

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

DPR KOREA

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

Appeal No. 1.38/2002; Appeal target: CHF 12,413,596; Appeal coverage: 111%

Overall analysis of the programme •

The operational environment was stable in 2002. Although tension on the Korean peninsula rose significantly towards the end of 2002, the year started quite optimistically with the celebrations of the birthdays of the great leaders in February and April, including large cultural events attended by many foreigners; and a more open communication within the country was experienced in the months to follow. Economic reforms were introduced and plans for special economic zones both in the Demilitarized Zone towards the Republic of Korea and the eastern border to China were launched. Agreements on restoring road and railway connections between the South and Russia and China were reached, and the two months of August and September were especially eventful. The highlight was the scene where two young Koreans, one from the North and one from the South, approached each other through a newly opened gate in the Demilitarized Zone where the railroad track is to be reconstructed after nearly 50 years of disruption. Bringing a rose and embracing each other, they symbolized the new hopes for reunification of the two Korean states.

Later developments revealed that the past is far from forgotten, and new setbacks were faced. The consequences of recent developments are not possible to foresee. Funding problems faced by the World Food Programme (WFP) will influence the nutritional and health status of the population in 2003. However, a national nutrition survey conducted in October 2002, showed that emergency food aid and increased agricultural production in previous years improved the nutritional status of children and mothers, but it still remains compromised. To consolidate the situation and keep the programmes going in spite of the difficult international situation was the challenge faced by all humanitarian organizations by the end of the year.

The government's flood damage rehabilitation committee (FDRC) has the overall responsibility of coordinating the international humanitarian assistance to the DPRK. The FDRC assigned four of the 13 provinces/municipalities as operational areas for the health and care programmes supported by the International Federation. It is not possible to assess how this influences the capacity of the Red Cross Society of the DPRK (DPRK RC) in the remaining parts of the country. After the introduction of economic reforms, there is a growing concern in the humanitarian aid community that the vulnerability in the population is not uniform throughout the country. The nutrition survey confirms that the malnutrition rate may be about three times as high in the eastern and northern provinces than in the west and south where the large-scale programmes of the Federation are implemented. The

disaster preparedness/disaster response (DP/DR) programmes are an exception from the concept of operational areas. Some five regional and one central warehouse with prepositioned stock of relief items for 15,000 families are now enabling the Red Cross to react immediately to disasters in all parts of the country where international staff members are granted access, which is 163 of a total of 206 counties/districts. The effectiveness of the DP/DR programmes was clearly demonstrated in the Red Cross' response to the floods in August and the typhoon in September. For further details, refer to reports on Emergency Appeal no. 22/2002.

The Red Cross operations within the DPRK could continue as planned throughout the year. Major improvements in funding, in terms of more long-term commitments from donors such as the Department for International Development (DFID), European Commission's Humanitarian Office (ECHO) and other governmental bodies, resulted in a more stable implementation of programmes. Improved working conditions for delegates led to several cases of contract extension. More than 50 per cent of the delegates are now conducting missions longer than one year. Counterparts in the Red Cross Society of DPRK and national employed staff members in the delegation are working more long-term. There are, however, still major recruitment problems and the delegation experienced long vacancies in the positions of head of delegation and health coordinator. A planned increase of the water and sanitation programmes in 2003 will be delayed due to lack of delegates during the implementation and assessment period in the autumn season. Problems of recruiting staff members with both professional and language skills in the DPRK RC is also delaying or reducing the quality of programme implementation.

Funding of the organizational development (OD) programme is still a concern, and the programme was revised by midyear to reflect the situation. Late funding and lack of procurement and planning capacity in the Secretariat as well as the DPRK RC delayed the implementation of both the OD and other programmes. In reality the implementation of projects planned for 2002 was finalized in February/March 2003.

