

# Appeal 2004



## Democratic People's Republic of Korea

### Appeal no. 01.68/2004

*The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.*

*This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>*

|                                                       | 2004                          |
|-------------------------------------------------------|-------------------------------|
| Programme title                                       | in CHF                        |
| <b>Strengthening the National Society</b>             |                               |
| Health and Care                                       | 12,390,232                    |
| Disaster Management                                   | 970,461                       |
| Organisational Development                            | 285,934                       |
| <b>Representation, Management, and Implementation</b> | 631,686                       |
| <b>Total</b>                                          | <b>14,278,310<sup>1</sup></b> |

<sup>1</sup> USD 10,708,733 or EUR 9,138,118

## **Regional /National Context**

The population of the Democratic People's Republic of Korea (DPRK) in 2002 is estimated at 22.1 million. Mountains and uplands cover nearly 85 per cent of the country, leaving 15 per cent as plains and lowlands. After its independence, the DPRK experienced several stages of development including post-war reconstruction and industrialisation, achieving significant economic and social progress. These achievements of past decades were reversed following the downfall of the Soviet Union.

The country was also repeatedly affected by severe natural disasters. In 1995, the country was hit by devastating floods and for the first time in its history appealed for international assistance. These floods and subsequent natural disasters exacerbated a situation, which was already becoming serious. Nation-wide deterioration of the socio-economic infrastructure, including health, education and welfare sectors precipitated. This was exacerbated by deforestation, soil erosion and overall land degradation. Poor environmental practices have contributed to heavy water pollution and there are insufficient amounts of potable water. The country is prone to flash floods, landslides, tidal waves, storms and drought.

This year the government enacted a series of economic reforms seeking to reverse this decline by providing increased incentives to workers through the adoption of management and pricing reforms in state enterprises and allowing small-scale private businesses. While these reforms are positive it will require sustained economic growth to alleviate the worst aspects of the humanitarian crisis.

However, eight years on from the beginning of humanitarian programming in DPRK, considerable positive development has taken place. An increasing number of UN agencies and NGOs are allowed to assist the country, mainly in the fields of agriculture, food security and health. A growing number of joint ventures with foreign companies are investing in the country and access to data, outside information and internet has improved significantly. Although the food rations have increased over the last three years from 200g to 360g per day, the malnutrition rate in the country is still high.

Despite these improvements, the humanitarian situation in DPRK remains serious and needs continuous support in all fields.

## **Red Cross and Red Crescent Priorities**

### **Movement Context**

The International Federation's Secretariat has been working closely with the DPRK Red Cross Society (DPRK RCS) since 1995. The focus of the Federation's support has moved from emergency relief to integrated long-term health programmes, disaster preparedness and response, and capacity building programmes. However, the DPRK RCS continues to respond to disaster with the support of the Federation. The most recent disaster response operation was carried out after the floods and typhoon in August and September 2002.

Founded as an independent voluntary humanitarian organisation in 1945, the Red Cross Society of the DPRK is organised as a network of 13 provincial/municipality chapters and 200 city/county branches, covering the whole territory of the country. The governing body of the national society (NS) is the central committee, to which the Secretariat reports. It has a nationwide network of 330,000 volunteers and 371,730 Red Cross youth at the community level with a total membership of 1,053,200. The NS has motivated and committed staff and volunteers, and its leadership demonstrates a keen interest in expanding its staff and volunteers and upgrading its profile in the community.

The current statutes were revised and adopted at the Extraordinary Congress (General Assembly) in late 1998 in order to comply with the strategic directions of the Federation. From the perspective of a nationwide change process, capacity building should be further encouraged and sustainable development ensured. Due to economic constraints, the activities of the NS are restricted.

## **National Society Strategy and Programme Priorities**

The national society tried to develop strategies appropriate to the political and socioeconomic climate in the country in order to respond to the needs of the vulnerable population. For several decades its resources were directed towards health promotion and first-aid services, emergency relief operations, tracing services, youth activities and international humanitarian law dissemination. A number of programmes implemented in the past are now be re-evaluated such as support to orphanages; institutional care for the elderly as well as health projects supporting secondary level health institutions with coal or orthopaedic kits.

The second health review, conducted in March 2003, recommends phasing out provision of supplementary medical kits to secondary and tertiary health institutions – a support service the NS has been providing for some years – even though there remains a need for this service.

In response to the successive disasters of recent years, the NS has prioritised health and care, disaster management and capacity building programmes. Family reunion activities have also been an important activity in recent years.

Since the Federation's operation started in 1995, the NS has been active in strengthening its contact with the International Red Cross and Red Crescent Movement through: participation in international fora; training workshops and multiple study tours to sister societies; deployment of delegates; and coordinating its programmes with those of the Federation.

## **Strengthening National Societies**

The first cooperation agreement strategy (CAS) was formulated in 2001. The strategy outlines the following priorities for the activities of the Federation in the DPRK:

- to strengthen the capacity of the RCS of the DPRK at national and branch levels;
- to improve the quality of life of people affected by disasters and help prepare them for disasters;
- to increase the self-reliance and sustainability of the NS;
- to promote health and care services among the most vulnerable; and
- to strengthen internal, national and international relations and the profile of the national society.

Since 1995, the NS has been supported by the Federation's partner national societies (PNSs), governments and international agencies, with long-term assistance provided by many donors.

The DPRK RCS operates throughout the country. However, as per government regulations, Federation assistance in health and water and sanitation focuses on three provinces and one municipality - North Pyongan, Chagang, South Pyongan and Kaesong. UNICEF is implementing similar health and water sanitation programmes in the remaining nine provinces. The Federation is active in disaster preparedness and disaster response in all 12 provinces/municipalities.

The NS cooperates with the International Committee of the Red Cross (ICRC) in the field of dissemination of international humanitarian values. In recent years, several workshops and training seminars were arranged for the NS, army and university students. The national society's staff and volunteers were also given training opportunities abroad by the ICRC. The ICRC is also running an orthopaedic centre in Songrim, and were asked by the DPRK government to extend their orthopaedic activities in 2004.

Main priorities for the Secretariat emanate from the overall goals the NS has set out in its long-term strategic plan. In order to strengthen the operational and institutional capacity of the DPRK RCS and enable it to provide timely efficient humanitarian services to the vulnerable population, the Federation will assist the NS in the management of a number of relief and development programmes in close partnership with the PNSs and other funding agencies. The Federation will, however, be ready at all times to adjust the assistance according to the political and economic environment in the country, and the needs of the beneficiaries. An overall objective is increased involvement by the beneficiaries in all rehabilitation and relief programming.

