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Democratic People's Republic of Korea Annual Report

 International Federation
of Red Cross and Red Crescent Societies

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**This report covers the
period 1 January to 31
December 2013**

*Simulation exercise of Red
Cross rescue team at Sinyang
county in South Pyongan
province.
Photo: DPRK RCS*



Overview

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the largest humanitarian organization in the Democratic People's Republic of Korea (DPRK). The DPRK Red Cross Society (DPRK RCS), with support from IFRC, is deeply committed to strengthening its programme based on a strong emphasis on long-term development, to be able to respond and address the needs of the most vulnerable communities. In 2013 the DPRK RCS with both financial and technical support from its partners was able to reach 8.89 million people through its various programmes (disaster management, health and care, and water and sanitation), contributing significantly to improving livelihoods and quality of life of the most vulnerable communities. A total of CHF 6.7 million was mobilised with 73 per cent expenditure for the year 2013 (see financial report).

The main operations of DPRK RCS supported by IFRC are under two business lines of IFRC's long term planning framework (LTPF) 2012-2015: Business line 2 - emergency response; and Business line 3 - strengthening the Red Cross contribution for development. Partnership and coordination interventions are under Business line 5. The main operations are: 1) disaster management (DM), 2) health and care (health) and 3) water and sanitation (watsan) with the supportive function of organizational development (OD).

Despite DPRK government's focus on improving people's livelihoods through investments both in light industry and agriculture, the challenging humanitarian situation demands the full support from the DPRK RCS. Key challenges include:

- On-going economic difficulties
- Sudden disasters due to climate change
- Unpredictable development of the political situation in the Korean Peninsula.

The first half of 2013 proved challenging for the humanitarian organizations in DPRK as well as the country itself, due to the financial sanctions against the country and the tension prevailing on the Korean Peninsula. The Bank of China had refused to transfer funds to DPRK since March 2013, seriously affecting all of Red Cross activities. This resulted in delays in the implementation of Red Cross activities. The country's readiness to an all-out war in the Korean Peninsula was also a contributing factor. During the latter half of the year, Red Cross activities gradually resumed their normal pace, as the country steadily adapted itself to the tough financial availability regarding the transfer of funds and the decreased funding in-country. The DPRK RCS sought to keep the Red Cross work on an active level by better facilitation of the community-based activities in a more appropriate and comprehensive way.

DM: The DPRK RCS with the support from IFRC developed a flood contingency plan which has been updated with the participation of all sectorial staff from health, water and sanitation, disaster management, logistics, OD and communications. The emergency preparedness plan includes prepositioning of disaster preparedness stock in the seven warehouses which are strategically located in disaster prone provinces across the country. The trained national and provincial disaster response teams (NDRT and PDRTs) through the Red Cross relief workshop were deployed to the disaster affected areas in Anju of South Pyongan and Unsan of North Pyongan provinces and worked with the community disaster management committee (CDMC) and Red Cross volunteers.

The DPRK RCS has implemented 2013 community-based disaster risk reduction (CBDRR) project in eight catchment communities of Pyongwon, Sinyang, Yangdok, Songchon, Dokchon counties of South Pyongan province, Kujang county of North Pyongan and Yonggwang and Kumya counties of South Hamgyong province with financial support from Norwegian Red Cross, Swedish Red Cross, British Red Cross and the French government. The CBDRR project has contributed to the improvement of the capacity of the most vulnerable people to cope with negative impact of the disasters, in the project community's area.

Activities such as the establishment of community disaster management, community-based early warning and evacuation system committees were undertaken to improve disaster risk reduction (DRR) knowledge and skills among community people. Climate smart disaster preparedness and mitigation measures like establishment of reforestation and construction of mitigation structures, vegetable, mushroom gardens and processed food activities were done to improve the livelihood of community people.

The community disaster management committees have been established in the respective target communities and have played a key role in project design, implementation, monitoring, evaluation and coordination with Red Cross branches, local authorities and technical institutions at county and provincial level. The community disaster management committees and community people have carried out the planned activities with full ownership on the project, providing labour, local materials and technical expertise as well as contributed some of the financial resources.

Health: The health and care programme of IFRC and DPRK RCS has been implemented in 56 cities and counties of South Phyongan, North Phyongan, South Hamgyong and North Hwanghae provinces, with focus on improving the health of women and children. Around 8.25 million people in total have benefited from the supply of essential medicines and medical instruments for local health institutions, providing the medical service for community people.