Projects, including in kind donations, have an implementation period lasting up to eight months from securing funding to distribution and monitoring of the goods in country. To adequately reflect this in financial reports requires at least an 18-month reporting cycle. Otherwise, the current appeal financial report gives an inflated view of coverage, for example 2002 appears to be covered 111.2 per cent according to the financial report, but this includes drug distribution coverage until September 2003 by a ten-month ECHO contract begun in 2002.

The problem of long implementation time was discussed in depth at the health review conducted in 2001. To achieve the goal of having a smooth supply of drugs recommended in that review, a further "overfunding" of about CHF 3.5 million is needed. The current cycle of proposal, pledge and implementation from various governmental bodies within one fiscal year is the major constraint achieving the objective of giving long-term continuous support to a country in a chronic economic crisis.

The government was not able to increase its input in the areas supported by the Red Cross in 2002. The humanitarian crisis in the DPRK cannot be overcome by short-term emergency humanitarian aid only. To define a strategy on how to meet the challenge of a continued long-term economic crisis is the main challenge for all actors in the humanitarian sector in the DPRK. The Federation supports this strategic process in different ways, both through the cooperation agreement strategy (CAS) process and through close cooperation with the UN agencies, non-governmental organizations (NGOs) and donors working in the DPRK.

Objectives, Achievements and Constraints •

Disaster Preparedness and Response •

The delegation was supporting the National Society's DP/DR through special training workshops and by supporting capacity building on disaster preparedness/disaster response through a two-year programme which was finalized in 2002. The programme had five objectives:

1. To further improve disaster preparedness and response structures and systems at the national, provincial and county levels;
2. To improve the human resource base needed for disaster preparedness and response in the DPRK Red Cross;
3. To implement vulnerability capacity assessment (VCA) in two provinces in 2002 and build the capacity of the DPRK Red Cross in these methodologies;
4. To implement community-based disaster preparedness (CBDP) pilot projects in nine *Ri*-level communities in one province; and
5. To increase awareness of disaster risks and the coping mechanism of the population in high-risk areas.

All of the objectives were reached, with a few exceptions due to operational constraints in the DPRK beyond the control of the Red Cross. It is recommended to continue the programmes in order to consolidate and further enhance them.

Objective 1: To further improve the disaster preparedness and post-disaster response structures and systems of the DPRK RC.

The ability of the National Society in the DPRK to respond to disasters was greatly enhanced by the ongoing disaster management programme supported by the Federation.

A DP/DR working group was established at the national level and showed significant progress in confidence building between the Red Cross and governmental representatives. Stockpiling 12,000 family packs for disaster response was established in one central and five regional warehouses. Some 6,000 of those were distributed to respond to this year's flood, but was replenished by the end of the year. An additional 3,000 family packs were added into stockpiling, and this was finalized in March 2003. Operational procedures for disaster response were established. Implementation at community level has started.

Constraints: No culture of transparency and lack of experience in cooperation with international organizations in governmental bodies regarding planning for future disasters were noted. Some donors are not willing to use funds from emergency appeals to replenish items already distributed from DP warehouses. Shipments from Europe take four to five months to reach the DPRK if air freight is to be avoided.

Objective 2: Further develop the knowledge and skill of the DP/DR of the staff members and volunteers of the DPRK RC.

Training in disaster preparedness and response was provided to the DPRK Red Cross staff members and volunteers in five provinces. Personnel from the DPRK Red Cross received international training in community based disaster preparedness (CBDP). Some 120 provincial and county volunteers and staff members were trained. Some 25 master trainers were trained in January 2003. The CBDP manual and other materials were developed, tested and revised.

Constraints: Human resources capacity steadily improved in the headquarters of the DPRK RC, and there is need for one person to be assigned to the DM department. There is a lack of capacity due to economic constraints at the branch level.

Objective 3: Implement VCA in two provinces and build the capacity of the DPRK RC in this methodology.

A three-day training on VCA was organized for 22 participants. The VCA was carried out in one *Ri* of one province. The objective was not met because permission for full implementation was not granted by the relevant authorities.

Objective 4: Implement a CBDP pilot project in nine *Ri*-level communities in one province.

