

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

DPR Korea: Influenza A Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation final report	Operation n° MDRKP009
Date of Issue: 18 July 2018	Glide number: ° EP-2018-000012-PRK
Date of disaster: January 2018	
Operation start date: January 2018	Operation end date: 8 June 2018
Host National Society: Democratic People's Republic of Korea Red Cross Society	Operation budget: CHF 303,779
Number of people affected: 246,351 influenza-like illness (ILI) cases	Number of people assisted: 605,174 direct beneficiaries
N° of National Societies involved in the operation: Democratic People's Republic of Korea Red Cross Society (DPRK RCS)	
N° of other partner organizations involved in the operation: Ministry of Public Health, WHO and UNICEF	

A. SITUATION ANALYSIS

Description of the disaster

On 22 January 2018, the Ministry of Public Health (MoPH), DPR Korea reported a total of 126,574 influenza like illness (ILI) cases for the period from 1 December 2017 to 16 January 2018. Of the reported ILI cases, 81,640 were positive for influenza A (H1N1) pdm 09¹. Due to the severe cold winter in December, there was an upsurge of ILI cases. Therefore, MoPH collected 3,408 samples randomly from some of the ILI/SARI sentinel surveillance sites in the national influenza surveillance network. Of these samples, 2,198 (65 per cent) were found to be positive for influenza A (H1N1) pdm09. Subsequently, the MoPH provided the age distribution of the 126,574 ILI cases.

During the week from 17-23 January, MOPH reported another 51,685 ILI cases of which 28,375 were positive for influenza A /H1N1pdm09. From 1 December 2017 to 23 January 2018, there were a cumulative total of 178,259 ILI cases and 110,015 laboratory-confirmed cases of influenza A/H1N1 pdm 09. There were four reported deaths attributable to ILI. The reported case fatality rate was 0.002 per cent. Among these deaths, three were children under 5 years of age and one was an adult.



Red Cross volunteers thrilled with the receipt of bicycles and loud speakers for health activities in Kumya County Red Cross branch, South Hamgyong Province, March 2018. (Photo: DPRK RCS)

Age (years)	0-1	2-4	5-14	15-49	50-64	>64
# ILI Cases	8,901	20,100	19,369	50,134	20,555	7,515
% ILI Cases	7.0%	17.8%	15.3%	39.6%	16.2%	5.9%

Source: Ministry of Public Health, DPRK 22 January 2018

¹ Seasonal influenza is an acute illness of the respiratory tract caused by influenza viruses. It is usually more common in periods from January to March in temperate climates. Three types of seasonal influenza viruses are recognised to cause human infection, namely A, B and C. Influenza A viruses can further be subtyped on the basis of two surface antigens: haemagglutinin (H) and neuraminidase (N). Currently, there are two subtypes of seasonal influenza A viruses circulating in humans, namely influenza A (H1N1) pdm09 and influenza A (H3N2). In the spring of 2009, influenza A (H1N1) pdm09 virus emerged to cause illness in human and resulted in a pandemic in mid-2009. Influenza A (H1N1) pdm09 virus has now become one of the seasonal influenza strains worldwide.

On 24 January 2018, the World Health Organization (WHO) convened the health sector working group meeting where partner United Nations and other international agencies including the IFRC were appraised of the situation and requested for participation in containing the situation specially in the conducting of public health education campaigns. By this time the outbreak of influenza has been wide-spread in the country for more than a period of one month hence the deployment of seasonal influenza vaccines to prevent the outbreak was deemed by WHO to have a very limited role. Proper case management with a view to preventing complications and mortality was the priority action. The identification of cases of ILI at the early stage with a focus on severe cases and high-risk groups - including pregnant and lactating women, children under 5 years, the elderly and those with pre-existing health conditions and their referral to hospitals for optimal management inclusive of administration of antiviral drugs - was of vital importance. These high-risk populations were to have priority access to *Oseltamivir*². In view of ongoing severe winter, health workers dealing with ILI patients needed to be protected against transmission of the illness.

It is important to recognize that one of the major factors underpinning the rapid spread of the outbreak was the diminished capacity of the public sector to control it due to a severe lack of pharmaceuticals, consumables and personal protective equipment (PPE). As the severely cold winter with temperature of -20 to -30°C persisted in February and March, there was a fear that the occurrence of ILI cases would be protracted. WHO emphasized the need with MoPH and international partners for implementing non-pharmaceutical public health measures through a public education campaign. These non-pharmaceutical public health measures included messages on washing hands frequently, adhering to cough etiquette (covering cough or sneeze) and cleaning surfaces touched by numerous people, particularly in public areas.