Along with medicine distribution and training of household doctors (HHD) there was also voluntary non-remunerated blood donor recruitment (VNRBD) training for university students. CBHFA programme has been undertaken in eight selected communities with the engagement of Red Cross volunteers. During the year several trainings for trainers (ToT) and volunteers (ToV) have been held. Also training for youth volunteers in first aid as well as health in emergencies (both ToT and ToV) was conducted.

OD: During the Cooperation Agreement Strategy (CAS) meeting in Beijing in September 2013, there was a high degree of consensus around the view that programme coordination needed to be documented more through OD with an integrated approach, in order to strengthen the programme base and development of the National Society. The IFRC support in OD focused on identifying the role of OD in supporting and coordinating the project teams while improving the planning documents for all national headquarters' programmes in DPRK RCS. This was achieved by working through and completing OD and other programmes' logical frameworks in the national headquarters.

Working in partnership

Operational Partners	Agreement
Australian RC, British RC, Canadian RC, Danish RC, Finnish RC, German RC, Norwegian RC, Spanish RC, Swedish RC, Italian RC, Turkish RC, French RC, Iranian RC	Cooperation Agreement Strategy (CAS)
Chinese RC	
Japanese RC	
ICRC	
DG ECHO	
Ministry of Public Health	
National Disaster Prevention Committee	
Hydro-meteorological Bureau	
Central Statistics Bureau	
Ministry of Land and Environment Protection	
Ministry of People's Security	
Ministry of Education	
National Science Academy	contract on technical service
Anti-epidemic station	
Cooperative farms	
Youth League	

The table above shows that the IFRC and DPRK RCS are both privileged to have international partners that contribute to their community-based programmes financially and technically. The 2013 annual approved budget was CHF 6,645,824, while the total financial contribution was CHF6,718,372. The local partners play a critical role in supporting the implementation of activities at community level through technical and human resources in the areas of health and care and disaster management.

Progress towards outcomes

Business Line 1: To raise humanitarian standards

Outcome 1: The DPRK RCS is enabled and inspired to increase the magnitude, quality and impact of their services.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1: DPRK RCS thoroughly adhere to the humanitarian spirit of Red Cross Movement in all of its activities.			
% of DPRK RCS organized trainings contains the Fundamental Principles, use of emblem, and international humanitarian law (IHL).	0	100	100

Business Line 2: To grow Red Cross Red Crescent services for vulnerable people

Outcome 1: DPRK RCS is better prepared to respond to disasters and crisis events timely and effectively.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1.1: The DPRK RCS has well defined roles in disaster response and recovery mechanisms.			
1.1.a. # of NDRT and PDRT members trained in disaster relief skill and knowledge.	NA	120	115
1.1.b. # of people participated in the stakeholder meeting.	NA	40	42
1.1.c. # of branches with updated disaster response and contingency plans.	NA	200	0
Output 1.2: The DPRK RCS has improved human resource capacity to respond to natural disasters.			
1.2.a. # of RC volunteers trained in response skills	NA	200	155
1.2.b. # copies of emergency response guidelines and handbooks.	NA	10,000	-
1.2.c. # of volunteers mobilized in response operations.	NA	3,500	3,385

Output 1.3: DPRK RCS has improved material resource for emergency relief for the affected people.			
1.3.a. # of family kits prepositioned.	NA	2,000	5,000
1.3.b. # of hygiene kits prepositioned.	NA	2,000	2,000
1.3.c. # of interagency kits prepositioned.	NA	10	-
1.3.d. # of warehouses renovated.	NA	3	-
1.3.e. # of water treatment units fully operational.	NA	4	4

