and front-line health professionals. To ensure that we assist in the quick identification of future health threats we are introducing community event-based surveillance in high-risk communities providing communities with the means to alert authorities immediately of unusual health events such as suspected outbreaks.

The NS and IFRC are carrying out weekly monitoring visits to sites including health facilities and schools to assess training sessions and speak to volunteers and beneficiaries on their impressions of the operation.

C. DETAILED OPERATIONAL PLAN

	<p>Health People reached: 66,299 Male: 33,149 Female: 33,150</p>	
Indicators:	Target	Actual
# volunteers who received training in influenza signs, symptoms, prevention and treatment.	300	300
# volunteers trained in Epidemic Control for Volunteers (ECV)	250	150
# of people reached with community-based epidemic prevention and control activities.	355,000	66,299
# PPE (masks and gloves) procured and distributed to 500 target health facilities.	500	500
# hand-sanitizer procured and distributed to 500 target health facilities.	500	0
Narrative description of achievements		
<p>The National Society immediately began to engage with the MoPH as soon as the outbreak was announced and have continued to engage in training of volunteers and reaching target communities with messages on influenza signs and symptoms, prevention and treatment. Regular coordination has been maintained with the MoPH at national, provincial and county level with MoPH doctors and other medical staff involved in training of NS volunteers.</p> <p>The NS organized one-day training for 300 volunteers from 12 cities and counties in South Hamgyong, South and North Pyongan Provinces from 20 February to 2 March 2018 on influenza signs and symptoms, prevention and treatment. Care was taken to ensure all trainings were attended by equal numbers of male and female participants. A doctor from Pyongyang Medical Refresher University and health staff from the NS HQ facilitated all training.</p>		

Volunteers have enthusiastically participated in training and follow-up visits by DPRK RC and IFRC health team members have indicated an increase in knowledge as demonstrated in workshop pre- and post-tests.

Working through health facilities and schools has dramatically increased the number of people reached as had the community outreach programming going door-to-door. The training in ECV has also been carried out with each training conducted over two days. The training was slightly delayed whilst we waited for the procurement of the printed material but is now gaining pace.

NOTE: The actual number of people reached as indicated above does not yet include data from the 500 health facilities. We are waiting for this information from the MoPH to include in the next operations update.

Challenges

Initially the harsh weather conditions meant that it was challenging for volunteers to reach some communities but by March the weather had slightly improved meaning that volunteer mobility was increased. Procurement has been delayed due to the holiday season (Chinese Lunar New Year) but is back on track. We have now procured PPE, soap, and received the printed material – posters and training material on ECV. Receiving data back from the health facilities has been challenging but we are trying to streamline the process. There has been a slight delay in procuring the hand-sanitizer, but this is being addressed. A similar challenge has been encountered with purchasing the bicycles and megaphones, but this is also being resolved and will lead to an increase in people being reached.

Lessons Learned

Whilst most health facilities visited had warm water we have been notified that some such facilities have only cold water since there have been issues with some solar panels installed by Red Cross as part of integrated programmes. We are assessing where the technical issues are – or if it can be attributed to the Winter conditions of limited sunshine and light. It's much easier to convince children to wash their hands when the water is warm hence the need to ensure solar systems work – particularly in winter.



Water, sanitation and hygiene

People reached: 9,000

Male: 4,500

Female: 4,500

Indicators:	Target	Actual
# volunteers trained to implement activities on handwashing and hygiene	1,500	600
# educational establishments (nurseries, kindergartens and schools) receiving IEC materials on proper handwashing techniques.	300	136
# children, parents and teachers instructed in proper handwashing.	18,000	9,000
# educational establishments receiving bars of soap for handwashing.	300	136

Narrative description of achievements

600 youth volunteers were trained in handwashing and hygiene in the first week of March (40 per cent) with the remainder of the training planned for the remainder of March. Two types of handwashing posters approved by the MoPH and geared towards children have been printed and are being distributed to 300 nurseries, kindergartens, and schools in most affected areas of North Pyongan, South Pyongan and South Hamgyong. Posters are displayed in the classroom, in the corridors and in the toilet facilities. We have also shared posters with the nearby health facilities where they are displayed at the entrance and toilet facilities.

