

Appeal 2001-2002

 International Federation
of Red Cross and Red Crescent Societies

Democratic People's Republic of Korea (Appeal 01.48/2001)

Click on programme title or figures to go to the text or budget

	IN CHF
1. Disaster Preparedness	930,220
2. Health and Care	10,504,675
3. Co-ordination and Management	391,888
Total	11,826,783



Introduction

National Context

Many of the achievements of the Democratic People's Republic of Korea have been eroded in recent years by economic decline and environmental disasters. These have led to a persistent energy crisis, reduction of industrial production, deterioration of roads and the transport system, ongoing food shortages, deforestation, and a lack of resources for health and social services. The situation is further complicated by a complex regional and international geopolitical environment.

There has been a rapid decline in per capita income over the last 10 years from US\$ 1,005 to US\$ 481, largely due to a massive contraction in the economy of nearly 30 per cent. It is estimated that from 1990-1994 domestic food production fell by 14 per cent, seriously affecting the population's ability to cope. While agricultural production has improved following the most recent environmental disasters, food shortages are still projected and most experts agree that the country cannot be totally self-sufficient in food production for at least the next year.

These events have resulted in a rapid increase in vulnerable populations at a time when financial support to health and social welfare institutions is often significantly reduced.

While the country has demonstrated a high resilience and impressive coping mechanisms regarding these social and economic issues, there is no doubt that there has been a rapid decline in the provision of quality

health care and other social services. The population growth rate fell 0.9 per cent during 1998, while the death rate rose to 9.3 per cent compared with 5.68 per cent in 1996. Infant mortality, which had reached a low of 9.2/1000 in 1990, experienced a significant increase during the following eight years, and the rate now stands at 23/1000 births (Source DPRK Government).

The effects of the recent famine and natural disasters on the nutritional status of the population is well documented. UNICEF/WFP/ECHO surveys conducted in 1998 provided statistical confirmation that 60 per cent of children below the age of seven were underweight, while over 62 per cent were classified as stunted and nearly 16 per cent as wasted. There was also a recorded increase in the incidence of low birth weight, representing 22 per cent of all births in 1998.

In a concerted effort to cope with this critical shortage, a number of strategies were adopted which, while providing immediate and short-term relief, have had negative effects. A reliance on 'alternative food sources' such as edible plants, acorns and grasses, has resulted in a marked increase in intestinal disorders, while over-cultivation and fertilisation have led to serious land erosion, and bleaching and deforestation will have negative implications for years to come.

Food shortages will continue to have a major effect on the future economic, social and health status of the nation. The need for improved nutrition and a stable food supply will present challenges to the government and participating aid agencies for the foreseeable future. Population groups most affected will continue to include children, lactating mothers, and elderly people with little or no family support. The need for supplementary feeding programmes is an ongoing concern, and it is questionable whether the real needs have been clearly assessed and identified.

The absence of quality health care is evident throughout the operational areas of the Federation, and there is no reason to assume that conditions are any different elsewhere. In fact, given the restricted access and the inability of the aid community to complete comprehensive assessments and provide medical relief supplies, the situation may be even worse.

The infrastructure of the hospitals, like that of the major cities and communities, is rapidly deteriorating. Many hospitals are no longer able to provide an acceptable level of patient care. While there are no available statistics concerning hospital admission and discharge rates, observations by monitors clearly indicate that occupancy is low. This is due to the absence of drugs and other medicaments, lack of adequate heating in winter and the state of the buildings. Community health authorities make every effort to maintain acceptable levels but the general conditions in many facilities can only be regarded as very poor. The lack of maintenance has a particularly dramatic effect on essential services such as a clean and dependable water supply. Connections to water sources in many institutions are in a dangerous state of disintegration. Sanitation, including the disposal of dirty water and other materials, requires significant rehabilitation.

There is a need to re-examine whether or not the country has a rationale for the distribution of health care facilities and if their current structure is viable from an economic and effective service delivery perspective. Until these issues are addressed in a constructive manner, it is considered that most of the population will remain vulnerable to major outbreaks of communicable diseases and will have to accept sub-standard health care services.

National Society Priorities

The National Society is well structured, disciplined and highly motivated, demonstrating a keen interest in expanding its staff and the skills of volunteers. Major programmes and services are directed towards protecting life, promoting health and providing first-aid services, with more than 8,000 first-aid posts across the country.

Over the years, the Society has acquired a significant level of operational knowledge concerning Federation-standard operating procedures, and it has incorporated many of these systems into its own practices.

The Society is determined to expand its profile and activities in regard to Red Cross activities, through the provision of emergency assistance and capacity-building opportunities. It is the only agency in the country

to be allowed any degree of independence in its operations - all other activities are controlled by government agencies and representatives.

Priority Programmes for Federation Assistance

Over the next two-year period, until December 2002, the Federation will continue its support to the Red Cross Society of the DPRK. The main objectives will be to continue to strengthen the National Society's operational and institutional capacities through various programmes and activities, in close partnership with supporting societies and other funding agencies. Support will focus on two key areas:

- **Disaster Preparedness:** the Federation will continue to assist the National Society's disaster preparedness programme through training and setting up effective and efficient disaster response systems.
- **Health and Care in the Community:** the Federation will continue its support to health institutions and focus on activities which through training and education aim to prevent communicable diseases and promote individual health.

