

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

(Appeal 01.38/2002)

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

	2002 In CHF	2003 ¹ In CHF
1. Disaster Preparedness	1,084,213	1,079,157
2. Health and Care	10,344,719	10,234,607
3. Organizational Development	392,809	277,640
4. Programme Coordination	591,854	591,854
Total	12,413,596	12,183,258

Introduction

National Context

There are still few signs of economic reform in the DPRK where large parts of the population survive on international humanitarian aid. Following the meeting of the two Korean leaders in June 2000 and the ensuing family visits, there was a feeling of optimism that at last the Korean Peninsular 'issue' may, in time, be resolved. However, with the arrival of a new US administration in February and a hardening of positions between the DPRK and the USA much of this optimism has now disappeared and no family visits have taken place during 2001. This state of affairs has been further exacerbated by an increased hardening of the American Administration's position since September 11th following which family visits planned for October were canceled.



¹ These are preliminary figures for 2003. and are subject to revision in the course of 2002.

The Federation has been working closely with the DPRK Red Cross since 1995. The focus of support has moved from an initial emergency relief programme to the development and implementation of integrated longer term health, disaster preparedness and response and capacity building programmes. However, the DPRK Red Cross continues to run relief operations with the support of the Federation delegation in Pyongyang, the most recent being in response to floods on the east coast in October this year - the worst flooding in DPRK for 50 years.

Through international support provided to Red Cross activities in the DPRK since 1995, the DPRK Red Cross are increasing and strengthening contacts with sister Red Cross and Red Crescent Societies and have provided delegates for international assignments.

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1. Disaster preparedness

Background and achievements/lessons to date

The frequency and impact of disasters have increased, and are expected to continue to increase, worldwide. Disasters disproportionately affect the poor. Over 90 per cent of the total disaster-related deaths occur in developing countries.

The Federation's Strategy 2010 identifies five priority areas for disaster response: mobilizing the Red Cross Red Crescent network to respond; improving the speed and effectiveness of co-ordination mechanisms; building capacity through relief; rehabilitation and construction; and setting and working towards improved standards.

National societies also play a role in identifying the local coping and mitigation strategies of populations at risk and helping them to find appropriate and sustainable solutions in preparation for future disasters. Strategy 2010 identifies four priority areas in disaster preparedness: strengthening disaster preparedness (DP) planning; building effective disaster response (DR) mechanisms; raising community awareness and public education; disaster mitigation and reduction.

The DPRK Red Cross/ Federation disaster preparedness programme objectives reflect Strategy 2010 priorities. Principally the programme aims to: further develop disaster preparedness activities based on vulnerability and capacity assessments; continue to promote interagency planning and co-ordination; promote the involvement of communities in disaster preparedness and mitigation activities.

History of the programme

In 1995, following severe flooding, the Government of DPRK, for the first time in history, appealed for international assistance. The Federation in cooperation with the DPRK Red Cross launched a CHF 5 million appeal for the distribution of clothing, blankets, food and first aid kits for 130,000 people in five provinces and to rebuild 1,900 houses. Further appeals were launched in 1996, 1997, 1999, 2000 and 2001.

The DPRK Red Cross has its headquarters in Pyongyang and has provincial and county/city branch committees throughout the country. As a result of its role in disaster response operations during the 1995 and 1996 floods and the 1997 drought, it has been increasingly recognized by the Government and international agencies as a key player in disaster preparedness and response. In 1998, following its Extraordinary Congress, the society established a Disaster Preparedness and Relief Department.

In 1999, a disaster preparedness programme was launched comprising training at national and provincial level, the establishment of one central and four provincial disaster preparedness warehouses, pre-positioning of basic non-food relief items to support a population of 30,000 and the documentation of operational procedures for disaster response.

A Memorandum of Understanding between the DPRK Red Cross and the Flood Disaster Rehabilitation Committee (FDRC -- the agency responsible for disaster management and co-ordination of international humanitarian organizations) was signed in 2000. The document outlines the roles and responsibilities of the DPRK Red Cross in disaster preparedness and response. In the same year, the national society and the Federation cooperated to provide relief assistance to 6000 households affected by the typhoon which hit the country's east coast. The strategic pre-positioning of relief items under the 1999 programme proved to be key in the implementation of this operation.

In August 2000, following five days of torrential rains and severe flooding, the national society in cooperation with the Federation responded to the basic needs of 810 households in Kaesong and Unchon County in South Hwanghae Province. The Red Cross was the first organization on site and the first to respond to the flooding which occurred in October 2001 in Kangwon Province and South Hamgyong Province.

In 2001, the DP programme focused on:

- The ongoing documentation and development of operational procedures.
- The establishment of an interagency DP working group.
- Advocating with policy makers to develop coordinated plans to reduce the impact of disasters on vulnerable communities.
- Translation of the Sphere Humanitarian Standards into Korean.
- The revision of training materials and the training of staff and volunteers at provincial and county level in vulnerability and capacity assessment, hazard mapping, disaster management cycle, Sphere Standards.
- The employment of 15 provincial disaster preparedness officers.
- Identifying and mapping key threats in five target provinces.

The programme in 2002

In 2002, the DPRK Red Cross and the Federation will continue to advocate for the development of integrated inter-agency plans, ongoing documentation and development of operational procedures, and training of DPRK Red Cross staff and volunteers. Linkages between the DP and community based first aid (CBFA) activities, such as joint training activities, have been identified and incorporated into the health and care and DP workplans for 2002.

An additional warehouse will be established in North Hamgyong Province for stocking of essential non-food items. A vulnerability and capacity assessment will be conducted in five provinces and a pilot community based disaster preparedness (CBDP) project will be implemented in one of these provinces following the VCA.

Educating communities about key threats, instituting adequate monitoring and early warning systems in collaboration with partner agencies and authorities as well as the local community, will be key activities in the implementation of the CBDP pilot project.

Communications between headquarters and provincial and county branches remains an area of concern. This Appeal includes a component to strengthen communication systems in 19 branches.

Goal To minimize the impact of disasters on vulnerable populations by building the capacity of DPRK Red Cross in disaster preparedness and response, and by reducing the vulnerability of communities and improving their ability to cope with the effects of disasters.

Objectives and activities

Objective 1 To implement a vulnerability and capacity assessment in five provinces and to build the capacity of DPRK Red Cross in vulnerability and capacity assessment (VCA) methodology.

Activities to achieve objective 1 are:

- Agree and communicate the objectives of the VCA to DPRK Red Cross HQ staff, provincial and county level branches.
- Secure support from DPRK Red Cross governance and management for VCA.
- VCA plan drafted and feedback sought from key stakeholders.
- Identify and train assessors in VCA techniques.
- Identify and interview target groups (communities, government, external agencies).
- Document and analyze VCA data collected.
- DPRK Red Cross Five year DP and DR Strategic Plan developed based on findings of the VCA.
- Share VCA process and outcomes with East Asia partners and beyond.

Objective 2 To implement a CBDP pilot project in nine ri level communities in one pilot province.

Activities to achieve objective 2 are:

- Form CBDP committees in nine pilot communities in one target province.
- Develop, test and finalize CBDP training curriculum and materials for community trainers and community members.
- Train nine community trainers from nine pilot communities in CBDP and response.

- Ongoing CBDP training for communities.
- Nine pilot communities develop DP plans.
- Put local level monitoring and early warning systems in place; mitigation activities implemented in nine pilot communities.
- Arrange exchange visits between community committees.

Objective 3 To increase the disaster awareness of the population in high-risk areas through DP promotion activities.