Summary of response

Overview of Host National Society

The Democratic People's Republic of Korea (DPRK) Red Cross Society (RCS) with technical assistance from the IFRC Country Office in Pyongyang - and in close collaboration with the MoPH at national and provincial levels - rapidly developed a response plan to assist the national health authorities in combatting the spread of the outbreak. Recognizing the need for scaling up prevention messages and on providing front line health workers with the means to protect themselves against infection, the DPRK RCS quickly mobilized staff and volunteers to reach out to at-risk communities in three of the most affected provinces (North Pyongan³, South Pyongan and South Hamgyong) where they have on-going community health programming. The DPRK RCS has a long history of working with the MoPH on supplying essential medicines through ri (village) level clinics and hospitals so it was logical to focus on these health facilities and on the communities served by them.



Printing and distribution of ECV Manual and Toolkits to RC Volunteers, March 2018. (Photo: DPRK RCS)

A total of 500 health facilities in the three provinces were targeted with an emphasis placed on protecting health staff from being infected through the procurement and distribution of personal protective material (disposable gloves and masks) and hand sanitizer. The MoPH regarded children as a particularly vulnerable group so the DPRK RCS targeted three hundred (300) nurseries, kindergartens and schools for soap distribution and instruction on the importance of correct and frequent handwashing. 6,000 bars of soap were distributed to these nurseries, kindergartens and schools. These educational institutions were mostly in communities where the DPRK RCS had ongoing integrated programming and therefore, were able to benefit from the presence of a cadre of well-trained Red Cross Youth Volunteers who were better able to transmit these messages to their peers. The DPRK RCS had installed solar water heaters in several of these educational establishments which made it more encouraging for children to wash their hands in the freezing winter months.

² *Oseltamivir*, sold under the brand name **Tamiflu**, is an antiviral medication used to treat and prevent influenza A and influenza B (flu).

³ In this report to ensure coherence with the original DREF the provinces are written North Pyongan and South Pyongan. The DPRK Government has since requested that they be anglicized to North Phyongan and South Phyongan.

The WHO and MoPH had strongly emphasized the need for a significantly scaled up social mobilization effort emphasizing influenza prevention, and it was here that the DPRK RCS, through its network of trained volunteers, made a significant contribution to limiting the spread of the illness. MoPH professors and health staff (medical doctors) from DPRK RCS national headquarters carried out Trainer of Volunteer (ToV) sessions for Red Cross volunteers throughout the three target provinces. The DPRK RCS trained an additional 300 staff and volunteers trained on Influenza and another 250 volunteers on ECV who joined the initial 250 trained ECV volunteers in multiplying the outreach at the community level. Additional ECV manuals and toolkits were printed and distributed, and handwashing posters were printed and distributed at educational and health facilities. Outreach in far-flung rural areas was greatly enhanced through the procurement and distribution to branches and volunteers of 250 bicycles and 250 megaphones.

The DPRK RCS used every means to get information to target communities using Red Cross Youth Dissemination Teams in urban and rural areas to transfer influenza knowledge through songs and music (a very common strategy in the DPRK) and carrying out IEC sessions in workplaces and fields.

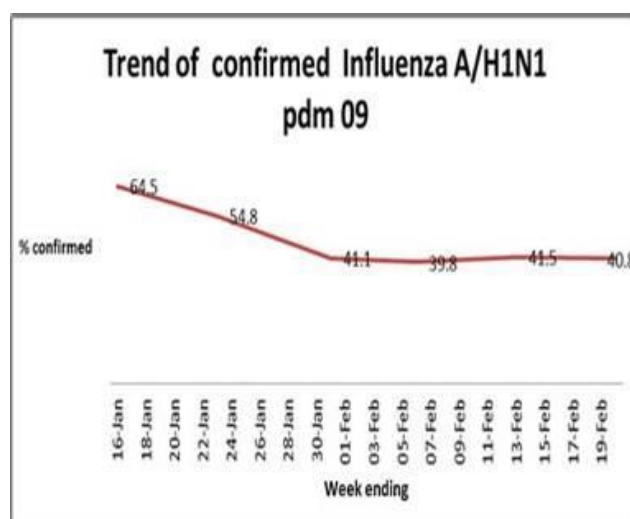
As of 7 February 2018, the Ministry of Public Health (MoPH), DPR Korea reported a cumulative total of 246,351 influenza like illness (ILI) cases and 502 cases of Severe Acute Respiratory Infections (SARI) for the period from 1 December 2017 to 6 February 2018. Of these reported ILI/SARI cases, 137,884 (56 per cent) were typed as influenza A(H1N1) pdm09. 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.



Kim Un Jong, RC volunteer delivering influenza prevention messages to her community through household visits in Sambong ri, Pyongwon County, South Phyongan Province, February 2018. (Photo: DPRK RCS)

Whilst the trend of weekly reported cases had gradually tracked downwards throughout January and February the trend of confirmed Influenza A/H1N1 pdm 09 has remained constant through the first three weeks of February 2018. By the end of February, the MoPH had downgraded the outbreak and had stopped issuing weekly epidemiological updates.