[return to top](#)

1. Disaster Preparedness

Background and progress to date

Since 1995 the Democratic People's Republic of Korea (DPRK) has been affected by a series of large-scale disasters, in particular drought and floods, as well as landslides and tidal waves. These events have severely affected the lives and livelihoods of hundreds of thousands of people. Many more Koreans have been affected indirectly because of damage to infrastructure and food production in the country. In addition, the negative consequences of these disasters have been exacerbated by the economic problems the country has faced in recent years.

The DPRK Red Cross has been one of the main providers of humanitarian assistance to vulnerable people most affected by these disasters. With assistance and support from the International Federation, it has provided food, medicine, blankets, quilts, clothes and other essential relief items to vulnerable households and to medical institutions. The Federation delegation is composed of a team of eight delegates supporting the DPRK Red Cross in various aspects of its work.

Through the ongoing relief operations many of the 328,000 volunteers and 8,180 First Aid posts of the DPRK Red Cross have become involved in responding to natural disasters and economic hardship in the country. As a result, the National Society has gained increasing profile and recognition as a leading disaster response organisation. During its 50 years history the society has been engaged mainly in community-based first aid and health promotion activities. However, following the recent cascade of natural disasters it has taken the decision to make Disaster Preparedness (DP) a national priority programme.

The vulnerability of the northwestern region provinces, North Phyongan, Jagang, Kangwon, Hwanghae, is mainly due to floods, while the northeastern provinces, Jagang, North Phyongan and North Hamgyong, are often hit by landslides. The west and eastern coastal provinces, Kangwon, South Hamgyong and South Hwanghae, face typhoons and flash floods. This provides strong reasons to prepare for future possible disasters and strengthen the disaster preparedness capacities at both headquarter and local branch levels.

Following the decision made by its Extraordinary Congress in December 1998, the National Society established a Disaster Preparedness and Response (DPR) Department at its national headquarters. From January to December 1999, a Federation DP delegate assisted the National Society in developing DP structures and operational procedures for disaster response. A training curriculum was developed and workshops were conducted at both national and provincial levels in 1999. One central warehouse and four regional warehouses have been established for the pre-positioning of basic emergency relief items.

In 2000, progress was affected by a lack of funding and the absence of a DP delegate after the departure of the previous delegate in late 1999. Nevertheless, one national DP workshop took place in August 2000 and the DPR Department continued to function (most recently in response to the typhoon on the northeast coast in early September). In addition, a Memorandum of Understanding has been signed between the DPRK Red Cross and the FDRC (Flood Disaster Rehabilitation Committee). The present programme proposal builds on the progress achieved so far at the national level, which needs to be complemented by capacity building at the provincial and local level.

In September 2000, two British Red Cross consultants assisted the DPRK Red Cross to review the programme and plan for 2001-2002. This document builds on the current programme and the recent planning process undertaken jointly by the National Society, the Federation and the British Red Cross.

Goal To minimize the impact of natural disasters on vulnerable populations by developing effective disaster preparedness and response structures, systems and activities within the DPRK Red Cross at both national and local levels.

Objectives and Activities planned

Objective 1 To further improve disaster preparedness and response structures and systems at national, provincial and county level.

The activities to achieve this objective are:

Disaster preparedness and response at national level

- Establish a working group at national level consisting of those National Society departments with a role in disaster preparedness and response, such as the Disaster Preparedness and Response and Health and Logistics Departments, and external key players, such as the Flood and Drought Rehabilitation Committee (FDRC) and the Ministry of Environment, to meet regularly and discuss the main issues emerging in DP and related areas affecting the programme (2000/ 2001). Through this forum, define clearly the role and responsibilities of DPRK Red Cross in disaster preparedness and response.
- Continue to develop the role of the DPR Department, including internal responsibilities, co-ordination with other departments and with branches, and further define operational procedures for disaster response. Produce disaster response operational procedures for national and provincial levels (2001).
- Establish an overview of the main hazards, including their type and frequency, as well as of National Society capacity in the most disaster prone provinces and counties, in order to improve National Society contingency planning (2001/2002).
- Review disaster response operations carried out by the National Society and identify strengths and weaker points of the operations. Use results and lessons learned for the development of operational procedures, training priorities and further DP strategies (one review per year, 2001/ 2002).

Disaster preparedness and response at provincial level

- Recruit and define responsibilities for 15 DP officers in 2001 and 25 in 2002 in the highest-risk provincial branches.
- Establish committees in selected provinces (including representatives from other relevant organizations) to develop local contingency plans for seasonal disasters (2 contingency plans in 2001 and 2 contingency plans in 2002).
- Improve communication facilities of the highest-risk provincial and county branches by providing telephones and bicycles (2001/2002)
 - three bicycles and one telephone each for 11 branches in operational areas (2001)
 - three bicycles and one telephone each for 19 branches in non-operational areas (2002)

Objective 2 To improve the human resource base needed for disaster preparedness and response in the DPRK Red Cross.