Activities to achieve objective 3 are:

- Design, test, print and distribute DP posters.
- TV spot developed, produced and broadcast.

Objective 4 To continue to strengthen DPRK Red Cross disaster preparedness and post disaster response structures and systems at national, provincial and county level.

Activities to achieve objective 4 are:

- DP/DR interagency working groups meets quarterly at national and provincial level.
- DP/DR interagency working groups develop national and provincial level coordinated contingency plans for emergency response.
- Share first draft of revised DPRK Red Cross DP/DR procedures manual with all relevant departments for feedback.
- Establish one additional regional warehouse at Chongjin, North Hamgyong Province for stocking of essential non food items.
- Complete warehouse management training for three provincial staff.
- Complete pre-positioning of an additional 6000 family relief packages (essential non food items) .
- Provide bicycles and telephones for 19 county branches.

Objective 5 To continue developing the knowledge and skills of DPRK Red Cross staff.

Activities to achieve objective 5 are:

- Review and revise current DP/DR training curriculum.
- Develop, test, print and distribute DP/DR training of trainer manuals, handouts, flipcharts.
- 25 Master trainers complete DP/DR training.
- Train 120 county and provincial branch Red Cross volunteers in DP/DR.
- Two staff complete international disaster management training course.

Objective 6 To effectively implement, monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 6 are:

- Hold Federation delegation meetings and monthly Federation/DPRK Red Cross meetings.
- Hold regular meetings between DPRK Red Cross DP and Health departments to discuss integration issues.
- Federation and DPRK Red Cross staff receive training in log frame development and use of log frame as a management, monitoring and evaluation and reporting tool.
- Post monthly internal project reports and six monthly standard Federation Programme Updates on the web.
- Complete participatory evaluation of DP programme.
- Give training on aims and process for evaluation for Federation and DPRK Red Cross staff.

Expected results

- Communities involved in programme have increased awareness of need to identify and map key threats and to institute adequate monitoring and early warning systems.
- DPRK Red Cross has demonstrated ability to conduct VCAs, to plan for DP and DR, to train staff and volunteers, to facilitate CBDP activities and to evaluate DP and DR activities.

Indicators

Objective 1

- DPRK Red Cross VCA contributes to a greater understanding of nature and level of risks that vulnerable people face; where these risks come from; who will be the worst affected; what is available at all levels to reduce the risks and what initiatives can be undertaken to strengthen the impact of the DPRK Red Cross programmes to raise the capacity of the people at risk.
- DPRK Red Cross staff understand the purpose and methodologies of VCA.
- VCA plan drafted by June 2002 and includes objectives, target locations, schedule of implementation.
- By July 2002, VCA assessor training completed.
- VCA interviewees are representative of all sectors of the community.
- VCAs completed in two provinces by end of 2002 and in another three provinces by end of 2003
- VCA documents updated as situation changes.
- DPRK Red Cross DP/DR strategic plan is in logframe format (goal, objectives, outputs, inputs, measurable indicators, means of verification, assumptions, risks) and also includes schedule of implementation, budget, funding plan, co-ordination mechanisms.
- Lessons learnt document drafted by end of 2002 and distributed by email to East Asia partners and beyond.
- Lessons learnt presentation by DPRK Red Cross at next East Asia partnership meeting.

Objective 2

- CBDP pilot implemented in one province in 2002 and extended to other provinces in 2003.
- Community has increased awareness of need to identify and map key threats and to institute adequate monitoring and early warning systems.
- Lessons learnt document drafted by end of 2002 and distributed by email to East Asia partners and beyond.
- Lessons learnt presentation at next East Asia partnership meeting.
- Committees established prior to commencement of VCA process.
- Committees comprise a cross section of representatives from the community: men and women, youth, community leaders, teachers, health workers and volunteers, CBFA volunteers, and farmers.
- CBDP training programme includes component on VCA.
- By March 2002, one week training of community trainers completed.
- At least three training sessions conducted by community CBDP trainers in each of the nine pilot communities by end of 2002.
- Nine plans drafted by end of 2002.
- Community warning and monitoring systems in place and operational in nine communities.
- At least one mitigation activity underway in each community by end of 2003.
- At least one exchange visit for DPRK DP/DR staff in 2002.

Objective 3

- Production and display of IEC materials.
- Communities show greater awareness on risk/effects of disaster.
- 3000 copies of DP poster printed and distributed by April 2002 DP posters in 600 CBFA posts by end of 2003.
- By end of 2002, TV spot broadcast on local social/cultural programme at least twice a month.

Objective 4

- Federation and DPRK Red Cross advocate with policy makers to ensure that plans are developed to reduce the impact of disasters on vulnerable communities.
- Increased understanding of working group members of the capacities and vulnerabilities and role of different agencies involved in DP/DR.
- Terms of reference for working group finalized and priorities for next 12 months agreed upon.
- One national and five provincial contingency plans drafted by February 2002.
- Manual revised and translated into Korean.
- Ongoing revision of manual reflects ongoing use of manual.

- By March 2002 warehouse established and supplied with contingency stocks.
- Training for warehouse staff conducted by March 2002 and staff have the skills to operate and maintain warehouse systems by March 2002.
- 4,000 kitchen sets, 4,000 water containers, 20000 winter blanket/quilts, 4.2 million water purification tablets, 6,000 pieces of tarpaulin procured and in warehouse by July 2002.
- By March 2002 all bicycles and telephone procured and distributed.

Objective 5

- By February 2002, curriculum revised based on lessons learnt in 2001, evaluation of 2001 training, Sphere Humanitarian Charter and Minimum Standards in Disaster Response, and new Federation training materials.
- 1,000 flipcharts printed and distributed by May 2002.
- 10-12 trainers complete 1-2 week Master training workshop by May 2002 (repeat in 2003). Training curriculum includes community based DP (CBDP) and community based first aid (CBFA) components.
- 60 volunteers from Kangwon and North Hwanghae provinces complete training by August and November 2002 (repeat in 2003), the curriculum covers CBDP and CBFA components. Percentage of volunteers who are also CBFA volunteers.
- International course undertaken by two staff by end of 2002.

Objective 6

- Job description and mission instructions for Federation DP and DR delegates are linked to expected outputs of programme.
- Log frame is used as project implementation, monitoring and evaluation tool by DPRK Red Cross and Federation.
- Reports are in logframe format and provide information against indicators.
- Evaluations conducted by December 2002 and incorporate participatory evaluation methodologies.

Critical assumptions

- Donors willing to support the programme.
- Context remains favorable to implementation of the programme.
- Continued access to target areas.
- Local authorities and DPRK senior management support the VCA process.
- Local authorities support CBDP.
- Ministry of Information is supportive of the initiative.
- Exceptional circumstances that exist in DPRK do not continue to constrain access to information and random monitoring.
- There are no sudden removals of DPRK Red Cross counterparts.
- No major relief operation delays progress.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Training for Federation and DPRK Red Cross staff in the use of log frames, monitoring and evaluation and reporting has been included in the programme design (see objective 6).

A mid-term review of the DP programme will be conducted in early 2002.

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2. Health and care

Background and achievements/lessons to date

Health Care Structure in DPRK

The DPRK health care system, similar to that of the former Soviet Union, was designed to give free and comprehensive coverage to the entire population. Doctors are the cornerstone of this system and their number is extremely high: two to three times as many per head of population as in Scandinavia, and four to five times as many as in Britain. Family doctors have a role similar to general practitioners in Europe, though based at a hospital or clinic rather than a separate practice. 'Assistant doctors' also have a very significant role, taking on some of the roles of nurses in other systems. Nurses and midwives are comparatively less numerous than in Western and most Southern countries.