The government of the DPRK is responsible for responding to needs in the sectors of health and care, and disaster management. In some cases the magnitude and duration of the emergency is beyond the response capacity of the government and international cooperation is required to address the situation and to strengthen the capacity of

communities. Recognising the difficulties the government has in meeting its responsibilities in these sectors, international organisations seek to supplement and not replace national efforts.

The national society of the DPRK is well placed to efficiently implement international assistance in these fields.

The health and care programme will continue to assist primary and secondary health institutions with basic medical kits, supplementary kits and basic medical equipment. There is also a request from DPRK RC to support a 'winterisation' programme in form of distribution of coal to provincial hospitals in order to heat part of the hospitals.

In communities the main health promotion activities include a series of induction courses covering relevant community health issues like: effective use of medication; community-based first aid (CBFA); malaria prevention and bed-net use; prevention of waterborne diseases; HIV/AIDS and other communicable diseases. The health and care programme includes a community based water and sanitation project.

There will be a continued focus on the disaster preparedness programme through upgrading of effective and efficient disaster response systems addressed through initiatives such as vulnerability and capacity analysis, community-based disaster preparedness and response training, improvement in coordination and partnership relations and pre-positioning of emergency relief items.

Organisational development programmes include a change process awareness workshop, knowledge and experience sharing, development strategy planning, pilot branch development, upgrading of financial management and income generation activities.

## 1. Health and Care

### **Background and achievements/lessons to date**

The government funded DPRK health care system was developed to provide free and comprehensive medical service to the entire population through an extensive network of well staffed, centrally supplied health care facilities and institutions. The health services of DPRK are organised on four levels according to the administrative units of the country: sub-district (*Ri*, in rural and *Dong*, in urban areas); county/district; the province/municipality; and national level institutions; all with an escalating capacity for more extensive specialised care provision. Primary health care delivery is coordinated primarily from the *Ri/Dong* institutions through the household doctor system; one household doctor providing direct care and health education to approximately 120-150 families. First aid posts, traditionally run by the Red Cross, provide support to health institutions run by Ministry of Public Health (MoPH) at this community level.

Malnutrition remains a concern as food security continues to be a major issue. There are signs of improvement resulting from continuous governmental efforts and food aid from the international community. The DPRK MoPH and the Central Bureau of Statistics, UNICEF and WHO jointly carried out the DPRK Nutritional Assessment in October 2002 and the relevant findings published in 2003 are as follows:

- a) Chronic malnutrition has decreased from 62% in 1998 to 42% in 2002;
- b) Acute malnutrition has fallen from 16% in 1998 to 9% over the same period; and
- c) Maternal malnutrition remains at 32% of mothers surveyed.

Even though there has been some improvement, food security is still uncertain and there is a need for food aid from the international community to continue. The World Food Programme (WFP), a key humanitarian organisation for food supply in DPRK, had to drop 3 million beneficiaries off their list in July 2003 due to insufficient funding.

These numerous factors increase the vulnerability of the population to disease. Diarrhoeal disease, linked to contaminated water supplies, continues to be the major cause of morbidity in summer months. Chronic gastrointestinal diseases are common and caused by drinking of polluted water and the consumption of inedible food supplements. Acute respiratory infections, including pneumonia, are the main cause of morbidity and mortality in winter months. Malaria and TB are re-emerging as major public health hazards.

### *Availability of drugs/traditional medicine*

The main suppliers of foreign drugs to the DPRK until 1991 were the Soviet Union and eastern European countries. With the collapse of barter trade with these countries, importation of drugs virtually stopped. It became difficult for the local pharmaceutical industry to produce western drugs and the UN-assisted rehabilitation process of domestic factories has been slow and limited to only a few western medications. The hospitals currently receive very limited quantities of injectable penicillin, streptomycin, and novocaine from governmental sources. The country is now largely dependent upon essential drugs provided by the WHO, UNICEF and the Federation.

Traditional medicine plays an important role in Korean medical practice, doctors consider *Koryo* to be efficient for chronic ailments, but they cannot replace western antibiotics, analgesics and anaesthetics for acute cases. Their use is estimated to be between 60 - 80 per cent of the total drugs utilised.

Managing the health situation is at its most difficult during the winter period when temperatures can drop down to minus 30°C in the country. The health institutions, especially active parts such as inpatient wards, operating theatres, emergency departments and delivery rooms are severely affected by lack of heating and bed occupancy rates drop down more than 50 per cent of the total capacity of the institutions.

### *Health Knowledge/Skills*

The Ministry of Public Health initiatives to update the medical knowledge of doctors throughout the country are evolving and are supported by all international agencies led by the WHO. Access by household doctors in remote areas to updated medical knowledge remains limited and provision of modern international standards of care are further hampered by the shortage of even basic equipment such as stethoscopes and sphygmomanometers.

The primary health care structure is extensive and is generally accessible to the population. However, transportation issues can sometimes make it difficult for patients to reach specialised medical services.

### **Federation/DPRK Red Cross programme**

The Red Cross Society of the DPRK and the Federation's emergency operation evolved from food aid and shelter rehabilitation (1995) to a health and care programme (1997) focused on:

- *Drug and Medical Equipment Distribution*

The NS distributes drugs and medical equipment throughout three provinces and one municipality, targeting 1,762 health institutions in 50 counties/municipalities with a total population of 6.13 million people (following an administrative change in 2003 where one county was split into two).

The Federation, DPRK RCS and the MoPH targeted the seven health institutions in RCS operational areas for impact assessment of RCS supplied essential drugs upon quality improvement of primary health care. The initial findings showed:

- a) RCS supplied drugs provided 78 per cent of the treatments prescribed;
- b) Referral rates up to secondary health institutions dropped from 13.04 to 4.97 per cent since primary health care was strengthened;
- c) Treatment days reduced from 7.6 days to 4.1 days with utilisation of more western drugs in the clinics against acute cases; and
- d) The most common complaints were acute respiratory infections such as the common cold, bronchitis and tonsillitis, and digestive diseases including acute colitis, acute gastroenteritis and ascariasis.

Provision of other supplies includes the delivery of first aid material and stretchers to first aid posts, and crutches and wheelchairs to aid rehabilitating patients. Coal was supplied to 33 hospitals throughout the operational area to accommodate 'winterisation' of the hospitals.

In line with recommendations from the 2001 health review, and in collaboration with the WHO and UNICEF, the RCS of the DPRK/Federation designed and implemented the distribution of two types of essential drug kits: basic kits with non-freezable supplies for populations of 1,000; quarterly, and six-month supplementary hospital supplies (including injectables and minimal infusion material) for populations of 100,000. Distribution is based on the population covered by individual institutions.