The DPRK RCS continued to support the MoPH in our three targeted communities with prevention and surveillance



activities ensuring that sudden clusters of cases were quickly investigated, and prevention messaging was targeted to most vulnerable locations.

Source: WHO DPR Korea Country Office

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 (PNS) in DPRK. The IFRC assisted the NS in the elaboration of the DREF as it was the first time the DPRK RCS had launched an emergency health DREF. The IFRC Health & WASH Manager worked closely with the Health Director and acting WASH Director from the DPRK RCS to plan the operation and carry out monitoring and technical support visits to the three target provinces. The IFRC Admin and Finance Delegate worked on budgets and additional assistance was received from Kuala Lumpur APRO and our Beijing Office.

Overview of non-RCRC actors in country

The main government actor is the Ministry of Public Health (MoPH), with whom the DPRK RCS began meeting daily in late January to plan and coordinate activities. The most important UN actor was the World Health Organization (WHO). The IFRC benefited from close collaboration with WHO and regular meeting were held between the two organizations. UNICEF was tasked to work on social mobilization and IFRC also coordinating with them – sharing for information on schools reached and ensuring we used standardized messaging and IEC material. There are few other actors in country. IFRC is part of the Health Sector Working Group and participated in meetings where updates of the outbreak were shared.

Needs analysis and scenario planning

Epidemiological information which assisted IFRC / DPRK RCS in targeting and modifying our response was obtained through two channels – the IFRC working directly with WHO, and the DPRK RCS working with their MoPH. The WHO country office worked with the MoPH to collect and conduct a detailed epidemiological analysis of reported influenza cases for assessing the factual epidemiological situation, and to decide on the appropriate scale of containment measures. A weekly reporting system was established for facilitating the grading of the outbreak and monitoring the trend of transmission of the ILI cases. The communication materials and guidelines for containment of seasonal influenza outbreak were shared with the MoPH. The WHO country office held regular consultation with the WHO regional office and the Global Influenza Programme of the WHO HQ for appraising the situation. IFRC met with WHO on a weekly basis where they shared latest epidemiological analysis and trends.



Song Mi, Red Cross volunteer delivering key influenza messages to mothers with children in Eup, Sukchon County, South Phyongan Province, February 2018. (Photo: DPRK RCS)

Risk Analysis

Although IFRC did not add certain items (such as pharmaceuticals) into the DREF because it was supplied by WHO, some delays were experienced in the arrival of materials such as personal protective equipment and bicycles. However, this did not have a significant effect on the operation.

Recognizing that front-line volunteers would be more at risk of becoming infected, the operation ensured that volunteers were supplied with disposable masks and gloves.

B. OPERATIONAL STRATEGY

Proposed strategy

The operational strategy focused on three interlinked activities:

1. Procurement and distribution of critical items for health facilities, educational establishments and DPRK RCS.
2. Scaled-up social mobilization response through training of additional RC volunteers, and providing them with the tools to reach as many individuals as possible.
3. Close linkages with WHO and MoPH to understand the evolution of the outbreak and modify our response accordingly.



Han Myong Sil, RC volunteer and her child receiving training on influenza from the household doctor, Eup, Eunsan County, North Phyongan Province, February 2018. (Photo: DPRK RCS)

Procurement and distribution of critical items

To achieve the first objective, 700 boxes (70,000 pieces) of personal protective equipment (PPE) consisting of disposable masks and gloves were initially procured and distributed to the 500 targeted health facilities. Due to savings on the unit price of PPE and other items, we were able to increase the amount of PPE by a further 2,800 boxes (280,000 units) and this additional material was sent to target facilities and for the use of front-line DPRK RCS volunteers carrying out community sensitization.

Hand sanitizer was an important item for health workers in the village (Ri) level clinics. A total of 900 boxes consisting of 18,000 bottles were procured and distributed to health facilities and for use by front line DPRK RCS volunteers. 6,000 bars of soap were procured and immediately distributed to the 300 targeted nurseries, kindergartens and schools with 3,000 copies of handwashing posters for nurseries and kindergartens and an additional 3,000 copies targeted at school children.

Volunteers' mobility was vital given the distances within target communities and the difficult weather conditions and terrain. 250 bicycles were procured and distributed to branches involved in the operation in the three targeted provinces along with 250 high-quality loudspeakers. The bicycles and loud speakers were very much appreciated by branches and volunteers as it made their social mobilization work much easier and efficient. Volunteers commented on the fact that whilst on foot it could take thirty minutes to reach distant households, but with the bicycles, the distance could be covered in 5-10 minutes meaning they could reach more people with key messages in a shorter and more efficient timeframe. Bicycles were provided with a Red Cross sticker and logo increasing visibility for the DPRK RCS. 250 Epidemic Control for Volunteers (ECV) manuals and toolkits were printed and distributed to newly trained ECV volunteers. These manuals and toolkits along with the bicycles and loud speakers will of course provide the DPRK RCS with additional capacity to prevent and respond to future emergencies.