The health services of DPRK are organised in general on four levels according to the administrative units of the country, the province/municipality, the county / (or district) and the sub-districts. A rural sub-district is known as a *ri* and an urban sub-district as a *dong*.

A provincial hospital acts as a referral hospital for a province, whose population is variable but averages around 2 million. A county hospital may have a direct catchment population of up to 200,000 and act as a referral hospital for *ri* and *dong* hospitals and clinics. It might have 200 doctors covering a wide range of specializations. A *ri* or *dong* may have a population of between 3,000 and 10,000 (*dongs* tend to have larger populations) and may be served by a small hospital or, more typically, a clinic. Even a *ri* clinic may typically have two or three doctors, one or two assistant doctors, a pharmacist, a nurse, a midwife and perhaps a dentist. In the more populated arable parts of the country a *ri* clinic may serve an area 5 km wide, though distances will be much greater in more marginal or mountainous districts.

Three other 'general' types of health institution which have been included in the Red Cross Programme are polyclinics, industrial hospitals and industrial clinics. Polyclinics are essentially large urban clinics and referral centres offering specialised outpatient services. Industrial hospitals and clinics are attached to specific industrial enterprises, providing on-site primary and emergency services. All of these institutions have departments for household doctors serving the surrounding area.

In addition to the general health institutions there are a number of specialised institutions such as TB hospitals, psychiatric hospitals, MCH clinics, anti-epidemic centres, orphanages, baby homes, etc. The anti-epidemic centres function as centralised referral laboratories but also appear to act as something of an inspectorate for other health institutions; they have played a role in some of the public health training carried out by the Red Cross.

Finally, there are the first aid posts, said to number 8,150, and run by unpaid Red Cross volunteers with first aid training. They have generally not been functional in recent years owing to lack of supplies and equipment (some are being rehabilitated through the Federation programme). In theory they are integrated into the local health structures.

Health Situation in DPRK

The sharp decline of the economy of DPR Korea since the early 1990s and recurring natural disasters have seriously affected the health situation in DPRK.

Food security remains high on the agenda. The Crop and Food Assessment Mission Report released by FAO/WFP in October 2001 states that although relatively good rainfall combined with increased Government expenditure in agriculture and international assistance has resulted in improved crop yields, the 2001 cereal production will still remain well below the minimum consumption needs of the country.

Nutrition related vulnerability in DPRK is compounded by the incidence of disease, unsafe drinking water and poor sanitary conditions.

The limited epidemiological data which is available reveals the gravity of the situation and the extent of the decline in the health status of the population since the early 1990s:

- The 1998 Multiple Indicator Cluster Survey and the UNICEF/WFP/EU nutrition survey estimated that 62 per cent of children under 7 were stunted and 16 per cent were wasted. Chronic malnutrition remains a long-term problem and could become acute again if the situation deteriorated. However, overall nutritional status does seem to be improving.
- Under-five mortality rose from 30 to 55 per 1000 live births in the period 1990 to 1996.
- Infant mortality has increased considerably since 1991, when it had reached 23 per 1000 live births.
- Vaccination by 1998 had dropped to unsafe levels: BCG 64 per cent, Measles 34 per cent, Polio 77 per cent, and DPT 37 per cent.

Diarrhoeal disease, linked to contaminated water supplies, is the main type of morbidity in summer months. Acute respiratory infections, including pneumonia, are the main cause of morbidity and mortality in winter months. Chronic gastrointestinal diseases are common and caused by drinking of polluted water and the consumption of inedible food supplements. Malaria is making very rapid progress. Around 10,000 cases were reported in 2000. Tuberculosis is emerging as a major public health hazard.

Availability of Drugs/Traditional Medicine

The main foreign suppliers of drugs to the DPRK until 1991 were the Soviet Union and eastern European countries. The local pharmaceutical industry, another source of drugs, has collapsed and the rehabilitation process has been slow. The country is now almost completely dependent on drugs provided by UNICEF and the Federation. UN organisations are planning to supply raw materials and to support the rehabilitation of the Pyongyang Pharmaceutical Factory for the local production of a limited number of medicines. In 2001 this production is expected to cover only a small fraction of the total need. For the treatment and prevention of tuberculosis, polio and malaria, considerable support is given by WHO and Eugene Bell Foundation.

Traditional medicine plays an important role in Korean medical practice: doctors consider that Koryo drugs may be efficient for chronic ailments, but they cannot replace western antibiotics, analgesics and anaesthetics.

Health Knowledge/Skills

Doctors have a good knowledge of general curative medical care and a reasonable approach to the use of Western drugs. A tendency to over-prescribe is counteracted by the limited supplies of drugs available.

Access

The primary health care structure is very extensive and is generally accessible to the population. However transport difficulties can sometimes make it difficult for patients to reach medical services. In many of the rural areas, especially in the winter, very little transport is available. No formal ambulance service exists. Referrals are a particular problem. Furthermore, coal shortages which substantially limit heating in health institutions result in significantly reduced levels of access in winter, when temperatures can drop to minus 20 Celsius.

Federation/DPRK programme

The Federation and DPRK Red Cross emergency operation, launched during the floods of July 1995, has evolved from food aid and shelter rehabilitation to a health programme focused on support to the health system, through distributions of drugs and basic medical equipment (from June 1997), purchase and distribution of coal for heating hospitals in winter, health worker and Red Cross volunteer training, community based first aid, and water and sanitation activities.

The Health Programme Review quoted above was tasked with evaluating the progress of the health and care programme since 1997. It found that although “planning a rational response to health problems in DPRK has been difficult because available health data has been very limited there is some evidence that the programme has had a positive impact on morbidity and mortality in the provinces where it operates”.

Drug and Medical Equipment Distributions

Since 1997 the DPRK Red Cross supported by the Federation has distributed drugs and medical equipment throughout four provinces in the west of the country, now targeting 1,706 health institutions in 49 counties/municipalities with a total population of 5.8 million people. Drugs not supplied by the Red Cross are supplied through government/ministry channels. It has not been possible to obtain systematic information on the quantities of Ministry of Public Health drugs provided, but indications from health institutions is that this comprises less than 20 per cent of the total, if *koryo* drugs are excluded.

Hard data is also unavailable on the proportion of overall basic drug needs met by the Red Cross and the government combined, but indications are that this is probably in the region of 60-80 per cent of the perceived needs. Typically, drugs distributed by the Federation are said to be enough for two of the three months for which they are supplied, though there are big variations between different drugs.

The Review found that “despite the impossibility of random monitoring, there is evidence that in-country distribution of drugs and equipment has been efficient and effective, with no evidence of diversion. However interruptions to the supply internationally have caused considerable disruption. Targeting can be improved by relating drug supplies to catchment populations, and epidemiological information, rather than primarily to the type of health institution.”

Based on the findings and recommendations of the Review the Federation/DPRK Red Cross drug distribution activities will be revised. Two types of drug kits, basic and supplementary, will replace the three types currently distributed. supplies will be limited to essential drugs, quantities will be based primarily on catchment population, as well as on type of institution, drugs supplied will be related to epidemiological information as well as to feedback on perceived needs of institutions, and injectable drugs (apart from local anaesthesia and oxitocyn) will be avoided.

Concerning the Red Cross approach to monitoring the distribution of drugs and equipment, the Review Team recommended a move “to a more intensive and focused approach, as part of a wider effort to build up a coherent picture of the health situation and of health care practices in the country”. The Federation has commenced discussing this new approach with DPRK Red Cross and donors.