The activities to achieve this objective are:

DPR training at national level

- Facilitate training opportunities for National Society staff, preferably agreeing on exchange assignments with other National Societies in the wider South/East Asian region, such as China, Vietnam and Cambodia (one assignment per year).
- Establish a small working subgroup on the DP training curriculum and training materials, while drawing upon expertise within the NS as well as external expertise, as appropriate, (2001 and 2002).
- Review the current DP training curriculum in the light of recent operations, lessons learnt, and the impact of past training, plus the emergence of new Federation DP training materials. Organize an annual workshop at national level (2001/2002).
- Develop and produce practical and well-focused training manuals on the base of the established curriculum (development 2001/ printing 2002).
- The Federation will support the integration of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response into ongoing training programmes, and the Korean-language printing of Sphere documentation.
- Conduct a training of trainers workshop for 60 participants in 2002, based on the updated curriculum and manuals.

DP training at provincial level

- Continue the training process by organizing two workshops in two selected provinces (the same as those targeted by the contingency planning described above)
 - North Pyongan province, 40 participants (Apr.2001)
 - Kangwon province, 40 participants (Sept.2001)
 - Jagang province, 70 participants (Mar. 2002)
 - Mundok county, 50 participants (Nov. 2002)
- Assess results of such workshops and incorporate into the curriculum development (2001).
- Develop disaster response exercises based upon established contingency plans at provincial level and updated operational procedures. Field test these exercises (2002)

Objective 3 To increase awareness of disaster risks and the coping mechanisms of the population in high risk areas.

The activities to achieve this objective are:

- Develop basic public information material on the role of the DPRK Red Cross in disasters.
- Print and disseminate material through branches (4,000 copies in 2001).
- Develop public awareness material on selected seasonal and frequent disasters (max. 2). Print material, develop radio and TV spots if appropriate (2002).
- Develop a strategy for a well-targeted public awareness campaign in 2002.

Objective 4 To develop an effective warehouse system and to pre-position emergency relief items in strategic locations to assist some 30,000 people; to develop mechanisms for the rapid mobilization of emergency relief items.

The activities to achieve this objective are:

- Provide warehouses in five strategic locations (one warehouse at the central level for 4,000 families and four warehouses, each for 500 families, at provincial branch level) with basic non-food emergency relief items for a total of 6,000 families (30,000 individuals):
 - 30,000 winter blankets
 - 6,000 cooking sets
 - 6,000 water containers
 - 70 rolls of plastic sheeting (240,000 square metres)
 - 30 water hand pumps
 - 4.5 million water purification tablets.
- Establish clear rules and criteria for release of relief items (together with the logistics dept.) (2001)
- Train the four provincial branches in charge of a strategic warehouse in warehouse and stock management (2001 and 2002)
- Identify alternatives and options for restocking (until 2002).

Expected results

- There will be improved preparedness and response structures and systems at the national level, including a well functioning DPR department and greater co-ordination with government actors.
- A well trained human resource base for DPR will have been established and be maintained at national and provincial levels, providing the possibility to reach out to county and community levels.
- The National Society will have improved capacity to plan, implement and supervise a public awareness campaign and better knowledge of impending frequent disasters in high risk provinces and counties.
- There will be faster, more efficient and effective disbursement of emergency relief items in National Society operations assisting up to 6,000 families.

Indicators

- Timeliness and adequacy of future response operations, as assessed in operational reviews .
- Working group convenes regularly and provides input and guidance for DPR programme (reports).
- Four contingency plans at provincial level established and tested (two by the end of 2001).
- Timeliness and quality of disaster information reports and later DPR related reports from targeted provincial branches to Headquarters.
- Public awareness campaign run in 2002.
- DP stocks in strategic warehouses well managed and maintained, released when necessary and recovered/replenished.

Critical assumptions

- Sufficient funding of the programme in 2001/2002.
- Continuity of staff working in the DPR Department at national headquarters and disaster preparedness officers at branch level.

Monitoring and Evaluation

The monitoring of this programme will be carried out through the DPR department staff, supported by the Federation disaster preparedness delegate, who will periodically visit targeted branches, and through feedback from operational reviews and the evaluation of training workshops.

A mid-term review of the programme will be conducted in early 2002. The review team will consist of National Society staff and Federation representation.

[return to top](#)

2. Health and Care

Background and progress to date

Since 1995, when the Democratic People's Republic of Korea (DPRK) was seriously affected by unprecedented floods, the government has been endeavouring to reduce their after-effects and provide people with stable living conditions, in cooperation with other governments, NGOs and the International Federation. The situation is improving in comparison with 1995, but successive natural disasters and difficulties in trading with traditional partners constitute challenges to the growth of the country's economy and people continue to suffer from food shortages and health problems. In 2000, severe drought hit the country, causing an estimated total loss of some 960,000 tonnes of crops.

The Red Cross operational areas, which are mountainous and traversed by rivers, are inhabited in general by farmers, labourers and town dwellers. While the Public Distribution System (PDS) is unable to provide food to people on a regular basis, mainly due to accumulated food shortages and a poor harvest the previous year, produce from kitchen gardens provides some food, plus an income that helps meet some requirements. However, it is not enough to cover basic needs and insufficient food intake has a negative impact on people's health.