The distribution figures will be captured in the next operations update. 6,000 bars of soap were procured locally and are being distributed with distribution data pending. The soaps are being distributed to each school (20 bars per school) with some used in the demonstration of proper handwashing and the rest left with the head teacher to ensure it is used by pupils and staff in the designated handwashing areas. Initial monitoring visits by IFRC and DPRK RC staff to several schools in all three provinces has indicated an uptake in handwashing practices.

100 educational establishments (nurseries, kindergartens and schools) were chosen in each of the three provinces in consultation with the MoPH who guided us towards schools that were in heavily affected areas or hard to reach.

Challenges

No major challenges have been observed especially since the soap and IEC material (posters) were sourced locally.

Lessons Learned

Logistics and supply chain

Logistics activities have aimed to effectively manage the supply chain including the procurement, storage and transport of NFIs to distribution sites in accordance with the operation's requirements and IFRC logistics standards, processes and procedures.

Procurement for supply of relief items and equipment's required for the success of this operation have been carried out locally jointly by the NS and IFRC Country Office (CO). Any warehousing and transport needs for the operational support have been carried out by existing local resources. IFRC AP Operational Logistics, Procurement and Supply Chain department in Kuala Lumpur have been providing remote support and guidance for NS and IFRC CO as per needed.

Communications

The DPRK RCS have taken photographs of the operation which have been shared with our Beijing Country Cluster Support Team who have actively promoted them via IFRC online communications channels and shared widely with interested National Societies within the IFRC network for further promotion. The NS has also taken video footage of the operation which will be developed into two short videos to explain the operation and highlight and promote Red Cross activities.

D. THE BUDGET

Detailed budget and expenditure are outlined in the attached financial report.

Reference documents



Click here for:

- [DREF Operation](#)

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How we work

All IFRC 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 the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.

Disaster Response Financial Report

MDRKP009 - DPR Korea - Influenza A

Timeframe: 07 Feb 18 to 07 Jun 18

Appeal Launch Date: 07 Feb 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/2	Programme	MDRKP009
Budget Timeframe	2018/2-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			303,779			303,779	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			303,779			303,779	
C4. Other Income			303,779			303,779	
C. Total Income = SUM(C1..C4)			303,779			303,779	
D. Total Funding = B + C			303,779			303,779	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			303,779			303,779	
E. Expenditure			-12,326			-12,326	
F. Closing Balance = (B + C + E)			291,453			291,453	

Disaster Response Financial Report

MDRKP009 - DPR Korea - Influenza A

Timeframe: 07 Feb 18 to 07 Jun 18

Appeal Launch Date: 07 Feb 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/2	Programme	MDRKP009
Budget Timeframe	2018/2-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						303,779	303,779	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	71,800			1,798		1,798	70,002	
Medical & First Aid	74,200						74,200	
Teaching Materials	22,500						22,500	
Utensils & Tools	7,000						7,000	
Total Relief items, Construction, Sup	175,500			1,798		1,798	173,702	
Land, vehicles & equipment								
Vehicles	37,500						37,500	
Total Land, vehicles & equipment	37,500						37,500	
Logistics, Transport & Storage								
Distribution & Monitoring	15,000						15,000	
Transport & Vehicles Costs	8,000						8,000	
Total Logistics, Transport & Storage	23,000						23,000	
Workshops & Training								
Workshops & Training	34,000			1,728		1,728	32,272	
Total Workshops & Training	34,000			1,728		1,728	32,272	
General Expenditure								
Travel	5,239						5,239	
Information & Public Relations	6,000						6,000	
Communications	4,000			846		846	3,154	
Total General Expenditure	15,239			846		846	14,393	
Operational Provisions								
Operational Provisions				7,201		7,201	-7,201	
Total Operational Provisions				7,201		7,201	-7,201	
Indirect Costs								
Programme & Services Support Recove	18,541			752		752	17,788	
Total Indirect Costs	18,541			752		752	17,788	
TOTAL EXPENDITURE (D)	303,779			12,326		12,326	291,453	
VARIANCE (C - D)				291,453		291,453		

Disaster Response Financial Report

MDRKP009 - DPR Korea - Influenza A

Timeframe: 07 Feb 18 to 07 Jun 18

Appeal Launch Date: 07 Feb 18

Interim Report

Selected Parameters

Reporting Timeframe	2018/2	Programme	MDRKP009
Budget Timeframe	2018/2-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	303,779		303,779	303,779	12,326	291,453	
Subtotal BL3	303,779		303,779	303,779	12,326	291,453	
GRAND TOTAL	303,779		303,779	303,779	12,326	291,453	