Health Promotion

Federation supported health promotion activities comprise a community-based first aid (CBFA) programme and health promotion activities relating to the prevention of malaria, diarrhoea, and acute respiratory tract infections (ARI). This new Appeal also includes the development of components relating to HIV/AIDS/hepatitis and the resumption of training in breast feeding/weaning/infant nutrition.

The Review found that health promotion activities have been broadly relevant and appropriate, though real impact has been almost impossible to assess. It recommends the need for greater correlation of training activities with available information on health indicators and on local health service activities and practices. Initiatives to promote breast feeding/weaning and HIV/AIDS awareness were strongly supported by the Review team.

Water and Sanitation

In 1999, water supply activities were added to the health and care programme objectives. Since 1999, water supply systems have been rehabilitated in 147 health institutions (1 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.

A design team confirmed the feasibility of a community based water and sanitation project in May 2001. The project, which is included in this appeal, aims to facilitate the construction/rehabilitation of water and sanitation facilities, and the training of 1,000 community health volunteers in hygiene promotion, in 100 ri/dong communities in Federation operational areas.

Goal To improve the health and well being of vulnerable women, men and children in three provinces and one municipality (North Pyongan, Chagang, South Pyongan and Kaesong).

Objectives and activities

Objective 1 To strengthen the capacity of 1,706 institutions (provincial, county, city, industrial, ri hospitals, ri clinics, polyclinics) in three provinces and one municipality to provide basic medical services.

Activities to achieve objective 1 are:

- Procurement and distribution of essential drugs and basic supplies (4 complete kits annually) to 1,706 institutions.
- Drugs and basic supply kits distribution monitored in accordance with contractual obligations and the Federation's operating procedures.
- Procurement and distribution of basic household doctor equipment to 1,703 institutions.
- Procurement and distribution of orthopaedic and obstetric surgical kits to 49 county hospitals and 3 provincial hospitals.
- Diarrhoea and ARI case management and rational drug use training programme developed, tested and implemented for 400 household doctors.
- Aseptics and rational drug use training programme developed, tested and implemented for 200 nurses and 200 midwives.
- 3000 posters for promotion of aseptic techniques designed, tested, printed and distributed to 1,706 institutions.
- Federation contributes, in cooperation with WHO and the health ministry, to the printing and distribution of an updated version of the Guidelines for Household Doctors.
- Drug consumption and disease surveillance report is produced quarterly by the DPRK Red Cross and Federation.
- Procurement and distribution of 225 crutches and 60 wheel-chairs to Sinuiju, Pyongsong and Kaesong provincial hospitals.
- A total of 4,239 metric tons of coal procured and distributed.
- DPRK Red Cross and the Federation advocate national self-sufficiency in essential drugs and medical equipment.
- Drug and equipment distribution evaluation conducted by end of 2003.

Objective 2 To increase the knowledge of health workers and Red Cross volunteers in the prevention and care of water borne diseases and ARI/TB, and in breast feeding and weaning.

Activities to achieve objective 2 are:

- Curriculum and teaching materials for water borne diseases, ARI/TB prevention and care and for breast feeding and weaning revised by April 2002.
- Water borne diseases prevention and care training programme developed, tested and implemented for 400 community health workers and Red Cross volunteers.
- ARI/TB prevention and care training programme developed, tested and implemented for 400 nurses, midwives, community health workers and Red Cross volunteers.
- Breast feeding and weaning training programme developed, tested and implemented for 400 nurses, midwives, community health workers and Red Cross volunteers.

Objective 3 To improve the capability of DPRK Red Cross to plan and manage appropriate Community Based First Aid (CBFA) activities, building on existing local structures, experience and skills.

Activities to achieve objective 3 are:

- Revision and finalization of CBFA training programme curriculum (for volunteers and trainers) and materials (flipcharts, video and handouts) based on evaluation of 2001 activities.
- 800 CBFA volunteers trained.
- CBFA refresher training and training in participatory training methodologies for 30 master trainers and 40 trainers completed.
- Procurement and distribution of refresher supplies for 600 first aid posts and stretchers for 200 first aid posts.
- Three DPRK Red Cross management staff undertake CBFA training overseas in 2002 and 2003.

- Participatory evaluation of CBFA programme by end of 2002.

Objective 4 To increase the HIV/AIDS awareness of DPRK Red Cross and Government health staff and volunteers.

Activities to achieve objective 4 are:

- Key Federation HIV/AIDS policies and guidelines translated into Korean.
- In cooperation with WHO, laboratory equipment for anti-epidemic centre needs assessed and documented.
- Development, testing and production of 30,000 HIV/AIDS education brochures.
- Brochures distributed at training workshops for health staff and in health institutions.
- Three staff visit Yunnan HIV/AIDS Prevention and Care Project (Red Cross society of China and Australian Red Cross joint project).
- One month work placement for two DPRK Red Cross staff members in Yunnan.
- One DPRK Red Cross staff member attends the next ART (Asia Regional Taskforce for HIV/ AIDS) meeting.
- Based on evaluation of 2002 activities, DPRK Red Cross and Federation develop more comprehensive HIV/AIDS programme.

Objective 5 To reduce the prevalence of malaria, and to provide treatment and increase the level of nursing care for malaria patients.

Activities to achieve objective 5 are:

- Malaria prevention and care training programme developed, tested and implemented for 400 nurses and midwives.
- Malaria case management training programme developed, tested and implemented for 400 household doctors.
- Procurement and distribution of 20 microscopes and slides for county hospitals.
- Procurement and distribution of 1.5 million Chloroquine tablets and 1.4 million Primaquine tablets.

Objective 6 To contribute to sustainable improvements in the health and well-being of men, women and children in 100 Ri and Dong communities through the provision of clean water, locally appropriate sanitation facilities and hygiene education.

Activities to achieve objective 6 are:

- Rehabilitate/install water supply and sanitation systems in 100 ri /dong communities in North Pyongan, Chagang, South Pyongan provinces, and Kaesong municipality.
- Collect baseline data on hygiene behaviour and water related diseases.
- Develop, test and implement hygiene promotion training programme for 1000 community health workers and Red Cross volunteers.
- Train 8 water quality monitors in data evaluation and hygiene issues.
- Develop and distribute health promotion IEC materials.
- Strengthen institutional capacity of DPRK Red Cross and Ministry of City Management to design, implement, monitor and evaluate water and sanitation activities.
- Three DPRK Red Cross staff undertake water and sanitation training overseas in 2002 , 2003 and 2004.
- Yearly participatory evaluation of water and sanitation and health promotion activities.

Objective 7 To effectively implement, monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 7 are:

- Hold Federation health meetings weekly and monthly health meetings between Federation & DPRK Red Cross.
- Federation and DPRK Red Cross staff receive training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool before March 2002.
- Issue monthly internal project reports and at least two Federation Programme Updates by end of 2002.

- Participatory evaluation of training programme, CBFA, watsan and health promotion programme by end of 2002.
- Training on aims and process for evaluation for Federation and DPRK Red Cross staff.