A CBDP manual for branch level volunteers, community trainers and committee members was developed and translated into Korean. A three-day training on CBDP for 22 staff members and Red Cross volunteers was conducted. Early warning systems and mitigation activities are being implemented. Hazard and risk mapping was completed in all nine *Ri*. Review of impact is not yet complete.

Constraints: There is a general lack of all kinds of materials and equipment needed for mitigation activities. A lot of resources are being used to recover from regularly occurring flash floods which occur more frequently due to a high degree of deforestation.

Objective 5: Increase disaster awareness of the population in high-risk areas through dissemination of information and educational communication materials and messages.

The objective was only partially reached. The distribution of DP posters was completed but not with the agreed design.

Constraints: Public awareness campaigns and information dissemination is considered to be a sensitive issue and was discouraged to date.

Objective 6: Effectively implement, monitor and evaluate programme objectives, outputs, inputs and process.

The Federation's DP delegate supported the implementation and monitoring of the programmes. A DP review team reviewed the programmes period of 2001-2002. The conclusion of the review was that the programme was successful in defining a clear role for the Red Cross both in disaster preparedness and response, which is recognized by the government and the main international humanitarian actors in the country. The Red Cross is considered to be the leading agency in giving support to the government, concentrating on clearly defined competencies, which includes search and rescue, first aid and non-food aid assistance.

Health and Care •

While recognizing the government's responsibility for providing adequate health and care to the population, the assessment of humanitarian agencies is that support is needed in a magnitude that far exceeds the capacity of humanitarian aid programmes.

The Federation supported health institutions in the DPRK since 1995, at first with food, later with medicines, instruments, dressing materials and other items. However, the situation observed in the general health institutions supported by the Federation through the DPRK RC remains critical, dependent on the aid provided for much of the care dispensed. The health and care programme was expanded to include community-based first aid (CBFA), winterization, water and sanitation for health institutions and communities, and health promotion training at the community level, with emphasis on safe delivery and breast feeding, and prevention and care of infectious diseases. It is difficult to quantify the impact of most of these initiatives, as the data from the Ministry of Public Health

(MoPH) is insufficient and lags in time behind the onset of the more intensive support from the Federation to analyze cause and effect. However, subjective reports from the MoPH and the local health authorities do provide indications that the decline was significantly slowed in 2001 and 2002, partially due to the assistance from the Federation.

Constraints: Access to providing aid to different geographical areas seems to be guided by political bodies not connected with the Ministry of Public Health, and not, therefore, by professional epidemiological assessment. The reluctance to acknowledge weaknesses in national standards of care remains a major barrier for implementing programmes based on current international best practice.

- *Distribution of drugs and medical supplies*

Objective 1: To strengthen the capacity of 1,762 health institutions (provincial, county, industrial, city and *Ri* hospitals and clinics) in three provinces and one municipality to provide basic medical services.

NOTE: This number of organizations is an increase from the launch of the Annual Appeal, due to the addition of these in two newly accessible counties.

The drug distribution project has been underway for six years, and now covers a population of 6.13 million in 51 counties in three provinces (North and South Pyongan, Chagang) and one municipality (Kaesong). Starting from the December 2001 distribution for first quarter, and in 2002 the Red Cross operational area now covers 1,762 organizations receiving drugs and medical supplies every three months.

After reduced distribution in the first quarter (due to delays in funding), two new types of kits – basic, with non-freezable supplies for 1,000 people attending household doctor departments, and supplementary, with hospital supplies including injectables and minimal infusion material, were distributed since May and July, respectively for the two types of kits. The desk officer and participating national societies (PNSs) made strides to address the funding delay so that the situation improved as the year progressed; by the second half of the year, consignments were received and distributed in the quarters for which they were assigned. Manufacturing errors created a small problem with a donor labelling inaccuracy (easily re-labelled) in the third quarter, and a more significant problem with the provision of aluminium hydroxide tablets of inadequate potency in both the third and fourth quarters. The imperfection was detected by the DPRK MoPH drug testing, and is still under investigation while replacement stock is in the pipeline.