Health care structure

The DPRK has an extensive network of health institutions spreading out from central to peripheral areas and consisting of over 600 large hospitals and around 6,000 clinics. Assigned section doctors (family doctors) are responsible for providing health care to every family through home visits. One section doctor looks after approximately 500 to 1,000 family members, depending on the size and the terrain of the area. The DPRK's previous success in the health sector is evident from the relatively long life expectancy and decreasing infant and child mortality. However, new health challenges such as malnutrition and outbreaks of communicable diseases have emerged as a result of the recent economic difficulties and a series of natural disasters. While the health infrastructure is impressive, it now faces numerous problems related to the availability of drugs, medical equipment and basic supplies. The provision of supplies and the renewal of equipment by the government have been very limited, leaving health care facilities in a dilapidated state.

The main suppliers of drugs to the DPRK were the Soviet Union and eastern European countries; after the breakdown of the socialist system, drug imports stopped. The local pharmaceutical industry, another source of drugs, collapsed after 1995 and the country is now completely dependent on the drugs regularly provided by UNICEF and the Federation. UNICEF also supplies the Ministry of Public Health with raw materials for the local production of a limited number of medicines.

Traditional medicine plays an important role in Korean medical practice. The Korean Technical Centre for Herbal Medicine is the main centre for the development of herbal medicines and nutrients from locally available herbs and fruits. UNICEF, in collaboration with the WHO, plans to develop the capacity of the centre by supporting its analytical and toxicological laboratory. If this happens, the Federation might complement this initiative by providing the basic machinery for producing Koryo medicine to one of the factories in the Red Cross operational area. This eventuality will be analyzed in 2001.

Professional staff are well educated but have little access to new research findings. Health education is carried out mainly by staff from medical centres, section doctors and Red Cross volunteers, with very limited resources.

Although health facilities are well organized and clean, the lack of transport, basic equipment, food, safe water and general maintenance make it difficult to maintain an adequate level of service. In particular, people in remote areas (ri level) face serious difficulties in accessing quality health care. Most of the population is forced to rely entirely on the care of the ri level hospitals and clinics, even though they are poorly equipped. In winter, because of coal shortages, it is impossible to heat the institutions adequately and

facilities often remain virtually empty during the very cold weather. After the collapse of the Soviet market in the early nineties, the coal industry declined substantially, in large part due to lack of hard currency to maintain and upgrade equipment and technology. The amount of coal available is barely sufficient to generate revenue to maintain the industry.

Due to the complexity of the situation in the country, the Red Cross does not have the capacity to meet all the health needs.

The Health Programme 1998-2000

The Federation and the DPRK Red Cross started their drug distribution project to health institutions in September 1997. In 1998, the operational area comprised two provinces with 853 health care institutions. In 1999, in conjunction with the government, it was decided that they would expand distributions to two new provinces, assisting 1,683 institutions in 48 counties and municipalities, representing a population of 5.8 million. In 1998, health kits consisting of some medical equipment, and hygiene, delivery and surgical kits were distributed at county level. The content of the medical kits was revised and changed in 1998 and 1999 and is limited to essential drugs and medical consumables, mainly for use in outpatient and emergency departments (i.e. day activity areas). All institutions are supplied with kits according to a quarterly distribution schedule. However, because of financial and logistical constraints, only three out of four distributions took place in 1999, and in 2000 the first distribution to county hospitals took place only in August.

Training of governmental health staff was an essential part of the project in 1998 - 1999. A total of 52 workshops for trainers on the rational use of drugs at county level have been carried out in all four provinces. Health promotion training facilitated by Federation delegates started in 1998, when it dealt with diarrhoea prevention and treatment at the ri level. In 1999 the activity was expanded to include two other topics: safe motherhood and acute respiratory infections. One health worker in each ri hospital has been trained as a trainer in each of the topics. Red Cross first aid trainers also participated in the workshops. Four different health topics were selected for the year 2000: breast feeding, diarrhoea prevention, prevention of malaria and acute respiratory infections. So far, 2,000 trainers have participated in the Red Cross workshops.

Health facilities are facing considerable difficulties in maintaining their infrastructure, and the problem of the water supply system is especially serious. A three-year water and sanitation project started in 1999 at county hospital level and was expanded in 2000 to cover the ri-level: in 1999 in 36 county hospitals and in 2000 in 70 ri-hospitals. More than 4,000 water filters and supplies of chlorine tablets have been distributed to all the institutions in the Red Cross operational area. Workshops on the maintenance of pump and valve installations as well as water quality testing, in which more than 80 people are trained, were conducted by the Federation delegate in all four provinces.

Winterisation activities in 1998 - 1999 included supplying 16,000 tonnes of coal to 560 health institutions in order to facilitate admission of patients during the winter. Bed sheets and more than 60,000 blankets were provided to 438 county and ri hospitals. Plastic sheeting was distributed to repair broken windows in 69 health institutions.

Control and monitoring has been developed in the course of the operation and takes place at different levels:

- Distribution of the medical kits is checked from their arrival in the warehouse until their distribution from the county warehouses to the medical institutions. These distributions are carried out by the local Red Cross branches and staff from the medical institutions.
- The use of drugs is monitored through data gathering from all medical institutions. A drug use report is filled out on a weekly basis and collected by the local Red Cross branches. This information is then analysed by the DPRK Red Cross and the Federation team.
- The Federation health delegates together with their National Society counterparts regularly visit health care institutions randomly selected from the distribution list. The visits are an opportunity to develop a technical relation with the medical staff as well as to monitor the drugs use. From the beginning of the programme in September 1997 to March 2000, 800 of the approximately 1,700 institutions in the Red Cross operational areas were visited by a Federation delegate. In the last calendar year, approximately 30 institutions per month were visited. (This number varies according to seasonal and other operational constraints).