Voice of Health Worker

"In response to the influenza outbreak this winter, health workers, particularly, household doctors were extremely busy with treatment and prevention. For prevention, top priority was given to surveillance and health education. Surveillance and health education was scaled up through increased household visits to the individual families and public places like schools, kindergartens and cooperative farms. With these sudden and huge responsibilities, I had to work day and night from time to time. In this difficult and critical time, a big help came from the Red Cross as volunteers in the community approached me to gain the influenza knowledge and with this information, they actively conducted health promotion targeting the most vulnerable people such as the elderly and children. By working together, we were able to reach wider population for health education. In my community, there are more than 1,000 families and in the near future, we will make sure that at least, one member from each individual family is aware of influenza through our health education."

Ri Hyon Chol

42 years old, male, Household Doctor) Jongju city, North Pyongan Province

Significantly Scaled Up Social Mobilization

Scaled-up social mobilization was achieved through training of volunteers in Epidemic Control for Volunteers (ECV) and refresher training for staff and volunteers specifically in influenza. Due to close existing relationships with the MoPH and medical universities, the DPRK RCS was able to receive specialist training on influenza and other communicable diseases such as diarrhoea and other water-borne diseases, malaria, tuberculosis. Volunteers in branches in North Pyongan, South Pyongan and South Hamgyong were excited to receive this additional knowledge, and apart from the current outbreak, it will also mean they are much better trained to respond to future epidemics. The NS now has 500 volunteers trained in ECV manual and toolkits which is double what it had before the influenza outbreak and each volunteer has the complete toolkit of manual and community messages.

The 500 health facilities provided the perfect means to reach targeted communities. The health facilities that the NS worked through are at the primary level – village clinics and health centers that serve typically 1,000 to 4,000 individuals with clinical services in the morning, and household visits focusing on public health in the afternoon through the household doctor (HHD) service. Each HHD is responsible for taking care of the health needs of up to 100 - 130 households in preventative and curative medicine. These doctors are strongly linked with the local DPRK RCS branches, so it was relatively easy to incorporate their efforts into the RC operation, thus greatly increasing our reach and impact in getting prevention messages spread throughout the communities. Together with the HHDs, the NS used all available means to increase the number of individuals reached with key prevention messages, including volunteers involved in on-going Community Based Health & First Aid (CBHFA) activities, First Aiders and First Aid posts, and Red Cross Youth Volunteers who reached children in nurseries, kindergartens and schools with handwashing messages and other preventative information. A total of 800 DPRK RCS volunteers participated in the operation reaching **605,174** direct and **1,954,863** indirect beneficiaries.

The key messages transmitted to target populations were that personal protection is the key to staying healthy and that there are several steps that can be taken to prevent influenza infection including:

- Proper handwashing with soap and water, especially after coughing or sneezing. Hand sanitizers, where available, is equally effective.
- Avoid touching one’s eyes, nose or mouth to prevent germs from spreading.
- Cover nose and mouth when coughing or sneezing; using one’s sleeve or tissues and disposing of them in the trash bin.
- Avoid any close contact with sick people and use personal protective equipment (disposable masks and gloves).
- Early isolation of those feeling unwell, feverish, or having other flu-like symptoms is important.
- Avoid crowded areas (markets, public gatherings, big meetings).
- If there is a need to visit a sick person, it is important to have self-protection measures by using masks, gloves and hand sanitizer as instructed.

Voice of RC Volunteer

“With influenza outbreak, I was really busy with response activities. Much of my response activities were related with prevention with focus on health promotion. Sometimes, I visited nine individual families (three times bigger than normal time) covering 32 people in a day for surveillance and health promotion. It was a huge responsibility for me and even worse, the weather was extremely cold this winter (-27 below zero) adding difficulties to my response work. However, recognizing that my community people were happy with reduced anxiety about influenza and confidence with preventive measures through my health promotion, I felt like to do more and better despite challenges and tiredness.”

Kim Un Jong

27 years old, female, volunteer, Jongju City, North Pyongan Province

Coordination with National and International Stakeholders

The initial and subsequent needs assessment was carried out by the MoPH and the information relayed to the WHO and other partners through weekly meetings. The IFRC maintained a very open and positive relationship with WHO and we were sent weekly epidemiological reports and analysis– (see previous Operations Update). The IFRC ensured all international partners were kept informed on our activities through presentations at the Weekly Inter-Agency Meetings, where all international diplomatic and humanitarian actors are invited. The National Society maintained a very positive and close working relationship with the MoPH at the national and provincial levels. Regular meetings were held at the county level and village level to fine-tune efforts to reach the most vulnerable communities and individuals.