Funding was inadequate to cover a full amount of orthopaedic, safe delivery and household doctor kits planned for the two-year period 2002–2003 in this current year. Priority was given to safe delivery kits and household doctor kits which started to arrive in the DPRK by end of 2002. Purchase of orthopaedic kits was delayed because of continued discussions on the contents, felt to be too advanced for the in country situation. Even if the standard of diagnostic and anaesthetic services in the county hospitals is inadequate, the purpose of this project is to provide basic instruments for upgraded treatment of orthopaedic emergencies; cold orthopaedic surgery is centralized. Microscopes for the diagnosis of malaria were provided throughout the country by the World Health Organization (WHO).

The impact of the new type of kits is being assessed through a drug prescription monitoring project undertaken by the Institute of Public Health Administration. Preliminary results indicate:

- Red Cross supplied drugs provided 81 per cent of the treatment prescribed in the participating hospitals;
- Some 53 per cent of the population visited the outpatient clinics on average 1.5 times in a three-month period, (this was noted to be high, and well above country norms, which were not reported); and

- Treatment period (apparently until patient was recovered) was halved for patients receiving the RC drugs (4.1 days vs. 7.6 days).

Constraints: The funding cycle is not ideal for an operation which requires a lead time of seven to eight months from agreement to fund, to in-country delivery of goods. Although improved, delays still occur, and the programme's vulnerability remains high. Lack of random monitoring continues to be a concern; the risks are well-known, but generally accepted by donors to date. Donor fatigue may outstrip the rate of recovery of the national pharmaceutical industry. While exit strategies are being considered, monitoring of the situation is vital to maintain the gains that the drug programme appears to have made in the health situation to date.

- *Health promotion training*

Objective 2: To increase the knowledge of health workers and Red Cross volunteers in the prevention and care of waterborne diseases and acute respiratory tract infections and tuberculosis (ARI/TB), and in breast feeding and safe delivery.

Since the appeal was launched the last part of the objective was changed from breast feeding and weaning to breast feeding and safe delivery.

Fifty workshops were conducted for community health workers in 2002, ten each on the topics of water borne diseases, acute respiratory tract infections, malaria, safe delivery and breast feeding, and aseptic technique and rational drug use.

Diarrhoea management workshops were reclassified as “waterborne diseases”, and extended to three days and integrated with the water sanitation and hygiene promotion programmes. The focus was on prevention, including environmental hygiene; the target communities were 15 of the 20 wat/san project villages. The workshops were delivered in two stages, allowing feedback on utilization of the first material, which was reassuring in that the 200 volunteers conducted more than 4,000 additional training sessions for the population in the three months following their training, the most data on utilization at the community level to date.

Constraints: The timing of workshops continues to be a major issue. In the second half of the year, to complete the contracted services, workshops were held into late November. The winter weather, coupled with lack of heating, created significant hardships for such training, although the volunteers did not complain. The need for planning these events in late spring, summer and early fall is evident but again must be tailored around the agricultural priorities. There is little opportunity to evaluate the effectiveness of the training, even a lack of monitoring the number of sessions volunteers are able to conduct post-workshop. The resistance to incorporating current international best standards of care continues to be an ongoing challenge.

- *Community Based First Aid*

Objective 3: To improve the capability of the DPRK Red Cross to plan and manage appropriate community-based first aid activities, building on existing local structures, experience and skills.

The curriculum of all three levels of workshops was upgraded and now includes first aid (FA) in disaster situations, prevention of waterborne disease and HIV/AIDS awareness. Workshops were conducted to train 30 senior trainers, 20 trainers and 400 volunteers, bringing the totals trained in the two years of implementation to 60, 40 and 800, respectively. Eighteen of the 20 training of trainer (ToT) trainings were attended by health delegates and evaluated using an experimental form; feedback will be used for further programme revisions. After the ToT trainings, 200 first aid posts in 20 counties were included in programmes, bringing the total number of upgraded posts in the country to 400. Refresher supplies were distributed to first aid posts in July-August. The programme is well received by the branches.