- The local Red Cross branch plays an important role in the monitoring. It is present, together with Federation delegates, during drug distributions at the county level. One monitor has been identified in each county Red Cross branch. The monitors regularly visit health institutions in the county and supervise the use of drugs, mainly making sure that stock control and drug consumption are correctly recorded.
- The impact of the programme is monitored through a disease surveillance study (drug distribution impact assessment) of seven or eight health factors in 15 medical institutions in five selected areas. The MoH gave permission for this study to be carried out over a three-month period beginning 1 March 1999 and for an additional three months beginning 1 December. The results have been analysed by the Federation health team.

Leading diseases:

- The number of cases of water-related diarrhoea is increasing due to a lack of safe drinking water. In some county hospitals, delegates noticed severely dehydrated children as a result of water-related diarrhoeal diseases.
- Acute respiratory infections.
- Chronic gastroenteritis caused by smoke, drinking polluted water and the consumption of inedible food supplements.
- Anaemia.
- Seasonal increase of malaria cases.
- Tuberculosis.

The role of the DPRK Red Cross Society as an auxiliary to the public health system has increased with the drugs distribution programme. The health team has recruited more professional staff and the Society's capacity to manage the health programme has improved considerably.

Difficulties Encountered / Lessons Learned

The regular and timely delivery of supplies is sometimes delayed by the late release of funds by donors. The monitoring of the programme has been reviewed by several assessment and audit teams, and methods have been standardised in line with recommendations. However, the monitoring still lacks important elements such as information on prescribing practices of doctors and the monitoring of beneficiaries in their homes: these are not yet possible. Basic morbidity statistics were provided by the selected institutions in only one of the provinces, and not on a regular basis. The Ministry of Public Health allowed the Federation to collect information only in March - May 1999 and December 1999 - February 2000. Despite the efforts of the Federation and the DPRK Red Cross, the Ministry of Health seems reluctant to provide such statistics more regularly.

The winterisation project in 2000 focused on the distribution of blankets, but this did not improve the extremely difficult situation in the institutions. Most people prefer to stay at home rather than go to a freezing hospital. The number of patients served by the institutions during the winter months was therefore very low. Adequate heating for a portion of the facilities i.e. the outpatient, emergency areas and the operating theatre, is needed to maximise the benefits of the medical kit distributions, since they are designed to respond primarily to non inpatient activities.

The Red Cross role in health is progressively changing. The Red Cross will improve its capacity to respond to the public health crisis by developing and maximizing its impact on community health and well being. The DPRK Red Cross will complement its support to the state health and social welfare systems through a strong volunteer base and its traditional expertise in community services and first aid. Emphasis for the coming three years will be on community based first aid (CBFA) and health education campaigns, while relief assistance in the form of the drug distribution will be gradually phased out, in order to transfer responsibility back to the MoH at an appropriate moment.

The health programme has had a positive impact during the last two years of its implementation. As regular monitoring shows, the majority of acute cases can be effectively treated with modern drugs. All doctors and managers interviewed expressed general satisfaction with the supply of drugs and consumables and the drug training manual. The drug supply has a positive impact in terms of the number of patients treated. However, the lack of even the most basic statistics makes it difficult to evaluate the programme and further improve its quality.

Community Based First Aid

The DPRK Red Cross has approximately 1.05 million members, 328,000 volunteers and 8,180 first aid posts, of which approximately 50 per cent are operating effectively. Their existence has enabled the Red Cross to play a significant role in response to natural disasters and the economic crisis in the country.

The National Society is responsible for 30 training centres throughout the country. Three full-time lecturers work in each of the centres and conduct training of trainers courses, two to three days long, approximately twice a year. The participants of the training of trainers conduct first aid training for Red Cross volunteers, usually twice a year, following the harvest and before planting (when community members are available) in November/December and January/February respectively. In order to increase the number of volunteers trained, DPRK Red Cross will introduce training in two additional months, July and August every year.

In 1999 and 2000 the DPRK Red Cross was not able to conduct training because it lacked fuel for heating and funds for accommodation costs for the training of trainers.

First Aid Posts

First aid posts are established in factories and cooperative farms. The latter are usually located in the homes of community members and identified by a Red Cross emblem. The first aid posts visited by Federation delegates usually serve around 400 to 500 people.

Generally, the nearest health facility is 2 to 8 km away, mostly over very bad roads. Transport is either by ox cart or getting a lift in a passing vehicle.

The main activities of the first aid posts are the treatment of emergency cases, often related to accidents in the fields, treatment of the common cold, and health promotion. The number of patients per day ranges from two to ten. The number of staff varies from 2 to 3 volunteers in each post and they are available around the clock. Most first aid posts lack material, or have an insufficient amount of dressing materials.

The first aid personnel appear to be aware of the importance of health promotion and disaster preparedness. All volunteers working at first aid posts have reportedly participated in one or more training courses organized by the county first aid training centre. This CBFA project will allow them to put their knowledge into action.