Expected results

- By end of 2003, all supported health institutions have strengthened their capacity to provide basic medical services to their catchment population, including provision of essential drugs, treatment for priority childhood diseases and ability to respond to complications during pregnancy and delivery.
- By end of 2003, an additional 400 health professionals and 800 community health workers and Red Cross volunteers are conducting health promotion in their communities in prevention and care of water borne diseases, acute respiratory infections and tuberculosis, and breast feeding and weaning.
- By end of 2003, 80 per cent of target CBFA posts (600) are operational (basic supplies and manual available and at least two staff) and are conducting at least three health education activities per month.
- General increased awareness of DPRK Red Cross health staff about HIV/AIDS and comprehensive HIV/AIDS education activities included in next Appeal.
- No relapse cases of malaria in treated patients in Federation provinces.
- 80 per cent of installed water supplies and sanitation systems meet Sphere Standards for water supply, excreta disposal, drainage by end of 2004.
- Quality of reports improves as a result of better planning and monitoring. Log frame is used as a project management tool by Federation and DPRK Red Cross.

Indicators

Objective 1:

- In 2002 and 2003, 1,703 institutions receive four basic sets as described in the Federation essential drugs list.
- In 2002 and 2003, 100 per cent of target institutions receive at least three supplementary sets as described in the Federation essential drugs list.
- All cartons marked with Red Cross stickers and if appropriate donor stickers.
- Number of unannounced monitoring visits in 2002 and 2003. 240 institution monitoring visits conducted annually.²
- By end of 2003, 1,703 basic household doctor kits including stethoscopes, sphygmomanometers, thermometers procured and distributed.
- By end of 2002, 52 orthopaedic, and obstetric surgical kits procured and distributed.
- By end of 2003, 400 household doctors trained in diarrhoea and ARI case management and rational drug use.
- By end of 2003, 200 nurses and 200 midwives trained in aseptics (delivery rooms, operation theatres, dressing and injection rooms) and rational drug use.
- By end of 2003, 100 per cent of target institutions have aseptics posters posted on walls.
- 95 per cent of county branches provide consumption data on quarterly basis and 15 selected institutions provide disease surveillance data on quarterly basis.
- By end of 2002, 3 institutions have crutches or wheel chairs available for 50 per cent of their fracture patients.
- Selected rooms in 33 hospitals are heated from mid December to mid March 2002.

Objective 2:

- By April 2002, health promotion training curriculum and materials revised based on evaluation of 2001 training.
- By end of 2003, 400 community health workers and Red Cross volunteers trained in water borne disease prevention and care.
- By end of 2003, 100 nurses, 100 midwives, and 200 community health and Red Cross volunteers trained in preventive and curative measures for ARI/TB and programme includes component on effects of smoking.
- By end of 2003, 100 nurses, 100 midwives, and 200 community health and Red Cross volunteers trained in breast feeding and weaning.

- 25 per cent of Red Cross health promotion volunteer trainees are also CBFA volunteers.
- At least three group health education sessions per month in 80 per cent of communities targeted.

Objective 3:

- Revisions to programme and materials complete by March 2002. CBFA curriculum includes water borne disease prevention and care components. DP staff involved in discussions relating to revision of the programme curriculum.
- 800 volunteers trained by end of 2003.
- By end of 2003, 60 per cent of trainers monitored applying participatory training methodologies in their workshops.
- 100 per cent of refresher supplies procured by July 2002 and stretchers procured by March 2002.
- Increased awareness among DPRK Red Cross staff of first aid/CBFA Federation policies and guidelines; this is reflected in CBFA programme/policies of the DPRK Red Cross.

Objective 4:

- Key Federation HIV /AIDS policies and guidelines translated by March 2002.
- Anti-Epidemic Centre equipment needs assessment completed by end of 2002.
- Information in HIV/AIDS brochures is sensitive to local cultural norms and printed by end of 2002.
- 5 DPRK Red Cross staff who visit/work on the project have increased understanding and skills relating to HIV/AIDS prevention, treatment and advocacy.

Objective 5:

- By end of 2003, 400 nurses and midwives trained in preventive and curative measures for malaria.
- By end of 2003, 400 household doctors trained in malaria case management.
- 20 microscopes and slides procured and distributed by February 2002.
- In both 2002 and 2003, 100,000 patients have received malaria treatment as reported by anti-epidemic centre.

Objective 6:

- 80 per cent of installed water supplies and sanitation systems meet Sphere Standards for water supply, excreta disposal and drainage at the end of 2002, 2003, 2004.
- Assessment reports for each community contain more detailed information on water use, sanitation and hand washing, incidence of water related diseases, and women's and men's preferences.
- By January 2002, hygiene promotion training curriculum and materials finalized.
- At least one community health volunteer per 500 inhabitants trained to support the household doctors in each target community and monthly disease assessments undertaken in 80 per cent of ri/dongs by end of 2004.
- All water quality monitors able to evaluate water sources based on the extracted data and can effectively operate existing and new equipment.
- Monitors transferred to ministry of health at end of project.
- Development of materials in co-ordination with ministry of health, UNICEF, WHO/ other agencies, and evidence of IEC materials in 100 per cent of targeted communities by end of 2004.
- 5 Red Cross HQ staff have increased capacity to plan, monitor and evaluate water and sanitation and health promotion programmes.
- Increased awareness of DPRK Red Cross staff of Federation policies and guidelines; this is reflected in watsan and health promotion programme/policies of the DPRK Red Cross.

Objective 7:

- Log frame is used as a project management tool by Federation and DPRK Red Cross.
- Reports are in logframe format and provide information against indicators.
- Training evaluation by February 2002/ CBFA evaluation by end of 2002 / Yearly evaluation for watsan/health promotion.
- Evaluation terms of reference developed by Federation and DPRK Red Cross and incorporate participatory evaluation methodology. Evaluation based on indicators identified in logframe.

Critical assumptions

- Level of donor response for drug distributions does not negatively impact on other components of programme.
- Number of institutions targeted will be revised should new counties become accessible.
- Donors continue to support the programme and contributions to programme will be announced with enough notice to effectively plan drug distributions.
- Extreme weather conditions do not delay distributions
- All delegates are in place at time of distributions.
- Continued access to operational areas.
- Willingness of WHO and Ministry of Public Health to co-operate on data analysis initiatives.
- Approval received from Ministry of Public Health for training activities.
- Ministry of Public Health supports hygiene promotion in communities and Ministry of Education supports hygiene education in kindergartens.
- For water and sanitation and health promotion activities, some community involvement is feasible at each stage in the process.
- Ministry of City Management is willing to work with DPRK Red Cross at all levels.
- Community is responsible for O&M following completion of construction/ rehabilitation of water supply and sanitation systems.
- Access to communities to conduct evaluations.
- Sites chosen for hygiene formative research are suitably representative.
- Exceptional circumstances that exist in DPRK do not continue to constrain access to information and random monitoring.
- There is no sudden removal of DPRK Red Cross counterparts.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation.

Training for Federation and DPRK Red Cross staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (see objective 7).

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3. Organizational development

Background and achievements/lessons to date

Through organizational development programmes, the Federation aims to support national societies to increase their capacity, in order to make a positive difference in the lives of vulnerable people through relevant programmes and services. The Federation guidelines for capacity building outline four distinct components: relevant programmes and services, organization, people and leadership and financial resources.

In the DPRK, organizational development presents unique challenges. The political framework of the country does not allow for autonomous agencies or an independent civil society. In such circumstances the DPRK Red Cross is itself accountable to higher authority which prescribes a specific operating framework. Furthermore, information of a type which would be available in other countries may be considered sensitive and rendered unavailable.

In the light of this context, the organizational development programme in DPRK will continue to focus on strengthening the capacity of DPRK Red Cross to manage Federation supported DP/DR and health programmes while simultaneously preparing the national society to respond to any bigger challenges.