Tak Song Sil, RC volunteer delivering influenza messages to mother and her child in Namho ri, Jongju City, North Pyongan Province, February 2018. (Photo: DPRK RCS)

Through this comprehensive strategy, the DPRK RCS managed over a five-month period to reach the following numbers of targeted individuals:

Total population in the target areas	2.56 million
Direct Beneficiaries reached (Health and WASH):	605,174
Indirect Beneficiaries reached	1,954,863
Number of Red Cross Volunteers involved in DREF operation	800
Number of Red Cross Branches supported by DREF operation:	3 provincial chapters and 12 city/county branches
Number of Red Cross Volunteers and Staff supported with PPE kits, hand sanitizer, bikes, loudspeakers, mobile phones and sim cards.	850
Number of Red Cross Health Promotion Sessions / Activities:	21, 876
Number of people reached by Red Cross health promotion activities:	143,137(details below)
Number of health institutions supported by Red Cross	500
Number of educational institutions supported by Red Cross:	300
Number of people reached by MoPH health promotion through facility visits:	462,037(this excludes number of people reached through home visit)

Area	Number of health promotion Activities	Number of people reached by Red Cross health promotion activities
North Pyongan Province	5,262	33,930
South Pyongan Province	8,970	60,259
South Hamgyong Province	7,644	48,948
Total	21,876	143,137

Voice of Beneficiary

"My family and I benefited much from health promotion through RC volunteers. Through RC sensitization, we had a lot of new learnings about influenza including signs, symptoms and actions for prevention and treatment. What I liked the best was the preventive measures for influenza such as hand washing, cough etiquette, social distancing and ventilation. Keeping in mind that prevention is better than cure, all my family are attaching great importance to prevention, proper hand washing, covering mouth with a handkerchief and social distancing. At the same time, we are sharing these simple but important messages with our neighbours and relatives."

Kim Gyong Ae

55 years old, housewife, Sambong ri, Pyongwon Country, South Pyongan Province

Communications

As the outbreak occurred in the weeks before the Winter Olympics were to begin in South Korea, it was important to ensure consistent and accurate information was disseminated to individuals and news media who picked up on the story. Working with communications colleagues in the Asia Pacific regional office in Kuala Lumpur and in the Country Cluster Office in Beijing, key messages and Questions and Answers (Q&As) were developed and shared.

Key messages

There is an urgent need to respond to the influenza outbreak, which is rapidly developing, according to initial government reports. The IFRC has released more than 300,000 Swiss francs from its Disaster Response Emergency fund to support the DPRK Red Cross Society. Red Cross volunteers are being deployed to support health workers and help to prevent the spread of flu in the most vulnerable groups such as older people, people with pre-existing illnesses and children.

The most effective protection against influenza is vaccination. Safe and effective vaccines have been available for more than 60 years. Unfortunately, due to sanctions, the people of the DPRK have not been able to benefit from flu vaccines. The response to the current outbreak has been hampered by the severe shortage of antiviral medicine, rapid testing kits, personal protective equipment for health workers and hand sanitizer.

Improving basic hygiene will have a positive impact. The DPRK Red Cross Society will provide frontline health workers in 500 health facilities with disposable gloves and masks, surveillance in high risk communities, training volunteers and going door-to-door to spread health messages about the risks of influenza and how to prevent it. Soap and handwashing promotion will also be provided to 300 schools.

Volunteers are reaching the last mile. The DPRK Red Cross Society has already started carrying out health campaigns in the areas worst affected by the outbreak. The IFRC emergency funding will ensure that this support is scaled-up. Red Cross volunteers will be trained in key prevention messages and use bicycles, educational material and loudspeakers to reach vulnerable communities. They will also receive personal protective equipment.

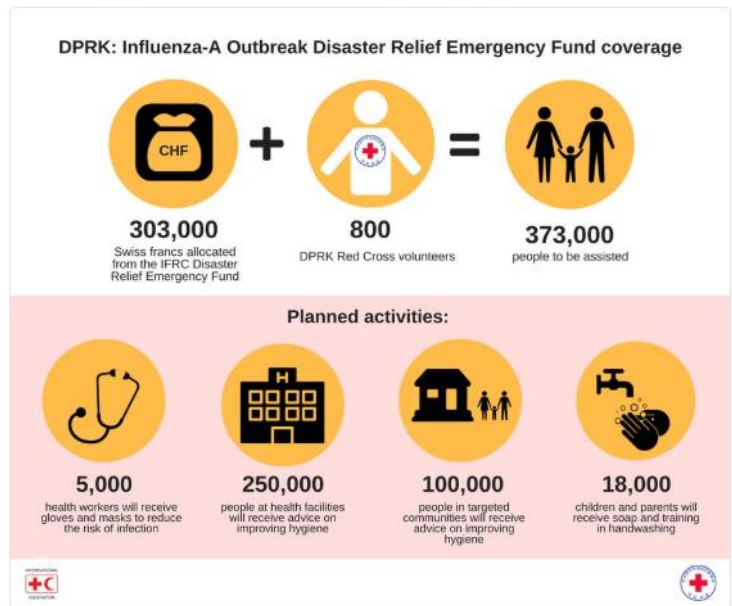
The IFRC communications team arranged for Acting Head of Country Office to raise awareness about the situation and call for action through a video, key messages to an audience of 900 IFRC, ICRC and National Society leaders and communicators, a press release, several twitter posts and an interview on prime-time China Global Network Television (CGTN). In total, Twitter generated an engagement of 12,300 impressions.