Constraints: Delivery of a standardized CBFA programme throughout the country remains a challenge. The restriction of the Federation to conduct training only within its operational area creates a two-tier system of first aid within a national programme. This should be partially addressed by centralization of training, so that branches from non-operational areas may attend, although supplies may remain an issue. The utilization of local hospital staff members untrained in Red Cross first aid for lecturing creates an unequal opportunity, as fundamental FA management protocols as described by these non-RC experts was observed to vary from the international standards utilized in the DPRK RC curriculum.

- ***HIV/AIDS***

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

HIV/AIDS awareness is receiving increasing prioritization, especially following the Manila agreement with its emphasis on the RC/RC role in the world epidemic. The participation of the RC/RC nationally was pursued at interagency theme meetings and delegates of the Federation spoke and facilitated at two half-day workshop organized by the UN for staff members and counterparts to raise HIV/AIDS awareness.

Constraint: Since there are no reported cases in the country, this is not a governmental priority at this time.

- ***Malaria***

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

The Red Cross again distributed Chloroquine and Primaquine for 100,000 patients in July 2002, the estimated caseload in the RC operational area, according to the MoPH. Ten workshops were conducted, as noted above. This needs to be an annual programme, in support of the MoPH's efforts to eradicate the disease from the country.

Constraint: Late funding; the drugs should be in the country by the beginning of May.

- ***Water and sanitation***

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.

This objective is covered by a three-year programme, officially started in 2002, but a pilot project was begun in the autumn of 2001 and finalized in the first half of 2002. In 2002 the goal was to implement the project in 20 of the 100 communities targeted by the three-year project.

All water supply systems for the 18 *Ri* pilot projects were fully constructed during the first semester of 2002. Local doctors reported an immediate decrease in the number of patients affected by waterborne diseases (up to 80 per cent). Shortage of power to run the water pumps is an important issue. The systems are constructed to include a water tank that ensures the pumped water will flow to the villages by gravity during most of the day. The pilot project revealed possible problems with modern pump technology, risk of contamination of the water source and inadequate planning of water flow into the water sources. All these problems were solved during the implementation of the main 20 village project.

It was only possible to fully complete the water supply system in 19 of the 20 villages before onset of winter. Construction of wastewater collection and sanitation systems was postponed until the spring of 2003.

Training and workshops were conducted for 85 volunteers and water engineers and ten county wat/san officers. Four wat/san staff members of the NS participated in international workshops. Workshops on pump maintenance and welding were conducted. A revised manual to be used for training on basic water and sanitation principles was completed in Korean. A one- and three-day workshop on prevention and treatment of waterborne diseases, as well as on the protection of water sources from waterborne diseases was conducted for 60 and 200 participants, respectively.

The issue of how to obtain comprehensive and accurate information on hygiene and morbidity issues was discussed at length before the MoPH promised to create a morbidity database for each village benefited by Red Cross water supply projects. Two reports including chemical and microbiological analyses of water obtained from wells used in the areas of the projects were released. The range of analyses in the report was limited, and Federation will provide equipment for more complete water quality analysis. A preliminary assessment of 45 villages for possible inclusion in the next phase of the programme was completed.

The progress of the project was reviewed in November and in December, the National Society decided to further enforce sanitation activities by including the construction of ecological latrines. The need for more delegates for implementation of a larger project in 2003 was emphasized.

Constraints: The project is dependent on labour provided by the villagers themselves. In the DPRK the rural population has to give priority to agricultural tasks, and wat/san projects need to be implemented in between the farming seasons. As the soil is frozen from early December until March, there are only a few weeks left for implementation of the labour intensive parts of the water and sanitation project.