Goal The goal of the programme is to improve the health of vulnerable people through the provision of essential drugs, the strengthening of health education measures, the improvement of environmental sanitation, the provision of potable water, a winterization initiative and a community based first aid project aiming to improve the health of the vulnerable through training of Red Cross trainers and volunteers working in the community first aid posts.

Objectives and Activities planned

Drug Distribution Project

Objective 1

- To improve general health care for outpatients by providing basic medicines and medical supplies to 1,690 public health facilities at county hospital, ri hospital and ri clinic level in the four Red Cross operational areas in 2001 and 2002.
- To increase the professional knowledge and skills of government staff working at health facilities by providing them with updated medical guidelines and training in the rational use of drugs and standard treatment schedules, in close cooperation with WHO and the MoPH in 2001 and 2002.
- To supply basic equipment to the Centre of Herbal Medicine in Kaesong, in order to increase the production of traditional medicine; to be implemented in 2002, based on the result of the analysis to be done in collaboration with WHO and UNICEF.

The activities to achieve objective 1 are:

- Distribute limited quantities of essential drugs, for the treatment of specified, recurrent communicable disease within a defined operational area, and mostly to the outpatient departments of 1,690 county hospitals and ri clinics during 2001 and 2002.

- Provide surgical kits to 69 county hospitals in 2001.
- Regular monitoring of distributed drugs within assigned operational areas in accordance with contractual obligations and the Federation's operating procedures .
- Conduct drug education seminars at all levels of health care facilities within the assigned area, providing information on drug use, side effects and standard treatment schedules. Translate into Korean and disseminate an updated health materials manual among local health professionals within the operational area.
- Obtain feedback on the appropriateness and use of medicines provided and facilitate the collection and recording of disease surveillance data.
- Maintain the regularity of distributions to ensure specialisation and referral services and continuity in health care.

Health Promotion Training

Objective 2 To reduce the prevalence of a number of communicable diseases by improving the knowledge and skills of health workers and Red Cross volunteers in specific topics related to priority health care issues and concerns.

The activities to achieve objective 2 are:

- Health promotion training for nurses and midwives at ri level, community health workers and Red Cross volunteers in the following topics:
- Prevention of diarrhoeal diseases through approximately 20 educational workshops for 400 participants
- Prevention of acute respiratory infections, including a TB prevention and smoking risks component, through approximately 20 educational workshops for 400 participants
- Prevention of HIV/AIDS and STDs through the printing and distribution of 30,000 brochures and booklets to youth and young adults.
- Regular monitoring of follow-up training sessions by trained community health workers and first aid volunteers.
- Organise health promotion campaigns on the above issues with the active participation of the Red Cross volunteers
- Integrate the health promotion programme into other health activities of the National Society, particularly the CBFA project.

Winterisation Project

Objective 3

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

The activities to achieve objective 3 are:

- A total of 10,380 tonnes coal will be procured and distributed to 66 provincial, city and county hospitals in all four provinces to ensure the proper heating of the service wards listed above. The coal will be distributed to the institutions on a monthly basis over a four month period in a 50/50 partnership with the government. This activity will be preceded by a comprehensive and independent analysis of the coal situation in the country, as well as a clarification of the implementation modalities.
- A total of 8,400 m² of plastic sheeting -- 42 rolls (4m x 50m) -- will be provided for the emergency repair of broken windows in 66 institutions in the Red Cross operational area.

Water and Sanitation Project

Objective 4

- To provide 81 ri-hospitals with safe and clean water in 2001, as part of an ongoing project.
- To provide sufficient quantities of potable water for 300,000 beneficiaries in 30 villages through 300 water points, as from mid 2001.
- To build capacity to increase access to safe water, adequate sanitation and improved personal hygiene.

- To train DPRK Red Cross counterparts, with the aim of creating a much needed water and sanitation unit within the DPRK Red Cross.

The activities to achieve objective 4 are:

- Rehabilitate water storage and supply systems in 81 ri hospitals
- Improve sanitation facilities by replacing or repairing broken bathtubs, sinks, toilets and latrines at 81 ri hospitals
- Train hospital staff in the construction and maintenance of water systems.
- Undertake a feasibility study to determine the local situation, the scale and the location of the water and sanitation project.
- Install hand dug wells for the village population and equip wells with covers and hand pumps.
- Promote spring catchment development and water source protection.
- Provide general community training in good hygiene practices.
- Continue the development of technical DPRK Red Cross counterparts.

CBFA (Community Based First Aid)

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

The activities to achieve objective 5 are:

- Organise a refresher workshop for 30 master trainers.
- Organise training for 20 trainers (ToT).
- Organise training for 400 volunteers (ToV) from 400 selected first aid posts in 2001 and 2002.
- Procure 200 first aid kits for 200 first aid posts in 2001 and another 200 kits for 200 new posts in 2002.
- Involve first aid posts in health promotion, including water and sanitation and disease prevention campaigns and disaster preparedness activities in their respective communities.
- Develop a curriculum for the training of the first aid volunteers that incorporates all aspects of CBFA
- Revise and print 1,000 copies of the society's CBFA training manual.
- Develop a curriculum for instructors' (master trainer) and trainers' training
- Conduct a training workshop for 30 master trainers selected from DPRK Red Cross headquarters and the provinces.
- In order to strengthen and expand the network of trainers, conduct a training workshop for 20 trainers from North Pyongan, 2 from the social-medical committee of the provincial Red Cross, and 18 participants from various training centres in North Pyongan Province.
- With a view to expanding the network of first aid posts, identify 400 sites.