DPRK Red Cross society

The DPRK Red Cross society was founded in 1946 and admitted into the International Federation in 1956. Its current Statutes were revised in late 1998. The DPRK Red Cross reports a membership of 1,230,200 with a nationwide network of 330,000 volunteers and 371,730 youth members. There are 365 paid staff, 8,784 unpaid staff, and 90 professional trainers based in 15 training centres around the country.

The highest deliberative body of the society is the Congress which meets every four years. The 55- member Central Committee meets annually and the 17-member Presidium meets three or four times a year. The Secretariat (Executive) of the society consists of a Secretary General, two deputy Secretaries General and ten departments.

The national society is organized into 12 provincial/municipalities and 200 cities/counties branches. Branches are further represented at the grassroots level - ri and dong (rural and urban villages).

The core programmes of the DPRK are disaster preparedness and response, health and care including first aid, water and sanitation, health training and health promotion, drug distributions and family reunions.

As a result of its role in disaster response operations during the 1995 and 1996 floods, and the 1997 drought, the DPRK Red Cross has been increasingly recognized by the government and international agencies as a key player in humanitarian assistance. A Memorandum of Understanding between the DPRK Red Cross and the Federation was signed in 2000. The document outlines the roles and responsibilities of DPRK Red Cross in disaster preparedness and response.

Federation and DPRK Red Cross

The Federation and DPRK Red Cross emergency operation, launched during the floods of July 1995, has evolved from food aid and shelter rehabilitation to a health programme focused on support to the health system, through distributions of drugs and basic medical equipment (from June 1997), purchase and distribution of coal for heating hospitals in winter, health worker and Red Cross volunteer training, community based first aid, water and sanitation activities, and disaster preparedness.

The development of an effective working relationship between the delegation and the DPRK Red Cross, despite all the constraints, is an outstanding achievement of the programme, though it has required constant nurturing.

Before 1995 the DPRK Red Cross had never been exposed to practical co-operation within the international Red Cross Red Crescent Movement. A number of working methods, including the capacity building framework, had not previously been used. Continued dialogue and co-operation between DPRK Red Cross and the Federation has resulted in increased mutual understanding of organizational development concepts and tools (e.g.. strategic planning, corporate identity, human resource development, monitoring and evaluation) and a set of agreed objectives for capacity building.

In February 2000, a three person team composed of the Federation regional organizational development (OD) delegate and representatives from the Malaysian Red Crescent and Swedish Red Cross facilitated a review of organizational development activities. A follow-up three day OD workshop was held in July to further develop an OD plan. Further discussions have been held between the delegation, the DPRK Red Cross and the Federation Secretariat to fine tune the planned activities and finalize the 2002-03 Appeal.

Goal To assist the DPRK Red Cross society to strengthen its capacity at national, branch and community level to develop, implement, monitor and evaluate relevant disaster preparedness/disaster response, health and care and communications programmes.

Objectives and activities

Objective 1 To develop the DPRK Red Cross Development Plan and finalize the Cooperation Agreement Strategy.

Activities to achieve objective 1 are:

- National society Strategic Plan (NSSP) task force meets every two months and Development Plan is revised by end of 2002.
- Ongoing refinement of Cooperation Agreement Strategy.

Objective 2 To assist DPRK Red Cross to strengthen its DP/DR and health programmes at branch level through pilot VCA and branch development in six pilot branches.

Activities to achieve objective 2 are:

- Federation OD framework and vulnerability and capacity assessment (VCA) guidelines translated.
- Develop VCA plan and train DPRK Red Cross facilitators.
- Complete VCA of six pilot branches by facilitators.
- Plan and implement VCA findings and priority setting workshop by August 2002.
- Pilot branches finalize plan of action for development by end of 2002.

Objective 3 To improve the financial management of the DPRK Red Cross at headquarters level.

Activities to achieve objective 3 are:

- Assess current financial management capacity related to disaster preparedness/disaster response and health and care programmes supported by the Federation.
- Draft and finalize financial management development strategy and work plan.
- Develop, test, revise and finalize training curricula, training manual and materials.
- Implement financial management strategy and work plan.

Objective 4 To improve the human resource management capacity of DPRK Red Cross.

Activities to achieve objective 4 are:

- Assess current human resource management capacity related to disaster preparedness/disaster response, health and care programmes supported by the Federation.
- Draft and finalize human resource management strategy and work plan.
- Develop, test, revise and finalize training curricula, training manual and materials.
- Human resource management strategy and work plan implemented.
- Ongoing exchange visits to other national societies in the region and beyond.
- Plan and implement English language training programme.

Objective 5 To assist DPRK Red Cross improve its managerial capacity in six pilot branches involved in DP/DR, and health and care activities, through fundraising and income generation initiatives.

Activities to achieve objective 5 are:

- Establish Financial Resources Development working group by January 2002.
- Translate Federation Resource Development Handbook.
- Develop, test, revise and finalize training curricula, training manual and materials by June 2002.
- Train DPRK Red Cross staff on how to fund raise in-kind support from local factories and business units.
- Translate Federation income generation guidelines and training materials.
- DPRK Red Cross to assess national, provincial and county level income generating projects based on Federation guidelines.
- Select at least one selected income generating project for support through Federation Appeal.

Objective 6 To improve the profile of the DPRK Red Cross/Federation in DPRK, regionally and internationally, through a well defined communications strategy.

Activities to achieve objective 6 are:

- Finalize DPRK Communications Plan by first quarter of 2002.
- Establish DPRK Red Cross Information Team.
- Plan, implement and evaluate training for information staff by end of 2002.
- Establish working relations with national and international media.
- Develop key communications/dissemination materials and documents or translate into Korean.

Objective 7 To effectively implement, monitor and evaluate OD programme objectives, outputs, inputs and processes.

Activities to achieve objective 7 are:

- OD committee meets monthly to monitor progress of OD activities.
- Give Federation and DPRK Red Cross staff training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool (before March 2002).
- Post monthly internal project reports and six monthly standard Federation programme Updates on the web.
- Participatory evaluation of DPRK Red Cross OD programmes by mid 2003.

Expected results

- Three year DPRK Red Cross development plan finalized in 2002 and reviewed in 2003 and plan is used as a basis for discussion with Federation on ongoing co-operation activities.
- Six pilot branches with core staff positions filled (Branch secretary, finance officer, health officer, DP officer, Wat/San officer) by end of 2002.
- Branch secretary, finance officer, health officer, DP officer, Wat/San officer in six pilot branches have received training in Strategy 2010, VCA and their technical areas of responsibility by end of 2002.
- At least 50 per cent of pilot branches have an action plan for better service delivery and are implementing the plan by end of 2003.
- DPRK human resource management strategy drafted by end of 2002.
- At least one income generation project breaking even by end of 2003.
- Clear long term strategy (2002-05) for DPRK communications is finalized and complements the Federation Asia/Pacific Regional Communications Strategy.
- Higher profile of DPRK Red Cross/Federation operation in DPRK and internationally, demonstrated by number of reported media spots in 2002 and 2003.

Indicators

Objective 1:

- DPRK Red Cross national, provincial and county/city representatives are members of the Strategic Planning task force.

- First draft of national society Strategic Plan completed by end of 2002.
- National society Strategic Plan contains key components outlined in Federation Strategic Planning guidelines.
- CAS document revised, based on Appeal 2002-03, and feedback received from at least 8 partners by end of 2002.