Other limitations include delays in funding; short implementation period in the field which creates periods of high labour intensity; tenders were conducted according to Federation's regulations but with difficulties. Prolonged discussions when Korean companies were not granted the contracts led to delays and difficulties with minor purchases. Lengthy discussions with the MoPH on availability of epidemiological data; lack of awareness of importance of good water quality and reluctance to discuss hygiene issues with foreigners are other constraints. Water monitors need equipment and means of transportation. However, the constraints encountered by the Red Cross were minor if compared with the challenges other organizations faced in the same period.

Organizational Development •

The organizational development programme started in 2002 as a test for a change process of the DPRK RC. To implement the programme, an OD committee was established, involving the DPRK RC headquarters' senior staff, branch chairmen or vice chairmen and the head and finance delegate of the country delegation in order to monitor and follow-up the progress of the programmes. The branches at provincial and city levels were restructured, decreasing the number of paid staff and revising their roles and responsibilities. Six pilot branches were selected to be model branches and an analysis of strengths and weaknesses of these six branches was carried out. The English training for staff members of the NS was completed with good results.

A workshop for top governance and management from the six pilot branches was held, and a revised plan of action for the second half of 2002 was prepared. An information and communications workshop was held at the DPRK RC headquarters (HQ), and the communications department was strengthened with two new staff. Training opportunities for two persons from HQ and one branch vice

chairman to visit the Vietnamese and Cambodian Red Cross Societies was conducted. A training course for the branch staff members and a three-day workshop for headquarters' staff members focusing on change process and SWOT analysis of the National Society was successfully conducted.

A national level leadership workshop was also planned in December but postponed until the last week of January 2003 due to transportation difficulties during the winter season. Standard OD guidelines of the Federation were translated into Korean. A branch refurbishing component in the programme was not fully implemented because of funding limits and lack of available manpower. Two of the six pilot branch offices, Anju and Kaesong, were planned to be refurbished during the last quarter of 2002. The building process started, but completion had to be postponed until the spring. After the programme launch it was expected that funding would not be difficult. However, funding was provided late and insufficiently. Many branches are dependent on the headquarters and the local government; they are not easily visible as most of them are located inside rented small rooms of public buildings. Poor telecommunication and transportation means often impede the branches' performance.

Income generation projects remain an unsolved problem, consistent with the general economic situation in the country. The financial management capacity building project was postponed due to lack of human resources and computer equipment in the DPRK RC. The lack of a transparent financial system in the DPRK RC makes it impossible to implement the updated Federation's system for economic support to the National Society, and is a constraint for future bilateral support to the DPRK RC.

Preparatory work for updating and revising the cooperation agreement strategy was initiated in the DPRK RC.

Regional Cooperation •

The close cooperation with the regional office in Beijing was developed during the year, preparing for the implementation of the Secretariat's new structure from 2003. The regional delegation in Bangkok was supporting the DPRK regarding programming and training of staff members of the NS in the fields of OD/RD and communication training. Participants in the disaster preparedness and water and sanitation evaluation teams were provided through the Beijing and Bangkok regional delegations, and the delegations facilitated the participation of the DPRK Red Cross staff members in workshops and conferences in the region.

The head of the regional delegation visited the DPRK in November to inform the NS and delegation about the Asia Pacific regional development plan for regionalization. During the health delegate's meeting in Bangkok, regional cooperation between the delegates in South East and East Asia regions was discussed, and a plan of action was presented to the heads of the two regional delegations.

The DPRK delegation started reporting to the Beijing regional delegation as of 1 January 2003. Service provided by the regional finance unit in Kuala Lumpur was good. An improved system for financial monitoring of the large fraction of in-kind donations to the DPRK is urgently needed.

Constraints: Imbalance in staffing of the Beijing and Bangkok regional delegations may represent a challenge in the first implementation phase of the new structure. The delegation of the DPRK will probably remain as a large country delegation for several years to come. As long as the country delegations in Mongolia and China remain small, close teamwork and commitment is required from the leadership to preserve a balanced and well-functioning region in East Asia.