The health and care programme run by the DPRK RCS with support from the Federation was reviewed in March 2003 by the external team to improve the quality of support in the future.

The distribution of basic medical supplies is being continued to support health care activities of primary and secondary health institutions with basic medical kits, supplementary kits and basic medical equipment. On a longer perspective an exit strategy for the support of secondary and third level health institutions with supplementary medical kits is recommended. It is envisaged that this work should be gradually taken over by government with support from relevant UN agencies, whilst the DPRK RCS/Federation should focus more on the provision of basic kits at the primary level and increase the traditional Red Cross health activities. There is no doubt, however, that at this point there is still a great need for this activity to continue.

The review team also recommended an expansion of the Red Cross operational areas. Only the drug distribution programme and the community-based water and sanitation programme are limited to the operational areas of the Federation. DPRK RCS has branches and is active in the whole country particularly through the disaster management and disaster preparedness programme.

- *Health Promotion*

Federation-supported health promotion activities include: community-based first aid; prevention of malaria, rational drug use; waterborne diseases; acute respiratory infections; and breast feeding /safe delivery. Workshops for HIV/AIDS awareness and prevention of other communicable diseases were recommended by the review team and are planned for 2004.

- *Water and Sanitation*

In 1999, water supply activities were added to the health and care programme objectives. Water supply systems were rehabilitated in 147 health institutions (one provincial hospital, 35 county hospitals and 111 *Ri* clinics) in the Federation's four operational areas. A review of water supply activities in 2000 recommended the expansion of the programme to communities. In 2001, water supply systems were rehabilitated or established in 18 villages.

A design team confirmed the feasibility of a community based water and sanitation (water sanitation) project in May 2001 to run over three years. The project aims to facilitate the construction/rehabilitation of water and sanitation facilities as well as training 1,000 community health volunteers in hygiene promotion. The project will cover 100 *Ri/Dong* communities in the Federation's operational areas.

In late 2002, a water sanitation review team suggested increasing the number of delegates to the water sanitation team in the Federation delegation in order to fulfil the planned activities for coming years. Since June 2003, the number of Federation water sanitation delegates has increased to three with the NS's water sanitation unit expanding to 11 members.

As the first step in an overall programme covering 100 villages overall programme, water and sanitation activities were carried out in 20 villages during in 2002-2003. The programme includes rehabilitation of water supply systems, construction of latrines and also collecting systems for household water. In second half of 2003, the same activities began in another 40 villages.

In 2004, the water sanitation programme will continue with an additional 40 villages including the same activities as mentioned above. An important part of the programme is to promote protection and maintenance of water sources and water supply systems, safer hygienic routines as well as continuing the introduction of ECO-San latrines. A stronger link with other health and care projects will be promoted. There are positive signs of decreased numbers of outbreaks of waterborne diseases in the villages included in earlier programme activities and these successes will be used as examples in prevention of waterborne diseases workshops.

As the capacity of the water and sanitation department of the NS has now expanded, the project will also identify the critical links needed between water sanitation activities and disasters management. This will assist the NS in developing its response mechanisms to water and sanitation needs in an emergency/ disaster context.

## Health Promotion

### Overall Goal

To preserve lives and promote the well-being of vulnerable populations including children and women in the Democratic People's Republic of Korea.

### Programme Objectives

The health and well-being of vulnerable people in three provinces (North Pyongan, South Pyongan and Jagang) and one municipality (Kaesong) are improved.

### Expected results

- The capacity of at least 1,762 health institutions (provincial, county, city, industrial and *Ri*-hospitals, and *Ri*-and Polyclinics) in three provinces and one municipality to provide basic medical services to the vulnerable is strengthened by the end of 2004.
- The capacity of DPRK Red Cross Society to improve the know-how of community health workers and RC volunteers on prevention and care related to the most common health problems at community in cooperation with the DPRK MoPH is increased by end of 2004.
- The capability of the DPRK Red Cross Society to develop and manage appropriate community-based first aid (CBFA) activities is improved by the end of 2004.

| <b>Project title: Drug and equipment distribution</b>                                                           |                                                                          |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Expected results</b>                                                                                         | <b>Indicators to measure results</b>                                     | <b>Risks/Assumptions</b>                                        | <b>Activities planned to meet results</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Each health institution in RCS operational areas has an increased capacity for basic medical service provision. | In 2004, basic medical supplies are provided to each health institution. | Number of health institutions and beneficiaries may be changed. | <ol style="list-style-type: none"><li>1. Procure and distribute basic medical supplies to at least 1,759 health institutions on quarterly basis.</li><li>2. Procure and distribute supplementary medical drugs to 157 health institutions on a quarterly basis.</li><li>3. Procure and distribute household doctor kits to 1,759 health institutions with household doctor departments in charge of primary health care.</li><li>4. Procure and distribute orthopaedic surgical kits to one city/county hospital in each of 20 cities/counties.</li><li>5. Procure and distribute autoclaves to three provincial hospitals and one city/county hospital in each of 50 cities/counties.</li><li>6. Procure and distribute coal to health institutions from December 2003 to February 2004 to heat the most active parts of hospitals like operating theatres, inpatient wards, emergency departments and so on.</li><li>7. Procure and distribute anti-malarial materials (bed-nets and screens) to 12,500 families in malaria-prone areas.</li></ol> |

| Expected results                                                                                                                                                                   | Indicators to measure results                                                                                                  | Risks/Assumptions | Activities planned to meet results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Project title: Health promotion</b>                                                                                                                                             |                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. Health professionals in health institutions have an updated knowledge on control of the most common health problems.                                                            | 1. In 2004, 600 household doctors and 200 nurses from the Federation supported health institutions are trained in ToT courses. |                   | 1. Organise two-day workshops for 200 household doctors on rational drug use.<br>2. Organise two-day workshops for 200 household doctors on infectious disease control.<br>3. Organise two-day workshops for 200 household doctors on HIV/AIDS control.<br>4. Organise one-day workshops for 200 nurses and midwives on aseptic technique.<br>5. Design, test, print and distribute aseptic technique posters to at least 1,762 health institutions.                                                                                                                                                     |
| 2. DPRK RCS has improved capacity based on NS training structure to increase awareness of the community members to protect their health against community primary health problems. | 2. In 2004, DPRK RCS has improved structure for health promotion at community level.                                           |                   | 1 Procure and distribute the necessary equipment to the three provincial training centres (North and South Pyongan provinces and Kaesong municipality).<br>2 Organise one-day workshops for 200 health workers and RC volunteers on malaria control.<br>3 Organise 12-day workshops on CBFA, health promotion and disaster management for 40 trainers.<br>4 Train four NS health staff in overseas health related workshops and study tours with other national societies.<br>5 Print and distribute in cooperation with MoPH DPRK, WHO and UNICEF HIV/AIDS education brochures in RCS operational area. |
| <b>Project title: Community-based first aid</b>                                                                                                                                    |                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| The DPRK RCS has increased capacity of CBFA in RC operational areas.                                                                                                               | In 2004, 510 first aid (FA) posts in RCS operational area will benefit from the project.                                       |                   | 1. Procure and distribute FA refresher kits to 510 FA posts.<br>2. Organise two-day FA refresher courses for 220 FA volunteers.<br>3. Organise three-day workshops for 20 FA master trainers and 40 FA trainers.<br>4. Train two NS staff in the overseas Federation CBFA training.                                                                                                                                                                                                                                                                                                                      |