The following Tweets were sent and read and retweeted:

Tweet Text	Impressions	Engagements	Retweets	Likes
In DPR Korea, there is a rapidly developing influenza outbreak. 178,000+ people are affected.	728	20	3	6
Almost 180k people have #Influenza-like symptoms in #DPRK. @Gwen pang speaks about the #RedCross response:	1,195	38	4	6
A severe influenza outbreak is affecting communities in #DPRK. Here is how the #RedCross is helping:	7,295	237	13	17
PRESS RELEASE: IFRC releases emergency funds to fight influenza in DPRK	2,093	67	6	8
Flu outbreaks are serious. In North Korea the flu is threatening vulnerable people. We're sharing life-saving information on how to avoid the disease.	989	29	5	10
	12,300	391	31	47

The DPRK RCS Communications Unit was active in the response from the very beginning ensuring that photographs were taken, and video footage was captured, and interviews with beneficiaries, MoPH and other stakeholders were recorded. This raw footage was developed into a 30-minute video that the National Society later used to demonstrate their efforts with national stakeholders and beneficiaries. In this manner, target facilities and communities will be able to recognize Red Cross work and encouraged to take proactive choices to prevent further outbreaks.

A five-minute subtitled video detailing the DPRK RCS response to the outbreak was produced and presented to an audience composed of the DPRK diplomatic, national and international humanitarian community on 8 May World Red Cross Day. It was very well received and has certainly increased the profile of the National Society amongst the national and international audiences. The video was uploaded on IFRC website and shared with Kuala Lumpur and Beijing Offices for further engagement with external audiences, as media and diplomatic community.



2:00 PM - 12 Feb 2018

11 Retweets 17 Likes



IFRC, Gwendolyn Pang, Maude Froberg and Martin Faller

1 comment, 11 retweets, 17 likes, 0 messages



Hygiene training for schoolchildren, agents of behavior change, Ponghung ri, Kumya County, South Hamgyong Province, March 2018. (Photo: DPRK RCS)

C. DETAILED OPERATIONAL PLAN



Health

People reached: 605,174 direct beneficiaries

Male: 286,005

Female: 319,169

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	250
# of people reached with community-based epidemic prevention and control activities.	355,000	605,174
# of local health facilities supported by IFRC	500	500
# 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	500

Narrative description of achievements

The NS organized a one-day training on influenza A (H1N1) for 300 volunteers (male: 179, Female: 121) from 12 cities and counties in South Hamgyong, South and North Pyongan Provinces from 20 February to 2 March 2018. Through the training, Red Cross volunteers acquired new information and skills about detection and prevention of influenza A(H1N1) with a focus on signs, symptoms and preventive measures and also, they improved their health promotion skills by learning various methods for health education including behavior change communication (BCC).

The National Society organized a two-day Epidemic Control for Volunteers (ECV) training for 250 volunteers (male: 132, female: 118) resident in 12 communities in the South and North Phyongan and the South Hamgyong provinces from 5-16 March 2018. Through this training, Red Cross volunteers learned key principles and actions in preventing and controlling epidemics and this led them to be better prepared to respond to current and future epidemics control and prevention. 250 copies of ECV manual and toolkits were distributed and used by these recently trained RC volunteers for health promotion in the target communities.

More than 800 volunteers were mobilized to conduct surveillance, health and hygiene promotion and referral to the community-based health institutions. In the reporting period, 800 Red Cross volunteers actively conducted influenza awareness campaigns delivering key and simple messages to the community people with focus on the most vulnerable people including children, people with disability, aged people, pregnant and lactating women etc. The Red Cross supplied bicycles and loudspeakers to the volunteers which made a tangible contribution to reaching more and further in the affected communities through door-to-door activities. The bikes and the loudspeakers were used as the main means for the daily surveillance and health promotion. Suspected ILI cases were reported by volunteers to the MoPH Anti-Epidemic Centres for follow up. The bicycles and other material also proved to be a good incentive for the volunteers to do more and do better in their community health work.