Coordination and Management •

There was close cooperation with the delegation of the International Committee of the Red Cross (ICRC) which established an orthopaedic workshop in Songrim in May 2002. International Red Cross and Red Crescent Movement partners were able to assist each other on different occasions in the areas of logistics, administration, security and water and sanitation. The ICRC presence in the DPRK contributes to a better understanding of the Movement both from DPRK officials, the DPRK RC and the international humanitarian community. Joint weekly meetings ensure complementarity between the programmes.

Limited support was given to the Norwegian Red Cross bilateral projects. The project was in an assessment phase in 2002. Support to tree planting and an orphanage is to be implemented in 2003.

Objective 1: To ensure the most effective planning, implementation, monitoring and evaluation of Federation's supported programmes within the unique DPRK context.

The greatest progress was observed in the monitoring of the health and care programme, including the water and sanitation project. Increased involvement of the DPRK RC staff members in planning, budgeting and reporting was noted. The greatest constraints were faced in the area of finance, mainly due to lack of Korean speaking delegates and English speaking financial staff. Considerable results in the quality and consistency of job descriptions, mission instructions and terms of reference for evaluation teams were also achieved.

Constraint: There is imbalance between available human resources and activities to be conducted. The situation was improved somewhat this year because both delegates and counterparts remained in their positions for a longer period of time.

Objective 2: To support the DPRK RC in its dialogue with the authorities in order to promote the acceptance of information collection for monitoring and impact assessment.

The DPRK RC is still carrying the heaviest burden to meet this objective, and are mostly self reliant. The delegation acts mainly through the interagency forum and active participation in the technical subgroups organized by the UN bodies.

Objective 3: To promote the DPRK RC/Federation's programmes to the donor community in the DPRK and internationally.

There is close contact with donor country embassies in Pyongyang and the ECHO resident representative. Visiting donor delegations regularly met with delegates, and participated in field trips together with delegates and staff members of the National Society. The head of delegation visited donor embassies in Beijing in January, and the HoRD was involved in the DPRK operation during the last months of the year, advocating for the Federation's programmes in the DPRK. The contact between the Geneva based desk officer and ECHO and participating national societies is close. Visits to ECHO and donors were included in the briefing process for coordinators and head of delegation. Delegates on annual leave regularly visited their national societies and on several occasions promoted the programme through interviews with mass media. Six National Societies conducted nine visits to the DPRK in 2002.

Objective 4: To coordinate assistance with other international organizations and NGOs.

This objective was achieved through active participation in the interagency forum and its technical subgroups. The delegation is participating in the preparation of the UN's consolidated appeal for the DPRK.

Constraints: The culture enhancing open discussions and open communication is very different in the DPRK, particularly so if compared with the transparency and the accountability demanded by the Federation itself and by donors. The overcoming of these cultural differences demands patience and a willingness to achieve mutual understanding among all the partners involved in the humanitarian operations in the DPRK.

Looking back to 1995, when the DPRK for the first time asked the international community for assistance, all partners have learned a lot about each others' ways of communicating, making decisions and working together in a partnership.