Business Line 3: To strengthen specific Red Cross contribution to development

Outcome1: To improve the capacity of 350,000 most vulnerable people to cope with negative impact of natural disasters in target communities.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1.1: Improved knowledge and awareness for disaster risk reduction among community people.			
1.1.a. # of CDMC members and RC volunteers (RCVs) participated in DRR workshops	NA	330	318
1.1.b. # of people attended in VCA and DRR awareness activities	NA	76,500	80,000
Output 2: Climate smart preparedness and mitigation measures are introduced.			
1.2.a. # RCVs trained in preparedness and mitigation skills	NA	250	288
1.2.b. # Population took part in early warning evacuation simulation	NA	76,500	78,000
1.2.c. # ha of mountains reforested	NA	600	651
1.2.d. # people protected by mitigation measures	NA	42,500	23,000
Output 3: Food security and livelihood of the most vulnerable people is improved.			
1.3.a. # trained in livelihood skills (agro-forestry, vegetable greenhouse, mushroom production, kitchen gardening)	NA	445	450
1.3.b. # most vulnerable families regularly supported by self-help mechanism	NA	16,842	15,744
<p>Output 1.1: Knowledge and awareness for disaster risk reduction among community people is improved.</p> <p>Community disaster management committees (CDMC) were established in eight target communities. They played a crucial role in participatory planning, implementation, monitoring and evaluation of disaster risk reduction activities. This has also helped to facilitate the improvement of knowledge and skills in project management with a focus on standardised indicators. A total of 64 CDMC members and Red Cross volunteers have participated in the DRR planning workshops (32 people) and the mid-term review meeting.</p> <p>Approximately 34,000 target community people have participated in the VCA and participatory rural appraisal conducted in January and February 2013 to identify the disaster risks, their vulnerabilities and measures to cope with their problems. Through the VCA process, community people have contributed through their suggestions in developing a realistic community disaster risk reduction plan.</p> <p>A total of 620 Red Cross youth volunteers have performed nine art performances which disseminated DRR messages. The messages included early warning and evacuation system, tree planting, agroforestry, first aid, hygiene promotion and livelihood improvement targeting approximately 70,000 community people and children. Their performance has largely contributed to improving public awareness on the community disaster risk reduction and resilience building.</p> <p>A total of 30 CDMC members and Red Cross branch staff from eight CBDRR project communities activity participated in the review meeting. The participants identified achievements, good practices, challenges and lessons learnt during the CBDRR project implementation. The recommendations gathered from this review meeting have been incorporated in 2014's DRR plan for more effective DRR programme implementation.</p> <p>The indicator 1.2.d "# people protected by mitigation measures": the variance is 46% below the target because some CBDRR project communities were not provided with essential materials like cement and</p>			

steel bar for construction of disaster mitigation structures due to the lack of funding.

Output 1.2: Climate smart preparedness and mitigation measures are introduced

Community-based early warning and evacuation (CBEW) guideline was developed with support from relevant stakeholders including National Academy of Science, Ministry of People’s Security, National Disaster Management Bureau and Central Hydro-meteorological Bureau. The guideline has been tested through workshops and simulation exercises conducted in six target communities with approximately 60,000 people from flood and landslide prone areas. The guideline on CBEW will be printed in early 2014 for distribution to the CBDRR project communities as well as neighbouring communities for replication. A total of 635 Red Cross volunteers were mobilized to monitor the disaster risks in 243 community monitoring posts identified by the CDMCs during the flooding season. A total of 163 volunteers were recruited as emergency rescue team members participating in simulation exercises. As reported during the CBDRR annual review meeting, there were no causalities reported in the pilot community where CBEWS was established.

Tree seedling production skills training and agroforestry introduction training were conducted with the participation of 280 tree nursery workers, forest rangers and community people. In eight target communities, community tree nurseries were established and approximately 12 million seedlings were produced, increasing the capacity to sustain long term reforestation activities. During the spring and autumn tree planting campaigns, community people and Red Cross youth volunteers have planted 567,000 seedlings provided by the Red Cross and 300,000 seedlings produced by community nurseries on 651 hectares of surrounding bald mountains. A total of 2,000 copies of agroforestry guideline and 1,000 flipcharts of agroforestry practice have been printed and distributed to sloping land user groups in eight target CBDRR communities.

Output 1.3: Food security and livelihood of the most vulnerable people is improved

Technical workshops on the construction and management of vegetable greenhouses were held targeting 180 Red Cross staff, volunteers and community people from the eight CBDRR project communities between August and October 2013. Three experts on vegetable greenhouse from the National Academy of Science facilitated the workshops. The project communities using the skills gained through these training sessions have constructed 16 vegetable greenhouses based on the technical specification and design provided. These greenhouses, where national standard vegetable growing methods were applied, have been able to produce larger quantities of vegetables. In addition, 700 copies of construction and management of vegetable greenhouse guidelines were printed and distributed to community people in the CBDRR project communities.