Group discussion in Training of Volunteers on ECV in Sinyang County, South Phyongan Province, March 2018. (Photo: DPRK RCS)



Training of volunteers on influenza prevention in Eup, Kwaksan County, North Phyongan Province, February 2018. (Photo: DPRK RCS)

A population of 605,174 were reached by health awareness and key messages from January to May 2018. Red Cross supplied 3,500 boxes of PPE kits and 900 boxes of hand sanitizer to the 500 health institutions and 10 Red Cross branches in targeted 12 cities and counties. These materials were very much appreciated by the front-line health workers who were working without any such materials.

Already from March 2018, the influenza cases started to drop across the country and it was recognized by the Ministry of Public Health and the public that much of the credit for such a decline was attributable to the Red Cross.

The mobilization of Red Cross volunteers in the community surveillance and health promotion and supply of PPE kits, hand sanitizers, bikes and loudspeakers undoubtedly contributed to controlling and preventing further spread of influenza.



Household Doctors happy to receive PPE kits and hand sanitizer in Eup, Sinyang County, South Phyongan Province, March 2018. (Photo: DPRK RCS)



Kim Kwang Sok, RC volunteer conducting Community Surveillance on influenza through household visits in Suhung ri, Hamju County, South Hamgyong Province, March 2018. (Photo: DPRK RCS)

Challenges

Initially the harsh weather conditions (temperatures ranged from -20 to -30°C) 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 was soon back on track. The procurement of PPE, soap was finalized and printed materials (posters and training material on ECV) were received by mid-March.

To receive data from the health facilities has been challenging but eventually streamlined the process through discussion with MoPH at HQ level leading to a quicker sharing of information on numbers reached. There was been a slight delay in procuring the hand-sanitizer, but was addressed accordingly. A similar challenge was encountered with purchasing the bicycles and megaphones, but this was also resolved and very soon led to an increase in people being reached.

Lessons Learned

This was the first health-related DREF that the DPRK RCS had successfully developed and implemented, so there were several lessons learned regarding the writing and approval process, as well as the operation itself. These lessons will be captured in a lessons' learned workshop which the National Society plans on having in August 2018.

It is apparent that colder winters and the spread of season influenza is likely to remain a threat, so the DPRK RCS will be increasingly aware of making contingency plans for future outbreaks prior to the winter season.

Surveillance is important in outbreaks such as this, so the DPRK RCS, supported by the IFRC, sent three participants to the Regional Community Based Surveillance Workshop in Myanmar in May to better understand surveillance procedures and incorporate them into community-based health and first aid projects.



Water, sanitation and hygiene

People reached: 24,886

Male: 12,443

Female: 12,443

Indicators:	Target	Actual
# volunteers trained to implement activities on handwashing and hygiene	1,500	1,500
# educational establishments (nurseries, kindergartens and schools) receiving IEC materials on proper handwashing techniques at toilets and kitchens and in playground.	300	300
# of people (teachers and students) reached by hygiene promotion.	15,000	15,000
# children, parents and teachers instructed in proper handwashing.	18,000	24,886
# educational establishments receiving bars of soap for handwashing.	300	300
Narrative description of achievements		
<p>6,000 bars of soap were distributed to 300 educational establishments in the three target provinces – North Pyongan, South Pyongan and South Hamgyong. 6,000 handwashing posters were distributed to the same number of schools, nurseries and kindergartens. The number of beneficiaries is 24,886 children. Handwashing sensitization workshops for Red Cross Youth (RCY) was attended by 1,500 school children. The number of indirect beneficiaries from RCY dissemination was 10,000 children through the peer-to-peer multiplier effect.</p>		
Challenges		
<p>No challenges were encountered since the soap was procured locally and the sensitization / community mobilization session were held in secure environments by trained Red Cross Youth.</p>		
Lessons Learned		
<p>Some of the solar water heaters installed as part of the DPRK RCS integrated programmes were not working satisfactorily but this can of course be explained by the severe winter conditions and reduced sunlight. Nevertheless, the DPRK RCS wish to retrain the handymen responsible for the maintenance of these systems so optimum conditions prevail.</p>		

Strengthen National Society

Indicators:	Target	Actual
# drivers trained in safety protocols	10	10
# volunteers to be issued with PPE especially face mask and soap	350	350
# lessons-learned workshops on DREF operation and share learning	1	1
Narrative description of achievements		
<p>IFRC and DPRK RCS drivers were given refresher training on driving in ice and snow conditions. No challenges were encountered during the operation which was carried out in very challenging climatic conditions. The staff and volunteers appreciated the PPE which they were supplied with and it gave them more confidence to engage with communities and households affected by the outbreak. The Lessons Learned Workshop was held in South Hamgyong Province with representatives from the three provinces involved in the operation. Each representative presented on their experience, best practice, achievements, challenges and lessons learned from the DREF operation. This information was collated and will inform future operations.</p>		
Challenges		
<p>None</p>		
Lessons Learned		
<p>The DPRK conducted a lessons' learned meeting with the three branches involved in the operation plus headquarters staff and IFRC. The workshop provided very useful information that will assist the DPRK RCS in future health-related DREF operations.</p>		

D. THE BUDGET

Final financial report is outlined in the attached at the end of this report. (Click here for [Final Financial Report](#)).