Malaria:

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

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

The activities to achieve objective 6 are:

- Provide sufficient Chloroquine and Primaquine (for treatment only) for 100,000 cases of malaria (vivax) in North Pyongan, South Pyongan and Kaesong.
- Conduct 20 health education workshops (train the trainer) on preventive measures for 400 community health workers/ first aid workers in both 2001 and 2002.

Health Care Self-sufficiency

Objective 7 Promote national self-sufficiency in the availability and provision of essential drugs and medical equipment throughout the health care system. The activity to achieve objective 7 is advocacy, on behalf of the most vulnerable, for the provision of adequate health care, including the rehabilitation of the health care infrastructure.

Expected results

Drug Distribution Project

- Improved quality of health care through access to essential drugs and other medical materials.
- Updated technical knowledge of health professionals in the rational use of drugs and standard treatment schedules by the end of 2002.

Health Promotion Training

- The community's awareness of prevalent diseases (malaria, water-borne diseases, tuberculosis) and their knowledge of measures to prevent and control such diseases will have increased

Winterisation Project

- Hospitals within the Red Cross operational area will improve their operational capacity by the end of 2001.
- The number of inpatients in hospitals will increase because of improved conditions during the winter months; by the end of 2002.

CBFA Project

- A CBFA project which responds to actual community needs will have been developed and will be operating in the Red Cross operational area.
- An appropriate number of first aid posts will be operational.
- A sufficient number of first aid trainers will have been trained.

Water and Sanitation

- Water and sanitation systems at 81 ri hospitals will have been rehabilitated.
- 30 villages with 30,000 beneficiaries will have access to potable water.
- Community members will have improved knowledge of water-related health risks.
- Hygienic practices will have improved
- Sanitary conditions at schools and ri -clinics will have improved.
- More professionals will have been trained
- The NS technical counterparts will have improved knowledge of water and sanitation issues.

Malaria

- Timely and appropriate management of malaria cases
- The number of reported malaria cases in the Red Cross operational areas will decrease
- The targeted population will have an increased knowledge of preventive measures.

Health Care Self-sufficiency

- The country's capacity for the local production of drugs and medical equipment will have increased.

Indicators

- Regular availability of essential drugs at selected medical care centres
- Health workers' knowledge of rational use of drugs
- Patients' attendance at medical centres in winter
- Availability of potable water in medical centres and villages covered by the project
- Number of trained first aiders
- Number of new first aid posts
- Number of trained and active instructors and trainers
- Percentage of CBFA posts implementing comprehensive CBFA activities
- Availability of first aid kits.
- Incidence of malaria and diarrhoeal diseases.

Critical assumptions

- Timely and sufficient funding of the programme and efficient delivery of aid materials.
- The introduction of government policies that will facilitate a transition from relief-based operations to a sustainable recovery based approach.
- Continued access to operational areas.
- The acceptance by the government of Federation delegates required for operational and monitoring purposes.

- The continued good will and support of the National Society and its willingness to be a partner in the Federation's operations.
- The cooperation of government authorities in providing authorization to continue with disease surveillance systems. The provision of baseline data of an epidemiological nature, essential to measure effectively the success of the programme.
- At the end of 2001, an assessment of the implementation level of the planned activities will be carried out by co-opted professionals from the Federation delegation, DPRK Red Cross and implementing branches. The findings of this assessment will be used to refine the 2002 plan of action.
- At the end of 2002, an evaluation of the project will be conducted by external evaluators (representatives of supporting societies or consultants identified by donors and Federation).

Monitoring and Evaluation arrangements

Monitoring:

- Monitoring of Federation supplied drugs and other commodities during all phases of procurement, warehousing and distribution to health care facilities and precipitants.
- Collecting of quarterly reports from all health care facilities included in the programme on drug consumption prior to distributions.
- Approximately 30 unannounced follow-up visits per month to health care facilities by Federation delegates or National Society counterparts. Observation and follow up of the workshops conducted by trainers at community level.
- Confirmation of a warm and comfortable treatment environment.
- Federation delegates will monitor closely the CBFA training process at each level, including through their occasional participation in health education sessions and discussions with trainers.
- Federation delegates will conduct follow up field visits and monitor activities at first aid posts on a random basis.
- Regular collection and compiling of information concerning identified health issues will take place.

Evaluation:

- Quarterly analysis of drug consumption forms collected from all health care institutions before distributions.
- Quarterly analysis of disease surveillance reports collected from a sample of health care facilities.
- An evaluation of health promotion training workshops conducted.
- For the CBFA project, at the end of 2001, an assessment of the implementation level of the planned activities will be carried out by co-opted professionals from the Federation delegation, DPRK Red Cross and implementing branches. The findings of this assessment will be used to refine the 2002 plan of action.
- At the end of 2002, an evaluation of the project will be conducted by external evaluators (representatives of supporting Societies or consultants identified by donors and the Federation).