In a global context when strong interests may lead to very difficult situations, it is of utmost importance that the Red Cross always keeps its capacity of acting according to the fundamental principles as a recognized impartial organization with the mandate of reaching the most vulnerable people and providing them with much needed assistance.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.38/2002 DPR Korea
Period: year 2002
Project(s): PKP001, 002, 003, 004, 005, 160, 401
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	12,413,596				
less					
Cash brought forward	175,986				
TOTAL ASSISTANCE SOUGHT	12,237,610				
Contributions from Donors					
Australian Govt.via Australian Red C (DGNAU)	55,513				55,513
British Red Cross # 1 (DNGB01)	1,880,001				1,880,001
British Red Cross (DNGB)	63,148				63,148
Canadian Govt. Red Cross Aid Trust (DGCA01)	306,099				306,099
Danish Govt.via Danish Red Cross (DGNDK)	747,840				747,840
ECHO Drug Distribution Programme (DEKP04)	134,183				134,183
ECHO/Danish RC - DPRK 210/2000/01001 (DHND)	335,597				335,597
ECHO/DNDK Drug Distribution Prog. (DEKP07)	235,815				235,815
ECHO/DNNL Wat/San Korea (DEKP05)	894,644				894,644
German Govt.via German Red Cross (DGNDE)	173,448				173,448
Japanese Red Cross (DNJP)	95,363				95,363
Japanese Red Cross	287,459				287,459
Netherlands Govt.via Netherlands RC (DGNL)	60,818				60,818
Netherlands Red Cross (DNNL)	852				852
Norwegian Govt.via Norcross Grant No (DGNNO1)	574,560				574,560
Norwegian Govt.via Norwegian Red Cro (DGNNO)	88,755				88,755
Norwegian Red Cross # 1 (DNN01)	63,840				63,840
Norwegian Red Cross (DNN0)	68,608				68,608
Swedish Govt.via Swedish Red Cross (DGNSE)	288,900				288,900
CANADA				37,618	37,618
DENMARK				59,959	59,959
FINLAND				128,130	128,130
GREAT BRITAIN				30,000	30,000
NETHERLANDS				30,390	30,390
NEW ZEALAND				33,183	33,183
NORWAY				29,404	29,404
SWEDEN				38,603	38,603
ECHO (03001) / DANISH RC			1,298,580		1,298,580
NETHERLANDS - GOVT			787,910		787,910
NORWEGIAN - GOVT/RC			1,132,808		1,132,808
TOTAL	6,355,442		3,219,298	387,287	9,962,027

II - Balance of funds

OPENING	175,986
CASH INCOME Rcv'd	6,355,442
CASH EXPENDITURE	-4,465,026

CASH BALANCE	2,066,402

Appeal No & title: 01.38/2002 DPR Korea

Period: year 2002

Project(s): PKP001, 002, 003, 004, 005, 160, 401

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	130,000	79,841			79,841	50,159
Clothing & Textiles	200,000	48,637			48,637	151,363
Food & Seeds						
Water & sanitation	1,051,300	515,668			515,668	535,632
Medical & First Aid	5,643,100	1,647,447	3,219,298		4,866,745	776,355
Teaching materials	53,000	11,968			11,968	41,032
Utensils & Tools	140,000	159,615			159,615	-19,615
Other relief supplies	385,000					385,000
Sub-Total	7,602,400	2,463,176	3,219,298		5,682,474	1,919,926
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	89,500	-4,183			-4,183	93,683
Computers & Telecom equip.	22,800					22,800
Medical equipment						
Other capital expenditures	9,000	8,860			8,860	140
Sub-Total	121,300	4,677			4,677	116,623
<u>TRANSPORT & STORAGE</u>						
	701,500	185,773			185,773	515,727
Sub-Total	701,500	185,773			185,773	515,727
<u>PERSONNEL</u>						
Personnel (delegates)	969,000	526,502		387,287	913,789	55,211
Personnel (national staff)	495,300	278,214			278,214	217,086
Sub-Total	1,464,300	804,716		387,287	1,192,003	272,297
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	39,200	42,256			42,256	-3,056
Travel & related expenses	109,300	69,686			69,686	39,614
Information expenses	230,200	952			952	229,248
Admin./general expenses	214,650	133,628			133,628	81,022
External workshops & Seminars	565,250	227,015			227,015	338,235
Sub-Total	1,158,600	473,536			473,536	685,064
<u>PROGRAMME SUPPORT</u>						
Programme management	837,049	334,573			334,573	502,476
Technical services	250,568	100,172			100,172	150,396
Professional services	277,878	111,122			111,122	166,756
Sub-Total	1,365,496	545,867			545,867	819,628
Operational provisions		-12,720			-12,720	12,720
Transfers to National Societies						
TOTAL BUDGET	12,413,596	4,465,026	3,219,298	387,287	8,071,611	4,341,985