Three phases of mushroom production technical workshops were conducted in south Pyongan Tokchon, Sinyang and Yangdok counties, South Pyongan in September, October and December 2013 with the technical support from the National Academy of Science. These training sessions were attended by 300 community people from six CBDRR project communities. The community people, through these workshops have acquired the knowledge and skills in growing mushrooms in individual kitchen gardens using spores produced in the mushroom production centres provided through the CBDRR project.

Five new CBDRR communities have been provided with five sets of food processing machines which have helped 14,990 community people with nutritious foods such as soya bean milk and noodles.

Outcome 2: The medical services focusing on maternal, newborn, and child health care is improved.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1: Health status and access to basic medical services through provision of essential medicines is maintained while scaling down distribution of essential medicines.			
1.1.a. # of essential medicine kits distributed to the RC-supported area.	NA	7,158	4,772
1.1.b. # of health institutions provided with medical kits.	NA	168	112
Output 2: The capacity and quality of the primary health care services in supported provinces is improved.			
% births attended by skilled health personnel (LTPF indicator).	NA	NA	NA
2.2.a. # of HHDs from RC essential medicine-provided health institutions are trained with the HHD training package.	NA	300	300

2.2.b. # of club 25 members recruited.		150	200
<p>Maternal, newborn and child health (MNCH): The last consignment of 2,386 Il Cha Medical Kits planned for 2012 arrived at DPRK in January 2013 and was distributed to health institutions in February, along with 2,386 Small Medicine Kits. The first round of 2,386 Il Cha Medical Kits for year 2013 was delivered to the country in February 2013 and distributed to health institutions in May. This was the last supply of consignments to health institutions providing primary health care, causing a long gap without Red Cross-supported medicines in health institutions in late 2013 and early 2014, due to prolonged procurement process of the Il Cha Medical Kits. The purchase orders for the second and third rounds of Il Cha Medical Kits and Small Medicine Kits were placed in June 2013 right after the pledges were confirmed from donors.</p> <p>Small Medicine Kits were locally procured with a shorter lead time as compared to Il Cha Medical Kits, and two consignments of 2,386 Small Medicine Kits came to Central Medical Warehouse respectively on July and November. They are still being stored in the Central Medical Warehouse, waiting for Il Cha Medical Kits to be supplied together as one consignment to health institutions. Phase one training for HHDs was conducted in collaboration with MoPH in March.</p> <p>Voluntary non-remunerated blood donor recruitment (VNRBD): In collaboration with IFRC, DPRK RCS and MoPH, a VNRBD training session was held in September and November at National Blood Transfusion Centre where, 100 students from Kim Chaek University of Industry and Pyongyang Medical University of Kim Il Song participated. This was to increase the awareness on the importance of safe blood and VNRBD and encourage peer educators to promote the needs of safe blood and VNRBD among co-students and local people.</p>			

Outcome 3: The capacity of DPRK RCS in building community safety and resilience through integrated community-based health and first aid approach is improved.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1: DPRK RCS staff and volunteers are trained in the use of IFRC community-based tools and methodologies and have adapted and applied them to the local context.			
3.1.a. # of communities has developed a CBHFA plan of action based on the identified priorities.	NA	5	4
3.1.b. # of counties conducted CBHFA baseline.	NA	2	2
Output 2: Health and first aid knowledge in CBHFA targeted communities is improved.			
3.2.a. # community people reached by CBHFA.	NA	120,000	111,117
3.2.b. # of community members who received basic FA from a CBHFA volunteer trained in basic FA.	NA	240	240
3.2.c. # of trained CBHFA volunteers in targeted communities.	NA	200	200
3.2.d. # of households visited by RC volunteers at least once in the past 12 months.	NA	450	450
Output 3: Reduced road accident victims in Pyongyang city.			
% of reduction in traffic accident.	NA	NA	NA
<p>Community-based health and first aid (CBHFA): CBHFA ToT was held in Yangdok county of South Pyongan province and Hamhung city of South Hamgyong province from 25 February to 7 March 2013 in close collaboration with water and sanitation department. The training was attended by 40 trainers from 10 counties of South Pyongan and South Hamgyong province. CBHFA ToV for 200 volunteers was held in South Pyongan and South Hamgyong province between March and early April.</p> <p>A PMER workshop for 40 Red Cross branch staff and CBHFA volunteers selected from CBHFA-targeted branches and community was conducted to properly manage the CBHFA project in Hamju county of South Hamgyong Province between 1-4 July. This workshop was also a good opportunity to introduce the experiences of individual staff and volunteers from different communities, integrating CBHFA into other sectorial programmes like CBDRR and watsan. The CBHFA workshop was followed by an exchange visit to CBHFA-project community in Hamju county of South Hamgyong province for 30 project managers selected from other targeted cities and counties of South Pyongan, North Pyongan and South Hamgyong provinces in September.</p> <p>The final evaluation on CBHFA pilot project was made during 11-18 October by two representatives from</p>			