## Water and Sanitation

### Overall Goal

To provide clean water and locally appropriate sanitation facilities, and education in the prevention of water borne diseases in 100 *Ri* and *Dong* communities in North Pyongan, Chagang, South Pyongan provinces, and Kaesong municipality by end of May 2005.

### Project Objective

To provide clean water and locally appropriate sanitation facilities and education in the prevention of water borne diseases in 40 *Ri* and *Dong* communities in North Pyongan, Chagang, and South Pyongan provinces, by end of May 2005.

| <b>Water and Sanitation</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>Expected results</b>                                                                                                                                                                                                       | <b>Indicators to measure results</b>                                                                                                                                                                                                                                                                                                 | <b>Risks/ Assumptions</b>                                                                                                                                                                                                                                                                                                    | <b>Activities planned to meet results</b>                                                                                                                                                                                                                                                                                                                                      |
| Water and sanitation systems installed/ rehabilitated in 40 <i>Ri</i> and dong communities in North Pyongan, Chagang, and South Pyongan provinces, by end of May 2005.                                                        | 40 detailed community assessment reports completed.<br><br>At least five visits to each site between design and handover of system to community.                                                                                                                                                                                     | MoPH supports hygiene promotion in communities.<br><br>Ministry of City Management is willing to work with DPRK RC at all levels.<br><br>Access to end users for evaluations.                                                                                                                                                | Water supply and sanitation systems rehabilitated/installed in 40 communities, with ongoing consultation with all key stakeholders.<br><br>Boreholes will be made in some villages.                                                                                                                                                                                            |
| Existing hygiene promotion activities expanded to/ further developed in 40 <i>Ri</i> and dong; and, at least one community health volunteer per 500 inhabitants trained to support the household doctors from each community. | 40 assessment reports completed which contains information on water use, sanitation and incidence of water related diseases.<br><br>Eight water quality monitors able to evaluate water sources based on the extracted data are all still available at end of May 2005.<br><br>New IEC materials tested prior to their finalisation. | Some community involvement is feasible at each stage in the process.<br><br>Ministry of City Management in the community is responsible for operation and maintenance following completion of construction/ rehabilitation of systems.<br><br>Some communities will only accept water supply interventions (not sanitation). | Hygiene promotion training project and activities developed in consultation with stakeholders, tested and implemented for community health workers and Red Cross volunteers.<br><br>Eight water quality monitors trained in data evaluation and use and hygiene issues.<br><br>New IEC materials developed in coordination with MoPH, UNICEF, WHO and other relevant agencies. |
| Institutional capacity of DPRK RC and Ministry of City Management to design, implement, monitor and evaluate water and sanitation activities strengthened.                                                                    | 14 DPRK RC staff and at least 15 City Management staff demonstrate increased capacity to plan, monitor and evaluate water and sanitation and health promotion programmes.                                                                                                                                                            | MoPH supports hygiene promotion in communities.                                                                                                                                                                                                                                                                              | Six DPRK RC Technicians and eight water and health staff and 15 Ministry of City Management staff receive on the job and formal training.                                                                                                                                                                                                                                      |
| Effectiveness of implementation, monitoring and evaluation of programme objectives, outputs, inputs and processes within the unique DPRK context, is maximised.                                                               | Water sanitation project's log frame is used as monitoring and evaluation tool by DPRK RC and Federation.<br><br>Findings and recommendations and lessons learnt documented in November 2001 and October 2002 water sanitation evaluations incorporated into new project plans.                                                      |                                                                                                                                                                                                                                                                                                                              | Conduct Review workshop in June 2004 for water sanitation and health delegates, and DPRK RC to ensure consensus on objectives, expected outputs and outcomes of the design; and, to prepare detailed plan for last six months of 2004.<br><br>Regularly held meetings between Federation health and general staff, DPRK RC, and the interagency sub group meetings             |

## 2. Disaster Management (DM)

### Background and achievements/lessons to date

DPRK is a disaster-prone country with the main hazards being floods, tidal waves, typhoons, hailstorms and landslides. In recent years, DPRK has witnessed a series of natural disasters, disrupting the normal life of the people in these areas. The Federation has been working closely with the DPRK RCS over the past several years in developing the disaster preparedness and response capacity of the society. The numerous emergency appeals that have been launched by the Federation in recent years have led to the creation of a solid disaster management department within DPRK RCS. As a result of its active role in disaster preparedness (DP) and disaster response (DR) operations, the government and international agencies recognise RCS as an important player in DP/DR, and its profile among the local residents has increased as well.

The emergency relief operation that started in the DPRK in 1995 with the support of the Federation not only brought relief to hundreds of thousands of affected people but also contributed to building up the capacity of the NS in the fields of DP and DR. The NS has strengthened in recent years with qualified staff that have gained experience in emergency relief operations. In December 1998, it decided to establish a disaster preparedness and relief department with a view to coping with disasters in a more effective and efficient way. The first DP programme started in 1999 and continued through to 2003, focusing mainly on strengthening the national society's capacity for DP and DR, pre-positioning of DP items at central and regional DP warehouses located at strategic areas and development of local coping mechanisms.

In the course of implementation of the DP programme, the DP and DR capacity of the national society has been enhanced as proved by emergency relief operations which were launched in 2000-2002 in connection with floods and typhoons that swept across the country. The NS has also pre-positioned DP items (blankets, cooking sets, plastic sheeting, water containers and water purification tablets) at the DP warehouses, which are enough to support 15,000 families (75,000 people) during emergencies. The community-based disaster preparedness (CBDP) programme that had been introduced as a pilot project in 2002 progressed well. It helped the nine pilot CBDP *Ri* reduce vulnerability to the impact of disasters by the promotion and development of locally managed disaster preparedness and mitigation initiatives and a cost-effective approach to disaster preparedness and response at the grass-roots level, and laid a foundation to expand the CBDP programme to broader areas.