Objective 2:

- Federation OD framework and VCA documents translated by first quarter of 2002.
- VCA plan completed by first quarter of 2002 and includes objectives, criteria for assessment, expected outputs, required resources and schedule. Facilitators complete one day training in objectives and methodology for VCA process by second quarter of 2002.
- VCA completed and documented by July 2002; findings of national society's self assessment process are considered in the pilot branches' VCA process.
- The six pilot branches are represented at the VCA findings workshop and a shared vision for better functioning pilot branches is achieved by August 2002.
- List of agreed priorities for OD in selected branches is available by August 2002.
- Six pilot branches develop their plan of action by December 2002 and these plans cover revised roles and responsibilities, training needs, basic equipment requirements, budget and schedule for implementation.

Objective 3:

- Assessment based on DPRK Red Cross and Federation financial requirements conducted by April 2002. Federation finance delegate plays a key role in the process.
- Strategy and work plan, based on assessment outcomes, developed by June 2002; they include training needs, equipment requirements, verifiable indicators, budget and schedule of implementation.
- Financial management training curricula, training manual and materials developed by September 2002.
- Improved financial management system operational and maintained by mid 2003.

Objective 4:

- Assessment based on DPRK Red Cross and Federation human resource management requirements conducted by April 2002.
- Strategy and work plan based on assessment outcomes developed by June 2002 and includes training needs, equipment requirements, indicators of progress, budget and schedule of implementation.
- Human resource management training curricula, training manual and materials developed by September 2002.
- Improved human resource management systems operational and maintained by mid 2003.
- At least three exchange visits for DPRK Red Cross staff in 2002 and 2003 (see health and care and DP appeals for more specific details).
- By end of 2002, 20 male and female employees complete basic English language training and achieve required competencies (Level 1). By end of 2002, 20 male and female employees complete intermediate English language training and achieve required competencies (Level 1). By end of 2002, two staff complete advanced overseas English course (at least one month duration).

Objective 5:

- DPRK Red Cross national, provincial and county/city representatives on working group; terms of reference for working group finalized by February 2002 and are linked to logical framework objectives and expected outputs.
- Federation Resource Development Handbook translated by February 2002.
- Training curricula, training manual and materials developed based on Federation Resource Development Handbook.
- Training conducted for 15 staff from headquarters and branches by end of 2002.
- Fundraising and income generation guidelines and training materials translated by February 2002.
- Fundraising and income generation assessment completed by April 2002 and log frame/appeal revised, based on assessment.
- Income generation project implementation plans developed, including project objectives, outputs, inputs, budget, schedule.

Objective 6:

- Communications plan developed in consultation with the Federation Regional Communications Unit, taking into consideration the regional communications strategy.
- Two effective communications activities implemented by end of 2002.
- Two staff members attend regional communications training/workshop events by end of 2002.
- List of media representatives in DPRK and Beijing exists and is updated regularly.
- At least one approach made to international media agency to cover DPRK Red Cross/Federation operations.
- At least 5 approaches made to national media to cover DPRK Red Cross/Federation operations.
- At least five dissemination documents prepared in 2002. At least one of the documents related to IHL and Fundamental Principles and targets army and police.
- ICRC and Federation consulted in the development of the five documents.

Objective 7:

- DPRK Red Cross national, provincial and county/city representatives and Federation head of delegation are members of the OD committee; terms of reference for OD committee finalized by January 2002 and are linked to logical framework.
- Log frame is used as guide for discussion in meetings and minutes of meeting are formatted to report against logframe indicators.
- Log frame is used as a project management tool by Federation and DPRK Red Cross.
- Evaluation terms of reference developed by Federation and DPRK Red Cross and incorporate participatory evaluation methodology. Evaluation based on indicators identified in logframe.

Critical assumptions

- Donors are willing to support the programme.
- Exceptional circumstances that exist in DPRK do not continue to constrain access to information.
- There is no sudden removal of DPRK Red Cross counterparts.

Monitoring and evaluation

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Training for Federation and DPRK Red Cross staff in use of logframe, monitoring and evaluation and reporting has been included in the programme design (see objective 7).

An evaluation of organizational development activities related to health and DP/DR will be incorporated in health and DP/DR evaluation terms of reference. A specific evaluation of the OD programme has been scheduled for 2003.

Coordination and Management

Background and achievements/lessons to date

The severe food crisis in the DPRK, particular its effect on vulnerable groups is far from over. The crisis is exacerbated by deteriorating public health and education facilities, contaminated water supplies and poor sanitation systems. The humanitarian community has been providing stop-gap assistance since 1995 and although this aid has helped to stabilise the food crisis and has provided a safety net for some vulnerable groups, continued support is required across a range of sectors.

The International Federation of Red Cross and Red Crescent Societies established the DPRK delegation in Pyonyang in 1995 to assist the DPRK RC in the implementation of flood relief activities. The operation has evolved from food aid and shelter rehabilitation to a health programme targeting 1706 institutions and a disaster preparedness programme. The delegation which opened with one delegate now comprises nine delegates including: HOD, health coordinator, water sanitation delegate, three health delegates, disaster preparedness delegate, Finance Delegate and a logistics delegate. Some logistical and administrative support is provided by Beijing Regional Office.

The DPRK Red Cross operates throughout the country. However, Federation assistance related to health, focuses on three provinces and one municipality, North Pyongan, Chagang, South Pyongan and Kaesong. The Federation is also active in Disaster Preparedness in these four areas, in addition to South Hamgyong Province.

The Federation acknowledges the complex operating conditions that apply in DPRK. The absence of credible or at least provable information about the situation in the country is one of the major constraints. Another key concern for the Federation remains the susceptibility of programmes to political incidents and shift of positions by donor governments. Nevertheless, the Federation believes that the programme is meeting a real humanitarian need.

Since 1995 the Federation has witnessed dramatic improvements in access to information and vulnerable communities. The development of an effective working relationship between the Delegation and the DPRK RC, is an outstanding achievement of the programme and this relationship has provided the Federation enviable access. The Federation through its ongoing engagement and confidence building with DPRK RC continues to contribute to a climate of increasing openness and trust.

In providing support to DPRK the Federation applies the following broad approaches and principles:

- responding to the needs of the most vulnerable through direct humanitarian interventions and the provision of basic life-sustaining services in the health and water and sanitation sectors;
- strengthening the capacity of DPRK RC to manage Federation supported DP/DR and health programmes and simultaneously preparing the National Society to respond to any bigger challenges;
- strengthening linkages between emergency operations and longer-term rehabilitation and development activities;
- continued support to DPRK RC in its dialogue with the authorities in order to promote the acceptance of information collection for monitoring and impact assessment;
- tailoring assistance plans to the specific context of DPRK;
- promoting overseas exchanges for DPRK RC staff and encouraging co-operation with other national societies in the region and beyond;
- close coordination with other international organisations and non government organisations operating in DPRK.

Goal

To efficiently and effectively coordinate and manage Federation supported programs and capacity building of the DPRK RC.

Objectives and activities

1. To ensure the most effective planning, implementation, monitoring and evaluation of Federation supported programs within the unique DPRK context.
2. To support to DPRK RC in its dialogue with the authorities in order to promote the acceptance of information collection for monitoring and impact assessment
3. To promote the DPRK RC / Federation programs to the donor community in DPRK and internationally.
4. To coordinate assistance with other international organisations and NGOs

Activities to achieve objective 1

- More systematic data-gathering and more systematic analysis of data collected through the health, disaster preparedness and organisational development activities in order to build a better picture of the situation in DPRK.
- Annual appeals developed jointly using the logframe as a planning tool.
- Annual appeals are used as a basis for the development of operational plans.
- Operational plans and budgets are reviewed during weekly meetings and revised to reflect the changing environment and needs.
- Training for Federation and DPRK RC staff in use of logframe by April 2002.
- Delegate job descriptions and mission instructions are linked to outputs, verifiable indicators and expected results outlined in annual appeals and operational plans.
- Delegate positions advertised and delegates recruited, briefed and mobilised.
- Objectives, activities and verifiable indicators outlined in operational plans provide a base for monitoring, reviewing, reporting and evaluation.
- Cooperation Agreement Strategy revised to reflect the changing environment and needs.