Finnish RC and IFRC zone office, together with the NS health team and the IFRC country delegation. They visited the selected CBHFA target communities in Riwon and Hamju counties of South Hamgyong province, interviewing CBHFA volunteers, beneficiary people and health personnel through household visits, visit to Red Cross first aid posts and health institutions and observing the local health promotional campaigns facilitated by CBHFA volunteers. Recommendations were issued from the evaluation to improving CBHFA implementation in the future.

Together with the Ministry of Public Health of DPRK, CBHFA baseline preparatory workshops were conducted in South Phyongan and South Hamgyong provinces in December to review and update the draft baseline questionnaires among key players such as CBHFA volunteers, HHDs and heads of health institutions from CBHFA communities. At the end of the year, the NS decided to move towards integrated programming and therefore specific CBHFA baselines were not needed anymore.

A total of 25 Red Cross trainers further enriched their first aid knowledge and training skills by participating in the first aid master trainers' course held on 2-4 October 2013 in Kaesong city, North Hwanghae province which also facilitated the sharing of experiences and lessons among first aid trainers. Between 19-29 November 2013, 200 active Red Cross youth members selected from secondary schools in disaster prone areas of Kaesong city, North Hwanghae province and South Phyongan province obtained first aid knowledge and skills and became peer educators on first aid and health promotion both in schools and communities, thanks to the first aid youth training facilitated by DPRK RCS and IFRC. The training sessions were conducted through various training methods such as lectures, practices, group discussions, Q&A sessions and competitions. The main topics of the training were focused around CPR, bleeding, bandaging, shock, hygiene promotion, and road safety and etc.

First aid materials (10,000 compress gauzes, 6,000 elastic bandages and 300 triangular bandages) were procured and stored in Central Medical Warehouse for first aid training and service in emergency at national and local levels in 2014. Teaching tools on first aid (330 first aid flipcharts and 50 facilitator's manuals and 200 volunteer's manual on psychosocial support) were developed and printed based on the IFRC standards and local realities, and they will be used in future ToT and ToV courses.

First aid and health in emergencies (HiE)

A total of 100 Red Cross volunteers selected from flood prone areas like Sukchon, Pyongwon, Sinyang and Yangdok counties of South Pyongan province possessed profound knowledge on health in emergencies through attending the health in emergencies courses organized by IFRC and DPRK RCS in July and these training sessions covered the function and role of Red Cross volunteers in health aspects of disaster settings. A ToT course on health in emergencies was also organized for 25 Red Cross local branch trainers with a focus on improving the skills on training, organization and facilitation combined with a technical aspect on emergency responses in health.

Output 3: To mark the "2013 World First Aid Day" (WFAD), IFRC and DPRK RCS headquarters organized a first aid training for 50 traffic officers in Pyongyang, following the theme of 2013 WFAD's "First Aid and Road Safety". Reference documents such as the first aid manuals and road safety pamphlets on the 10 commitments were distributed to the participants.

"Road safety is No Accident", a Red Cross youth event was held at the Changdok School in Pyongyang on 20 September 2013. A total of 450 Red Cross youth volunteers participated in this event. Representatives from DPRK RCS, IFRC country delegation, Chinese RC, Norwegian RC, British RC, and Swedish RC visiting the DPRK RCS were invited to observe the event. This event was held to raise road safety awareness among school children in Pyongyang.

Outcome 4: Improved access to safe water and sanitation facilities as well as hygiene promotion in target communities.