In recent years more and more attention has been paid identifying the causes of floods, a seasonal disaster in the country. Deforestation has been identified as one of the causes and, therefore, tree planting is being given priority in the DM programme of the national society. While encouraging RC volunteers to take lead in national tree-planting campaigns in the spring and the autumn, the NS is developing cooperation with the Norwegian and other Red Cross Societies in order to promote reforestation. Tree planting also contributes to cooperation between Red Cross youth of the two parts of Korea. In March 2003, the Republic of Korea Red Cross (ROK RC) donated 300,000 tree seedlings to the north and the Red Cross Societies of the north and south of Korea held a joint tree planting ceremony in Mt. Kumgang with participation of their RC youth and representatives of the Federation Delegation and the Norwegian Red Cross.

A DP review team organised by the British Red Cross Society visited the DPRK on 10-17 September 2002. It reviewed the progress of the DP programme implemented in 2001-2002 and assessed its effectiveness and impact. Overall the review team considered that the DP/DR programme had made a significant contribution to building the capacity of the national society to respond to disasters. The programme was successful in defining a clear role for the Red Cross both in disaster preparedness and response. The Red Cross is now concentrating on clearly defined competencies, which include search and rescue, first aid and non-food aid assistance. In its final report the review team made some recommendations for the development and future directions of the DP programme. Based on these recommendations, the national society developed its five-year strategic work plan for disaster management as well as DP/DR policies.

Given the fact that the country suffered from a series of disasters in recent years, aid agencies pay more and more attention to disaster management. However, there is no proper set-up for coordination in DM. A DM inter-agency meeting is not yet in place and only ad-hoc inter-agency meetings take place from time to time. UNICEF, WHO, OCHA, WFP and other agencies try to include some reserves for emergency response in their projects/budgets.

The current DM programme will assist the national society in building on the progress already made and developing its DM capacity in accordance with its long-term strategy and DP/DR policies.

**Overall Goal:** The impact of disasters on the vulnerable population of the DPRK is reduced.

### **Programme objective**

By the end of 2005, the DPRKRC has the Disaster Management capacity to provide quality services to the most vulnerable in a timely and efficient manner.

### **Expected results**

- The NS has a functioning disaster management programme and continues to play a key role in disaster management in the DPRK.
- The NS has involved an additional 10 *Ris* at community level in disaster-prone areas in the community-based disaster preparedness project.
- The NS has sufficient material and financial resources for timely and effective disaster response.

The three key areas will seek to achieve the following specific results:

### ***Increasing the RC role in disaster management***

- The NS signs a revised MoU with the government, specifying its role in DM.
- The existing central and provincial DM working groups will play their part in addressing substantial DM issues such as co-ordination and cooperation with others (government bodies, UN agencies & NGOs) in order to obtain an optimal nation-wide DM programme.
- Damage assessment and beneficiary selection criteria and procedures will be reviewed and refined in conjunction with the authorities.
- The NS will carry out DM activities throughout the country.
- Information sharing will be improved between different DM players operating in the country.
- RCS volunteers will take an active part in national campaigns to prevent disasters/accidents and mitigate their impact.
- The national society carries out its DM activities in line with the five-year strategy and DP/DR policies.
- The NS DM structure will be streamlined from the headquarters to branches and made operationally viable.
- At least four professional staff will be maintained in the DM Department to manage all DM activities.
- 200 staff and volunteers will be trained in DM and made operational through simulation exercises.
- Communication will be improved between the headquarters and branches.
- At least two rescue teams will be fully trained, equipped and operational.
- Three staff will be trained in advanced international DM workshop.
- Contingency plans will be reviewed and updated at various levels.
- Public awareness campaigns will be conducted among people in disaster-prone areas (i.e. role play, seminar, production of awareness materials), in partnership and in close coordination with other stakeholders in disaster management at national headquarters and in 4 provinces. Activities will be organised in conjunction with World Environment Day as well as launching the RCS DM plan.
- Public awareness materials will be printed and distributed.
- The monitoring plan and indicators will be improved to assess the progress and impact of the training and capacity building at all levels.
- The national society contributes to re-forestation and increases its role in the national tree planting campaign.

### ***Community-Based Disaster Preparedness***

- The NS will consolidate the CBDP pilot project in the existing nine *Ri* and expands to include 10 new *Ri* in another disaster-prone province.
- The NS will create CBDP models in three villages through training and simulation exercises.
- The CBDP committees at the *Ri*-level will work effectively and organise CBDP activities in accordance with their action plan.
- The impact of disasters in the target communities will be reduced through awareness campaigns, training, simulation exercise and mitigation work.

- The CBDP project will work with other RCS projects in the community such as CBFA and water sanitation.
- A pilot vulnerability and capacity assessment (VCA) project is implemented in the CBDP model villages.

**Material and financial resources for timely and effective disaster response**

- The NS will maintain the emergency response capacity to assist 17,000 families (85,000 people) by continuing the pre-positioning of relief items.
- The NS will improve the warehouse management and regional pre-positioning of relief items through training of the warehouse managers in logistic management.
- DP items for 2,000 families will be procured to increase the NS's emergency response capacity from 15,000 to 17,000 families.
- The NS will create a disaster response emergency fund (DREF) of 100,000 EUR that will allow it to immediately start an emergency operation following an emergency situation. The national society will contribute 50,000 EUR to this fund, hoping PNS will donate another 50,000 EUR.
- The NS will initiate appropriate resource development projects aimed at replenishing the used DP stocks and raising funds for DREF.