Contact information

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [DREF Operation](#)

For further information, specifically related to this operation please contact:

In the Democratic People's Republic of Korea Red Cross Society (DPRK RCS)

- Kim Jong Ho, DM director; phone: +850 2 4350; email: dprk-rc@star-co.net.kp
- Ri Un Hye (Mrs.), Health Director; phone: +850 2 4350; email: dprk-rc@star-co.net.kp

In the IFRC DPRK country office, Pyongyang

- Gwendolyn Pang, acting head of country office; phone: +850 2 381 4350; email: gwendolyn.pang@ifrc.org
- Joseph Muyambo, NSD & programme coordinator; phone: +850 191 250 7710; email: joseph.muyambo@ifrc.org
- Daniel Wallinder, disaster risk management delegate; phone: +850 191 250 7921; email: daniel.wallinder@ifrc.org

Asia Pacific regional office, Kuala Lumpur

- Martin Faller, deputy director; email: martin.faller@ifrc.org
- Necephor Mghendi, head of disaster and crisis prevention, response and recovery (DCPRR); email: necephor.mghendi@ifrc.org
- Alice Ho, operations coordinator; email: alice.ho@ifrc.org
- Riku Assamaki, regional logistics coordinator; email: riku.assamaki@ifrc.org

For IFRC communications enquiries

- Rosemarie North, communications manager; email: rosemarie.north@ifrc.org

For IFRC resource mobilization and pledges support

- Sophia Keri, resource mobilization in emergencies coordinator; email: sophia.keri@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- Liew Siew Hui, PMER manager; email: siewhui.liew@ifrc.org

In IFRC Geneva

- Nelson Castano, Manager Operations Coordination; email: nelson.castano@ifrc.org

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

Final Report

Selected Parameters

Reporting Timeframe	2018/2-2018/7	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			-303,778			-303,778	
F. Closing Balance = (B + C + E)			1			1	

Disaster Response Financial Report

MDRKP009 - DPR Korea - Influenza A

Timeframe: 07 Feb 18 to 07 Jun 18

Appeal Launch Date: 07 Feb 18

Final Report

Selected Parameters

Reporting Timeframe	2018/2-2018/7	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			143,423		143,423	-69,223	
Teaching Materials	22,500			18,550		18,550	3,950	
Utensils & Tools	7,000			11,418		11,418	-4,418	
Other Supplies & Services				19,454		19,454	-19,454	
Total Relief items, Construction, Sup	175,500			194,642		194,642	-19,142	
Land, vehicles & equipment								
Vehicles	37,500			27,519		27,519	9,981	
Total Land, vehicles & equipment	37,500			27,519		27,519	9,981	
Logistics, Transport & Storage								
Distribution & Monitoring	15,000						15,000	
Transport & Vehicles Costs	8,000			6,638		6,638	1,362	
Total Logistics, Transport & Storage	23,000			6,638		6,638	16,362	
Personnel								
National Staff				1,095		1,095	-1,095	
National Society Staff				5,421		5,421	-5,421	
Total Personnel				6,515		6,515	-6,515	
Workshops & Training								
Workshops & Training	34,000			32,610		32,610	1,390	
Total Workshops & Training	34,000			32,610		32,610	1,390	
General Expenditure								
Travel	5,239			582		582	4,657	
Information & Public Relations	6,000			5,960		5,960	40	
Office Costs				6,190		6,190	-6,190	
Communications	4,000			4,300		4,300	-300	
Financial Charges				280		280	-280	
Total General Expenditure	15,239			17,313		17,313	-2,074	
Indirect Costs								
Programme & Services Support Recov	18,541			18,540		18,540	0	
Total Indirect Costs	18,541			18,540		18,540	0	
TOTAL EXPENDITURE (D)	303,779			303,778		303,778	1	
VARIANCE (C - D)				1		1		

Disaster Response Financial Report

MDRKP009 - DPR Korea - Influenza A

Timeframe: 07 Feb 18 to 07 Jun 18

Appeal Launch Date: 07 Feb 18

Final Report

Selected Parameters

Reporting Timeframe	2018/2-2018/7	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	303,778	1	
Subtotal BL3	303,779		303,779	303,779	303,778	1	
GRAND TOTAL	303,779		303,779	303,779	303,778	1	