Indicators	Baseline	Annual Target	Year to Date Actual
Output 1: Newly installed or rehabilitated water supply system and sanitation facilities in the selected project communities.			
4.1.a # of beneficiaries in target communities have access to safe water at household level.	0	50,000	19,579
4.1.b % of the total population in target communities use new	0	7 500	1 803

latrines.			
4.1.c % of target households use wastewater disposal systems.	0	9,263	9,263
Output 2: Hygiene knowledge and behaviour is improved in the target communities.			
4.2.a % of target population that understand and practice good hygiene behaviour.	NA	NA	NA
<p>Eight communities have been implementing activities within the water and sanitation programme in 2013. Four of these communities (Sinyang, Sukchon (x2) and Tongrim Counties) completed the construction in 2013, counting 19,579 beneficiaries with easy access to safe water for drinking, cooking and washing purposes at household level, while schools and health institutions in these communities have been connected to the water mains. Women and girls are relieved of the heavy physical burden of fetching water at often far away rivers and ponds. The remaining four communities completed 90 per cent of the construction of the water supply in 2013, and projects are on track to complete by mid-2014.</p> <p>The construction material for the piped water systems was received on two occurrences – three communities received these goods in January 2013 while five communities received in October 2013. Upon arrival, the goods were inspected by a third party company and DPRK RCS technicians with support from the IFRC water and sanitation delegate. Pump operators, electricians and community technicians in each of the community attended hands-on technical workshops upon arrival of equipment. Regular monitoring and supervision were ongoing throughout the construction in each community with various durations and by different technical capacities. The IFRC water and sanitation delegate visited all communities to provide technical support.</p> <p>In advance of the arrival of pipes and fittings, the community finalised the construction work of the water structures. Community people were mobilized to excavate the trenches for pipes. Specific focus was given to ensure that sufficient depth of the trench was achieved to prevent pipes from freezing in the winter months.</p> <p>Two of the communities have initiated the sanitation component, and remaining communities will commence this work in early 2014. The planned construction of sanitation facilities did not meet the set annual targets.</p> <p>100 pupils attended a one-day hygiene promotion training which emphasized on hand washing in schools in five of the project communities located in Pakchon, Sukchon, Pyongwon, Sinyang counties and Pyongsong city, South and North Pyongan Province in August 2013. The school children conducted peer hygiene promotion activities in each class to further disseminate hygiene knowledge and messages among the target school students. Furthermore, 20 Red Cross volunteers from five of the project communities attended The ToV hygiene promotion workshops and participated in health and hygiene promotion campaigns in their communities. The Red Cross volunteers from these workshops addressed health challenges with topics such as the prevention of water and sanitation borne disease through safe water storage and transport, personal hygiene (in particularly hand washing), food hygiene and disposal of wastewater and excreta.</p>			

Outcome 5: DPRK RCS is strengthened through robust organisational structures and systems (human, financial and material) and a wide representation of its stakeholders

Indicator	Baseline	Annual Target	Year to Date Actual
Output 5.1: The organizational capacity of DPRK RCS is improved with clear strategies, strong staff and branch capacity, and correct understanding of its organizational status.			
5.1.a.% of plans of NS branches are corresponding with NS strategic plan 2016.	100	100	100
5.1.b.% of RC branches are doing activities according to the plans.	71.3	100	71.3
5.1.c.% of OCAC process is implemented in DPRK RCS (OCAC assessment done: 50%, peer review done:100%).	0	50	0
Output 5.2: The DPRK RCS has increased volunteer management capacity with a strong volunteer base, able to better recognize, train and recruit the required volunteers including youth.			
5.2. a. % increase of regular volunteer annually.	0	10 % (1,000)	1.5% (151)
5.2. b. % of DPRK RCS volunteer database updated.	50	90	90
5.2. c. # of RC Youth volunteers increased annually.	-	3,500	1,781
5.1.b. The activities of 56 county branches of North Hamgyong, Jagang, Ryanggang, Kangwon, South			

Hwanghae provinces failed to report regularly(weekly) on their activities to the provincial chapters, due to bad communication.

5.1.c. The DPRK RCS is under preparatory phase for the OCAC process.

5.2.a. The increased number of regular volunteers is only 151 by the end of 2013. The national headquarters finds the reason of this little increase in the poor system of volunteer recognition. DPRK RCS capacity of OD is not reaching further to improve the volunteer recognition system.

5.2.b. Since the branch level self-assessment is done in the beginning of 2013, the basic data is updated.