| <b>Project title: Disaster management</b>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Expected Results</b>                                                                                                     | <b>Indicators to measure results</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Risks/ Assumptions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Activities planned to meet results</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The NS has a functioning disaster management programme and continues to play a key role in disaster management in the DPRK. | 1. Revised MoU with government.<br>2. No. of DP working groups functioning.<br>3. No. of national campaigns with RC involvement.<br>4. No. of provinces/ municipalities covered by NS in DM.<br>5. No. of coordination meetings.<br>6. Strategy and policies reflected in DM programme.<br>7. Streamlined DM structure at all levels.<br>8. No. of staff in DPR dept.<br>9. No. of staff and volunteers trained in DM.<br>10. No. of simulation exercises staged.<br>11. Better communication between headquarters and branches.<br>13. No. of rescue teams fully operational.<br>14. Contingency plans updated.<br>15. No. of public awareness campaigns.<br>16. No. of public awareness materials printed and distributed.<br>17. Monitoring plan improved and indicators developed.<br>18. Number of trees planted. | 1. Flood Damage Rehabilitation Committee and local authorities support the DM programme.<br>2. NS has sufficient human and material resources to play a key DM role.<br>3. DM strategy and policies are adopted by the general assembly of NS.<br>4. Appropriate no. of staff in DPR Dept.<br>5. NS has enough of trained staff and volunteers.<br>6. Improved communication between HQ and branches.<br>7. DM programme is supported by Federation and PNSs. | <ul style="list-style-type: none"> <li>• Increase functionality of existing DP working groups.</li> <li>• Review and refine damage assessment and beneficiary selection criteria with authorities concerned, as well as contingency plans and procedures.</li> <li>• Carry out the DM activities throughout the country and in line with the five-year strategies and policies.</li> <li>• Improve information sharing in DM between the NS, the Federation and other agencies.</li> <li>• Increase RCS volunteers' participation in national campaigns to prevent disasters/accidents and mitigate their impact.</li> <li>• Maintain an appropriate number of staff in the DPR department to manage all DM activities.</li> <li>• Train 400 staff and volunteers in DM and make them operational through simulation exercises.</li> <li>• Develop two rescue teams, fully trained, equipped, and operational.</li> <li>• Train three staff in advanced international DM course/workshop.</li> <li>• Conduct public awareness campaigns among people in disaster-prone areas.</li> <li>• Improve a monitoring plan and indicators to assess the progress and impact of the training and capacity building at all levels.</li> <li>• Initiate a pilot reforestation project in 2004 as part of disaster mitigation.</li> </ul> |

|                                                                                                                                                 |                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The NS has involved additional 10 <i>Ri</i> at community level in disaster prone areas in community-based disaster preparedness project.</p> | <p>19 <i>Ri</i> have adopted CBDP.</p>                                                                                                                                                                              | <p><i>Ri</i>-level communities accept CBDP as an effective way of DP.</p>                                                                                                                             | <ul style="list-style-type: none"> <li>• Consolidate the CBDP pilot project in the existing nine <i>Ri</i> and create three CBDP model villages through training and simulation exercises.</li> <li>• Make CBDP committees work effectively and organise CBDP activities in accordance with their action plan.</li> <li>• Reduce the impact of disasters in the target communities through awareness campaign, training, simulation exercises and mitigation work.</li> <li>• Closely coordinate CBDP with other RCS projects in the community such as CBFA and water sanitation.</li> <li>• Implement a pilot VCA project in the CBDP model villages.</li> <li>• Expand the CBDP pilot project to another 10 <i>Ris</i> in another disaster-prone province.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>NS has sufficient material and financial resources for timely and effective disaster response.</p>                                           | <ol style="list-style-type: none"> <li>1. No. of target families.</li> <li>2. No. of emergency relief items pre-positioned</li> <li>3. Size of the DREF created.</li> <li>4. Amount of income generated.</li> </ol> | <ol style="list-style-type: none"> <li>1. Government provides NS with warehouse facilities.</li> <li>2. NS/donor contribution to DREF.</li> <li>3. NS commitment to resource mobilisation.</li> </ol> | <ul style="list-style-type: none"> <li>• Maintain an emergency response capacity for 17,000 families (85,000 people) by continuing the pre-positioning of relief items.</li> <li>• Improve the warehouse management and regional pre-positioning of relief items for timely and effective disaster response.</li> <li>• Procure DP items for 2,000 families to increase the national society's emergency response capacity from 15,000 to 17,000 families.</li> <li>• Approach donors for financial support for small quantities of relief goods in order to respond to up to four small-scale emergencies per year without issuing emergency appeals for relatively small events (up to 1,000 affected families).</li> <li>• Create a disaster response emergency fund (DREF) of 100,000 EUR with the contribution of 50,000 EUR from the national society and another 50,000 EUR from PNSs, which will allow the NS to start an emergency relief operation without any delay.</li> <li>• Develop appropriate resource development projects in close cooperation with relevant departments of the NS, which are aimed at replenishing the used DP stocks and raising funds for the DREF.</li> </ul> |

Monitoring of programme implementation will be undertaken as follows:

- Monitoring field visits will be done by the DM department of the national society and the Federation delegation in accordance with monitoring plans;
- Regular and ad-hoc monitoring will be combined whenever appropriate;
- The programme implementation will also be monitored by DM officers of the national society in provinces and cities/counties, who will keep the DM department, posted and submit reports in this respect.

Evaluation of programme implementation will be done in the following way:

- Evaluation will be done jointly by the national society and the Federation delegation;
- A mid-term evaluation will be undertaken at the end of June and an annual evaluation at the end of December 2003. Results of the evaluation will be used in revising the plan of action and developing the programme in the future.

### **3. Organisational Development (OD)**

#### **Background and achievements/lessons to date**

The DPRK RCS started its restructuring process in the first quarter of 2002, by forming an OD Committee in an effort to review its mission, strategy and structure to improve humanitarian service delivery. In February 2001, an extensive assessment on the organisational capacity was done by the DPRK RCS and the Federation regional delegation with support of the Swedish Red Cross and the Malaysian Red Crescent. A result of this assessment, the organisational development programme has become one of the four pillars of the Federation appeal.

The goal of the programme is to improve the performance of the DPRK RCS in line with the requirements of “the characteristics of a well-functioning national society”, developed by the Federation for all its member national societies.

An organisational development committee (ODC), constituted of representatives from the DPRK RCS and the Federation’s delegation, mapped out a 2002-2004 OD Plan in the latter half of 2001.

The ODC started to restructure the whole branch system and RCS training centres and organised workshops and training courses at different levels on the theme of organisational development. Out of six pilot branches Kaesong and Anju city branches were renovated while other branches refurbished. But the coverage of the OD programme was only 25 per cent for 2002.

In 2003, the change process continued and new resources were sought including Capacity Building Fund (CBF) and the Netherlands RC. With the introduction of CBF the coverage of the programme reached over 75 per cent and Netherlands RC started its bilateral assistance in the field of OD. Many learning opportunities were provided for both HQ and branch staff and volunteers including the Project Planning Process (PPP) workshop and workshops in branch levels.

Consideration of the developed mission, vision and of the fundamental principles of the Movement, the DPRK RCS revised its statutes, *Development Plan 2010* and NS policy framework including disaster preparedness, disaster relief, health and care, volunteering, youth and gender. These documents are ready to be adopted in the forthcoming NS congress and a revision of Cooperation Agreement Strategy for DPRK will follow. The main partners of the OD programme are Swedish, Canadian, Australian and British Red Cross Societies.

The Federation delegation, the DPRK RC and the PNSs are in the process of promoting branch development and resource development in order to implement all related projects in a coordinated way within the concept of strategic planning.