Verifiable Indicators

- Reduction in number of institutions monitored and more time spent by delegation gathering data in selected locations.
- Logframe developed for each Federation programme by November 2001.
- Weekly Federation meetings and monthly Federation/DPRK RC meetings using logframes as a guide for discussion on progress, constraints and lessons learnt.
- Joint quarterly planning review workshops to reflect on progress, to document lessons learnt and revise operational plans and budgets.
- Secretariat Desk involved in 2002-03 annual appeal planning workshop in DPRK.
- Revised reporting template which links reporting to the objectives, activities and verifiable indicators, outlined in logframes, developed and in use by HOD, Health and DP delegates by January 2002.
- At least one week handover for each new delegate in the field.
- 10 internal reports submitted in agreed reporting format in 2002 and include a section on successes and constraints relating to random access and access to reliable information.
- At least three programme updates produced in 2002.
- CAS finalised by first quarter of 2002 and revised at least once in 2002.

Activities to achieve objective 2

- Ongoing open discussion with DPRK RC and government agencies relating to the basic prerequisites for appropriate humanitarian assistance, including achieving full access to vulnerable groups and information about their needs.

Verifiable Indicators

- Increased number of visits to households and increased number of unannounced visits.
- More access to primary health data.

Activities to achieve objective 3

Annual visit by HOD and Desk to key donor government headquarters and participating national society headquarters.

- HOD and delegate meet with local ECHO representative.
- Secretariat Desk Officer meets with ECHO Brussels Desk Officer.

- HOD visits embassies in Beijing to promote Federation programmes in DPRK.
- Delegates visit their own embassies and promote the work of Federation and DPRK RC.
- Delegation and DPRK RC organise at least 5 donor visits in DPRK in 2002.
- Communications plan implemented (refer to OD appeal for more detail).
- Three Federation Programme Updates posted on the Federation website in 2002.
- 12 internal reports submitted to all PNS in 2002.
- Delegates and Desk effectively respond to donor information requests.
- Delegates and Desk develop and submit reports on time to donors.
- Donors have opportunity to input into annual appeals at planning workshops and via email exchange of documents.
- Position paper on Federation engagement in DPRK developed by January 2002.

Verifiable Indicators

- HOD and Secretariat Desk Officer visit at least six PNS and backdonors in 2002.
- Secretariat Desk Officer visits ECHO Desk Officer at least once in 2002.
- HOD and delegates visit at least 10 embassies in Beijing in 2002.
- 100% of all queries from donors acknowledged within 48 hours.
- 90% of reports submitted on time and provide analysis of progress against verifiable indicators outlined in annual appeals.
- At least two PNS input to each of the 2003-04 appeal documents.
- At least two planning workshops in 2002 involving Secretariat Desk and PNS Desks.
- At least one approach made to international media agency to cover DPRK Red Cross/Federation operations and at least five approaches made to national media to cover DPRK Red Cross/Federation operations.
- Position paper acknowledges constraints, successes and opportunities for ongoing engagement with DPRK and is distributed to PNS to assist their marketing to donors.

Activities to achieve objective 4

- HOD and delegates attend weekly interagency coordination meeting.
- Delegates attend technical coordination bi-weekly health and water and sanitation sub-group meetings.
- Delegates attend DP interagency meetings and gender working group meetings.
- Joint activities implemented with MOH and WHO and UNICEF (refer to health appeal).
- More contact between Secretariat Desk and Desks in other agencies.

Verifiable Indicators

- No duplication of activities in Federation target provinces.
- Secretariat Desk makes contact with at least three desks in other agency headquarters in 2002.

Expected Results

- At least 70% donor coverage across all DPRK annual appeals.
- At least one new key donor supports programme in 2002.
- All current key donors continue to support the programme in 2002.
- All delegates have improved planning skills and are using the logframe as a management and reporting tool by end of 2002.
- Donors are more satisfied with information and analysis of situation presented in reports in 2002.

Indicators

(refer to indicators under each objective)

Monitoring and Evaluation Arrangements

Monitoring and evaluation will be an important activity for:

- collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future health activities and for recommending changes in policy;

- providing PNS and donors reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reporting and evaluating this operation.

Critical Assumptions

- Donors willing to support Coordination and Management costs.
- Exceptional circumstances that exist in DPRK will continue to constrain access to information and random monitoring.
- Risk: abrupt and unexplained removal of DPRK RC counterparts.

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PROGRAMME BUDGETS - 2002								
Delegation DPRK								
PROGRAMME	Disaster Resp.	Disaster Prep.	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	100'000	0	0	30'000	0	0	130'000
Clothing & Textiles	0	200'000	0	0	0	0	0	200'000
Food & Seeds	0	0	0	0	0	0	0	0
Water	0	94'000	904'800	0	52'500	0	0	1'051'300
Medical & 1st Aid	0	0	5'643'100	0	0	0	0	5'643'100
Teaching Materials	0	23'500	29'500	0	0	0	0	53'000
Ustensils & Tools	0	140'000	0	0	0	0	0	140'000
Other Relief Supplies	0	0	385'000	0	0	0	0	385'000
Subtotal Supplies	0	557'500	6'962'400	0	82'500	0	0	7'602'400
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	4'500	57'800	0	27'200	0	0	89'500
Computer & Telecom	0	0	0	0	22'800	0	0	22'800
Medical Equipment	0	0	0	0	0	0	0	0
Other Capital Equipment	0	0	0	0	9'000	0	0	9'000
Subtotal Capital	0	4'500	57'800	0	59'000	0	0	121'300
Programme Management	0	73'109	697'544	0	26'487	0	39'909	837'049
Technical Services	0	21'885	208'808	0	7'929	0	11'947	250'568
Professional Services	0	24'270	231'567	0	8'793	0	13'249	277'878
Subtotal Programme Support	0	119'263	1'137'919	0	43'209	0	65'104	1'365'496
Warehousing/Inspection	0	3'000	10'500	0	0	0	0	13'500
Transport & Vehicles	0	13'900	571'000	0	49'800	0	53'300	688'000
Subtotal Transport & Storage	0	16'900	581'500	0	49'800	0	53'300	701'500
Delegates & Expatriates	0	99'300	590'000	0	0	0	279'700	969'000
National Societies and Local Staff	0	62'400	310'200	0	34'400	0	88'300	495'300
Subtotal Personnel	0	161'700	900'200	0	34'400	0	368'000	1'464'300
Travel & Related Expenses	0	16'000	36'000	0	35'000	0	22'300	109'300
Information	0	35'200	185'800	0	0	0	9'200	230'200
Consultants	0	0	39'200	0	0	0	0	39'200
General Expenses	0	27'400	110'600	0	13'400	0	59'550	210'950
Training Workshops & Seminars	0	145'750	333'300	0	75'500	0	10'700	565'250
Security	0	0	0	0	0	0	3'700	3'700
Subtotal Training, Information & General	0	224'350	704'900	0	123'900	0	105'450	1'158'600
TOTAL BUDGET	0	1'084'213	10'344'719	0	392'809	0	591'854	12'413'596