Business Line 4: “To heighten Red Cross Red Crescent influence and support for our work”

Outcome1: DPRK RCS is better positioned and has stronger capacity to achieve the vital goal of helping to protect the most vulnerable and increasing and safeguarding humanitarian space.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1.1: DPRK RCS communication capacity is strengthened and empowered to deliver messages about Red Cross Red Crescent action, humanitarian imperatives, and values that increase visibility and positive images of the Red cross Red Crescent among the general public and back to the communities served.			
1.1.a. % of RC related events were involved mass media and broadcasted accordingly.	0	50	50
Output 1.2: The DPRK RCS gains advocacy from relevant authorities like governmental bodies, social organizations, NGOs and GOs through dissemination of RC.			
1.2. a. # of DPRK Red Cross visits to relevant ministries annually for RC dissemination.	0	8	8
1.2. b. % of RC relevant ministries, social organizations and NGOs receive RC publications.	0	100	100
1.1.a. The main events that DPRK RCS organised or participated in 2013 were as follows: tree planting campaign, Red Cross day, blood donors’ day, TB day, road safety, RC foundation day, and World First Aid Day. The events were all broadcasted on central TV, newspaper, and magazine. 1.2.a. The Ministries of Land and Environment Protection, People’s Security and Education, the National Science Academy, Central Bureau of Statistics, Cooperative farms, and Anti-epidemic stations, and health facilities are the main working partners of DPRK RCS in the country and they kept close contact and collaboration with DPRK RCS in implementation of the Red Cross support projects. 1.2.b. The above mentioned ministries and organizations have all received the Red Cross publications regarding the emergency response and preparedness, first aid, agroforestry, greenhouse management, mushroom production, planting vegetables, and hygiene promotion.			

Outcome 2: DPRK RCS develops its potential capacity to increase the social involvement and income sources.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 2.1: The DPRK RCS improve the existing source of resource mobilization to meet the need of the vulnerable people in the community.			
2.1.a. % increase of income of Korea RC Foundation.	NA	NA	NA
Output 2.2: The DPRK RCS creates new source of income to serve more people and to bring more income to the society.			
2.2.a.DPRK Red Cross opens and operates 5 RC service centres (1 in HQs and 4 in Chapters) by 2015.	1	2	1
2.1.a. The Korea RC Foundation has started its activities and the information on the income is not yet available. 2.2.a. The DPRK RCS has a plan to install two RC service centres in Sinuiju and Hamhung in 2013, and plan is in the process of site selection and approval for land use. At the moment there is one RC service centre in Pyongyang supported by the Norwegian RC.			

Business Line 5: “To deepen our tradition of togetherness through joint working and accountability”

Outcome 1: DPRK RCS works together more effectively in partnerships and alliances within the Red Cross Red Crescent and with external partners.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 1.1: DPRK RCS has effective platforms and mechanisms for Federation-wide coordination, such as the CAS mechanism.			
% of DPRK RCS programmes supported through a pooled funding mechanism and meeting commonly agreed performance and accountability criteria.	0	85	57.5
Output1.2: The DPRK RCS coordinates with other NSs to further their own development and potential.			
Minimum 2 exchange visits between DPRK Red Cross and other NSs per year.	0	2	2
<p>In 2012, the final approved budget was CHF 6.68 million, and the total donated income from CAS members was CHF 4.7 million. In 2013, the Q2 approved budget is CHF 7.3 million, while the income from CAS members is CHF 4.2 million. The donation from the new CAS members; Italian RC and French RC have contributed to the increase of income. The traditional CAS members who donated incomes are as follows: Finnish RC, Swedish RC, British RC, German RC and Norwegian RC.</p>			

Outcome 2: The DPRK RCS staff has mechanisms and systems in place that support good results-based programme management, transparency and accountability.