The Federation’s organisational development programme will focus on three main projects. These projects are:

- . human resource development and branch development;
- . improvement of financial management and income generation projects and;
- . communications.

## Overall Goal

The Red Cross Society of the DPRKS has become a leading humanitarian organisation in DPRK providing quality services to the vulnerable.

## Programme Objective

The Red Cross Society of DPRK has a national network of well-functioning branches and volunteers with increased resources to provide sustainable assistance to the most vulnerable.

## Expected Results

- Management potential of national HQ and branches will be strengthened by well-planned, managed, monitored and evaluated programmes.
- The DPRK RCS will have a sound system of financial management, budgeting, accounting and motivated, effective resource mobilisation activities that will lead to sustainable programmes at the community level.
- The DPRK RCS will enjoy increased public knowledge and understanding of the humanitarian values and programmes of the DPRK RCS and of the Movement among all the stakeholders.

| Expected results                                                                                                                                                                                          | Indicators to measure results                                                                                                                                                                                                                               | Risks/Assumptions                                                                                                                                                               | Activities to meet results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Management potential of national HQ and branches is strengthened by well-planned, managed, monitored and evaluated programmes.                                                                            | <p>1. The change process is going on and 600 volunteers and staff trained.</p> <p>2. 10 HQ and branch leaders and staff benefited from advanced training opportunities.</p> <p>3. 10 provincial branches and national HQ enjoy support from Federation.</p> | <ul style="list-style-type: none"> <li>- Commitment of both NS leadership and partners to change process.</li> <li>- Continued support from the Secretariat with CBF</li> </ul> | <ul style="list-style-type: none"> <li>• One national management skill building workshop.</li> <li>• 11 provincial OD workshops integrated with CBFA and CDBP.</li> <li>• Development of human resource development guideline and curriculum</li> <li>• Streamlining of management structure both at national and branch levels and upgrading of the facilities.</li> <li>• More learning opportunities for leadership and staff through regional and international trainings, staff exchange, staff on loan, and study tour.</li> </ul> |
| The DPRK RCS has a sound system of financial management, budgeting, accounting and motivated, effective resource mobilisation activities that will lead to sustainable programmes at the community level. | <p>1. Three HQ finance officers trained by advanced courses .</p> <p>2. 15,000 EUR is generated by revenue generation projects.</p>                                                                                                                         | Commitment of NS Resource Development Working Group and motivated partnership for sustainability                                                                                | <ul style="list-style-type: none"> <li>• Development of NS financial resource mobilisation strategy, Plan of Action.</li> <li>• Continued trainings for NS finance workers .</li> <li>• Development of 3-5 small scale revenue generation projects .</li> </ul>                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p>The DPRK RCS enjoys increased public knowledge and understanding of the humanitarian values and programmes of the DPRK RCS and of the Movement among all the stakeholders.</p> | <ol style="list-style-type: none"> <li>1. Five NS communicators have upgraded knowledge and 20 staff involved in communications activities at HQ and branch level</li> <li>2. 4,000 copies of quarterly newsletter</li> <li>3. 1, 000 copies of annual report available</li> <li>4. RC homepage on the local internet is visited by 10,000 'netizens'.</li> </ol> | <p>Commitment of NS leadership and Regional Info unit and Danish Red Cross Society.</p> | <ul style="list-style-type: none"> <li>• Three-day communications workshop targeting HQ and branch staff.</li> <li>• Study tour to Danish and Finnish Red Cross Societies.</li> <li>• Publication of quarterly newsletter, annual reports and different dissemination materials .</li> <li>• Setting up of Red Cross website for local internet.</li> <li>• More than five events and fundraising activities.</li> <li>• Strong advocacy for the orphans, disabled and reforestation through media relations and events .</li> </ul> |
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## 5. Representation, Implementation and Management

### Coordination

The Red Cross Society of the DPRK was involved in the inter-Korean and international activities long before the DPRK called for broader international disaster relief assistance after the floods in 1995. As the general political situation on the Korean peninsula remains difficult, the humanitarian situation in DPRK has shown some improvement in the recent years. International humanitarian agencies working in DPRK are partly residing within the country and partly working from offices abroad.

A governmental body, the Flood Damage Rehabilitation Committee, coordinates all international humanitarian assistance coming to DPRK, including assistance given through the Red Cross Movement. Within this context, however, the DPRK RCS has a certain degree of autonomy to carry out its operations within its mandate. Working in closely with the NS, the Federation delegation has a good basis to provide efficient implementation and evaluation of its programmes.

The ROK RC has conducted bilateral programmes in DPRK in the areas of tracing, relief and reunions between families separated by the Korean War. In 2002 and 2003 there has been a renewal of direct contacts with the Japanese and Chinese Red Cross Societies, partly facilitated by the East Asia regional delegation, travels abroad partly funded by the country delegation. This kind of support will continue in 2004.

In 2003 the Netherlands and Norwegian Red Cross Societies established developmental programmes with DPRK RC in the fields of OD/branch development and tree planting respectively, in addition to their continuing support to the Federation multilateral programmes. The Federation delegation will give some technical support and coordinate these programmes with other agencies' and Federation supported programmes in DPRK. MoUs and service agreements are signed by the end of 2003.

The country delegation is furthermore facilitating communication between the DPRK RCS and other PNS and supporting exchange visits.

The ICRC has until 2002 served the DPRK from the regional delegation in Bangkok. Several missions each year were to conduct international humanitarian law dissemination, among other activities. In April 2002, the DPRK RCS, with the assistance of the ICRC, established an orthopaedic workshop in Songrim. So far this is a three-year project, and current international staff members consist of a head of project, one prosthetist and one

physiotherapist. The Federation maintains a close relationship with the ICRC, and has so far been able to support the activities in areas such as telecommunication, water and sanitation and logistics.

A new cooperation agreement strategy for the DPRK will be developed in 2004, based upon the national society's *Development Plan 2010*.

Coordination between the different agencies working in DPRK is well taken care of through the Humanitarian Agencies Working Group headed by the UN resident coordinator. Both Red Cross delegations are permanent members of this group, and visiting PNS are welcome to attend the weekly coordination meeting.

#### International representation and advocacy

Federation secretariat support is mainly given through the regional delegation in Beijing. The country delegation supports active participation by the DPRK RCS in regional activities. Advocacy towards international delegations visiting DPRK is carried out in close cooperation with the NS and the Federation delegation. Representatives from the main donor countries residing in DPRK as well as EU/ECHO regularly attend the weekly coordination meetings, and are visiting Red Cross projects regularly.