[return to top](#)

3. Co-ordination and Management

Background and progress to date

In 1995, the Federation established a small delegation in the DPRK to assist the National Society in its relief activities following heavy floods. In the period 1999-2000, following the rapid expansion of programmes, the delegation had grown to nine delegates in country: a health coordinator and three health delegates for the health programme, a disaster preparedness delegate (January 2000) and one delegate for the water and sanitation programme. The logistics section is headed by a logistics coordinator, and also includes one finance delegate. The team is led by a head of delegation.

To facilitate regional procurement and to assist the delegation in administrative matters, logistics support has been provided to the DPRK operation by the regional office in Beijing.

The DPRK/Federation operation is presently operating in four provinces: South Pyongan, North Pyongan, Chagang and Kaesong, covering a population of approximately 5.8 million.

So far, the National Society's main programmes supported by the Federation are concentrated on health, water and sanitation and disaster preparedness. In the period 2001-2002, institutional and resource development and community based first aid (CBFA) are expected to take on growing importance. Capacity building and training is and will continue to be an essential component of all the activities of the delegation.

The Federation enjoys a positive and co-operative working relationship with other international and non-governmental agencies in the DPRK. Structures are in place to provide for inter-agency co-ordination and co-operation. This is seen as having a crucial influence on the longer-term situation and sustainable forms of intervention.

Goal In 2001, through its management and coordination programme, the Federation delegation will enhance its support to the DPRK Red Cross in the planning and the implementation of various humanitarian programmes and projects and will contribute to the capacity building of the National Society.

Objective 1 To continue to provide coordinated support and assistance to DPRK Red Cross for the planning and the implementation of the programmes to be supported by the Federation.

The activities to achieve objective 1 are:

- Support the DPRK Red Cross through the development of the Country Assistance Strategy and planning and implementing of programmes.
- Ensure timely and effective reporting and information sharing.
- Coordinate international support to the DPRK Red Cross programmes.

Objective 2 To ensure that the resources contributed to programmes of the DPRK Red Cross are effectively targeted and efficiently used.

The activities to achieve objective 2 are:

- Actively monitor programme income and expenditure.
- Support the DPRK Red Cross in the development of its financial management systems.
- Actively monitor the implementation of programmes and report as per the reporting requirements.

Objective 3 To promote the work of the DPRK Red Cross among the donor community in DPRK, and to domestic and international audiences.

The activities to achieve objective 3 are:

- Continue media and communication activities - both domestic and international - to promote the work of the DPRK Red Cross and the Federation to the general public, governments and non governmental institutions.
- Support the National Society in its approaches to its government to achieve improved status and promote the humanitarian work and value of the Red Cross and Red Crescent.
- Continue to support the efforts of the external relations and resource development departments of DPRK Red Cross to develop their contacts with donors and other partners.

Objective 4 To mobilize the required resources for the implementation of the programmes.

The activity to achieve objective 4 is continue links with donor governments and agency representatives to ensure the mobilization of resources for programme implementation.

Objective 5 To support capacity building.

The activities to achieve objective 5 are:

- In January 2001, initiate the capacity building programming process.
- Continue the strong working relationship with the management of DPRK Red Cross to ensure that feedback from and to the various partners is well integrated in the strategic planning.

Expected results

- Continued improvement in the programming process.
- The various partners will continue to support the DPRK Red Cross/Federation programmes.
- Capacity building will continue and will be effective.

Indicators

- Media coverage reflects the aims and achievements of Red Cross programmes in DPRK.
- Response to the Federation appeal for DPRK.

Monitoring and Evaluation arrangements

- The progress of these two indicators will be closely monitored.

Critical assumptions

- Cooperation and continued support from all partners.

[return to top](#)

DELEGATION: KOREA DPR				
PROGRAMME	DP	Health & services	Coord. & mgt	TOTAL
Shelter & construction	0	0	0	0
Clothing & textiles	155,200	60,000	0	215,200
Food & seeds	0	0	0	0
Water	79,577	1,130,000	0	1,209,577
Medical & first aid	0	5,338,416	10,000	5,348,416
Teaching materials	0	0	0	0
Utensils & tools	216,000	0	0	216,000
Other relief supplies	0	418,680	0	418,680
Sub total supplies	450,777	6,947,096	10,000	7,407,873
Land & Buildings	0	0	0	0
Vehicles	2,459	122,400	0	124,859
Computers & telecom	5,051	25,620	0	30,671
Medical equipment	0	0	0	0
Other capital expenses	0	0	0	0
Sub total capital	7,510	148,020	0	155,530
Programme management	62,725	708,330	26,425	797,480
Technical services	18,777	212,037	7,910	238,724
Professional services	20,823	235,147	8,772	264,743
Sub total programme support	102,324	1,155,514	43,108	1,300,946
Transport & storage	24,159	635,769	5,798	665,727
Personnel (delegates & expatriates)	126,841	647,684	200,613	975,138
Personnel (local staff)	130,597	460,007	25,172	615,776
Sub total personnel	257,437	1,107,692	225,785	1,590,914
Travel & related expenses	5,640	31,208	13,280	50,128
Information expenses	48,000	338,021	43,547	429,568
Expert fees	10,000	26,000	0	36,000
Admin. - general expenses	19,703	93,873	28,626	142,202
Training workshops / seminars	4,670	21,482	21,744	47,896
Sub total travel, training, general exp.	88,013	510,584	107,197	705,794
Total budget	930,220	10,504,675	391,888	11,826,783