#### **Delegation management**

The Federation will continue to support the DPRK Red Cross with a country delegation as long as it is requested by the national society and funding is available.

To manage the delegation and coordinate the different programmes, a head of delegation and a finance delegate will be funded within this programme as well as general running costs for the delegation. The delegation has in recent years been fortunate to have a stable staff of both nationals and international delegates. In the DPRK context this is exceptional but very important in order to secure quality implementation of the programmes. Recent economic reforms in DPRK are expected to impose new challenges for programme implementation and may lead to increased economic constraints for both the national society and the Federation delegation in the years to come.

The DPRK country delegation works together with the regional delegation in Beijing, exchanging technical resources in the fields of communication, relief, health and logistics, and with the regional delegation in Bangkok in the field of water and sanitation.

#### ***For further information please contact:***

- *Red Cross Society of DPRK Kim Sok Chol, Secretary General, phone: +850 2 381 8986; fax :+ 850 2 381 4530.*
- *Delegation Per Gunnar Jenssen, Head of Delegation; email: [ifrckp02@ifrc.org](mailto:ifrckp02@ifrc.org) phone: + 850 2 381 4350; fax:+ 850 2 381 3490 .*
- *Regional Department Satoshi Sugai; Regional Officer; email: [satoshi.sugai@ifrc.org](mailto:satoshi.sugai@ifrc.org) ; phone: +41 22 730 4273; fax: +41 22 733 0395 .*

# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.68/2004

Name: DPR Korea

PROGRAMME:

|                                 | Health & Care     | Disaster Management | Humanitarian Values | Organisational Development | Coordination & Implementation | Emergency | Total             |
|---------------------------------|-------------------|---------------------|---------------------|----------------------------|-------------------------------|-----------|-------------------|
|                                 | CHF               | CHF                 | CHF                 | CHF                        | CHF                           | CHF       | CHF               |
| Shelter & construction          | 0                 | 60,120              | 0                   | 15,510                     | 0                             | 0         | 75,630            |
| Clothing & textiles             | 203,125           | 170,000             | 0                   | 0                          | 0                             | 0         | 373,125           |
| Food                            | 0                 | 0                   | 0                   | 0                          | 0                             | 0         | 0                 |
| Seeds & plants                  | 0                 | 0                   | 0                   | 0                          | 0                             | 0         | 0                 |
| Water & Sanitation              | 1,935,555         | 46,000              | 0                   | 0                          | 0                             | 0         | 1,981,554         |
| Medical & first aid             | 7,238,580         | 0                   | 0                   | 0                          | 0                             | 0         | 7,238,580         |
| Teaching materials              | 98,895            | 0                   | 0                   | 0                          | 0                             | 0         | 98,895            |
| Utensils & tools                | 0                 | 116,320             | 0                   | 0                          | 0                             | 0         | 116,320           |
| Other relief supplies           | 191,250           | 0                   | 0                   | 0                          | 0                             | 0         | 191,250           |
| <b>SUPPLIES</b>                 | <b>9,667,405</b>  | <b>392,440</b>      | <b>0</b>            | <b>15,510</b>              | <b>0</b>                      | <b>0</b>  | <b>10,075,354</b> |
| Land & Buildings                | 0                 | 0                   | 0                   | 0                          | 0                             | 0         | 0                 |
| Vehicles                        | 0                 | 50,000              | 0                   | 0                          | 0                             | 0         | 50,000            |
| Computers & telecom             | 0                 | 6,000               | 0                   | 39,294                     | 0                             | 0         | 45,294            |
| Medical equipment               | 0                 | 0                   | 0                   | 0                          | 0                             | 0         | 0                 |
| Other capital exp.              | 0                 | 0                   | 0                   | 45,000                     | 0                             | 0         | 45,000            |
| <b>CAPITAL EXPENSES</b>         | <b>0</b>          | <b>56,000</b>       | <b>0</b>            | <b>84,294</b>              | <b>0</b>                      | <b>0</b>  | <b>140,294</b>    |
| Warehouse & Distribution        | 10,777            | 10,585              | 0                   | 156                        | 0                             | 0         | 21,517            |
| Transport & Vehicules           | 206,885           | 14,091              | 0                   | 21,224                     | 18,468                        | 0         | 260,668           |
| <b>TRANSPORT &amp; STORAGE</b>  | <b>217,662</b>    | <b>24,676</b>       | <b>0</b>            | <b>21,380</b>              | <b>18,468</b>                 | <b>0</b>  | <b>282,185</b>    |
| Programme Support               | 805,365           | 63,080              | 0                   | 18,586                     | 41,060                        | 0         | 928,090           |
| <b>PROGRAMME SUPPORT</b>        | <b>805,365</b>    | <b>63,080</b>       | <b>0</b>            | <b>18,586</b>              | <b>41,060</b>                 | <b>0</b>  | <b>928,090</b>    |
| Personnel-delegates             | 1,018,530         | 144,000             | 0                   | 0                          | 432,000                       | 0         | 1,594,530         |
| Personnel-national staff        | 191,633           | 39,555              | 0                   | 7,621                      | 37,170                        | 0         | 275,978           |
| Consultants                     | 65,058            | 858                 | 0                   | 0                          | 0                             | 0         | 65,916            |
| <b>PERSONNEL</b>                | <b>1,275,221</b>  | <b>184,413</b>      | <b>0</b>            | <b>7,621</b>               | <b>469,170</b>                | <b>0</b>  | <b>1,936,424</b>  |
| W/shops & Training              | 224,831           | 58,000              | 0                   | 104,636                    | 16,000                        | 0         | 403,466           |
| <b>WORKSHOPS &amp; TRAINING</b> | <b>224,831</b>    | <b>58,000</b>       | <b>0</b>            | <b>104,636</b>             | <b>16,000</b>                 | <b>0</b>  | <b>403,466</b>    |
| Travel & related expenses       | 42,000            | 6,000               | 0                   | 0                          | 25,416                        | 0         | 73,416            |
| Information                     | 10,389            | 15,640              | 0                   | 19,844                     | 3,600                         | 0         | 49,472            |
| Other General costs             | 147,359           | 170,212             | 0                   | 14,063                     | 57,972                        | 0         | 389,606           |
| <b>GENERAL EXPENSES</b>         | <b>199,748</b>    | <b>191,852</b>      | <b>0</b>            | <b>33,907</b>              | <b>86,988</b>                 | <b>0</b>  | <b>512,494</b>    |
| <b>TOTAL BUDGET:</b>            | <b>12,390,232</b> | <b>970,461</b>      | <b>0</b>            | <b>285,934</b>             | <b>631,686</b>                | <b>0</b>  | <b>14,278,310</b> |