Indicator	Baseline	Annual Target	Year to Date Actual
Output 2.1: The DPRK RCS has increased understanding of PMER tools, have adapted them to local programme context and are able to provide support directly to their counterparts.			
2.1.a. % of DPRK Red Cross programmes operates based on the good PMER system.	-	100	100
Output2.2: Reports, plans and reviews/evaluations are completed and shared in timely manner.			
2.2.a. % of all reports, plans, and reviews/evaluations are submitted before the deadline.	-	100	80
<p>The programme departments of DPRK RCS conducted several workshops and training on PMER. There were two PMER workshops for national headquarters staff in Pyongyang in 2013 under the direct supervision of PMER focal points in Asia Pacific zone office in KL. All of the programme/project managers were reminded on PMER logic and tools, and was able to utilize the tools more effectively for the project implementation. The PMER skills and knowledge of the NHQ staff was displayed during preparation of the planning documents of programme integration.</p> <p>Even if the general level of the PMER skill of NHQ and IFRC staff is improved in 2013, there is still a gap in the PMER sector of DPRK RCS, and one of the main issues is the human resource and the capacity of the staff on PMER, resulting in delayed reports and planning documents.</p>			

Stakeholder participation and feedback

DM: The CDMCs have been established in the respective target communities and have played a key role in project design, implementation, monitoring, evaluation and coordination with RC branches, local authorities and technical institutions at county and provincial level. The CDMCs and community people have carried out the planned activities with full ownership on the project, providing labour, local materials and technical expertise as well as contributed in some of the financial resources.

DPRK RCS has close working partnership with the National Academy of Science, Ministry of Land and Environmental Protection (MoLEP), National People’s Security, Ministry of Hydro-metrological and authorities at county and provincial level to implement the community-based disaster risk reduction project.

Strategic partnership with National Disaster Response Bureau, Hydro-meteorological Bureau and Ministry of Peoples' security was reinforced during the development and establishment of community-based early warning and evacuation system. With the technical input from these stakeholders, DPRK RCS has developed the guideline on community-based early warning and evacuation system which will be rolled out to establish EWS at national level.

MoU has been signed between the British government and IFRC with regard to procurement of DP stocks. In addition, EU Non State Actors (NSA) proposal through the Swedish Red Cross for community-based DRR has been signed. The 3-year project will be effective from February 2014.

Health: The DPRK RCS and IFRC has closely been cooperating with local and international partners like Ministry of Public Health, Ministry of Education DPRK, WHO and UNICEF for adequate coordination and coherence of Red Cross community health interventions with the relevant stakeholders.

Water and Sanitation: Communities in DPRK have established management structures and the project capitalises on these functioning structures. Within this structure, the project has established a "Water and Sanitation Committee" comprising of key resource persons, including the cooperative managers, and as such builds capacity in the target community to address their water and sanitation needs. This includes the fact that the community will be qualified to operate and maintain their new infrastructure within the existing management structure. Specifically the area of responsibilities for the water and sanitation committee includes the following responsibilities: advance preparations before construction, supervision of construction as per agreed designs and standards, development and implementation of operational and maintenance plans, and ensure that hygiene promotion activities are carried as per plan.

CAS

The CAS for DPRK is one of the most successful mechanisms of partnership. Every year the CAS partners for DPRK hold a meeting to improve the collaborative work for the DPRK RCS. By 2013, Red Cross societies from 13 countries have signed on. In 2013 the CAS meeting for DPRK RCS was held in Beijing in 23-24 September. The participants were from the following national societies and organizations: Australian RC, British RC, Chinese RC, Danish RC, Finnish RC, German RC, Iranian RC, Norwegian RC, Swedish RC, and four DPRK RCS staff including the secretary general, the outgoing and incoming head of delegation, IFRC and the head of mission from ICRC. During the meeting, achievements and lessons learned, challenges and solutions from the cooperative operations in DPRK were shared. The next CAS meeting for 2014 was decided to be held in 25-26 June 2014 in Great Britain.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
Key Risks:		
DM: Funding gap and delay of financial transaction delayed or cancelled emergency preparedness activities.	H	Project outline for funding support will be communicated to the partner national societies under the framework of the Cooperation Agreement Strategy of the DPRK RCS.
Natural disasters including flooding and landslide occurred in the critical period of the project.	H	Suspend the project input for the critical period of the disaster relief, revise the plan of action and communicate to donors immediately for their consent.
Extreme political and security situation may hamper the project implementation.	L	The National Society will advocate for the government of the DPRK to adhere to the memorandum of understanding (MoU) between IFRC and the government and take necessary measures.
Local economy becomes unstable that the project does not produce any positive impact on the livelihood of the most vulnerable.	M	Ensure that any livelihood intervention does not include sale of the products in exchange of other commodities.

Health Timely delivery of medical kits.	H	Pledge should be made early enough to place an order for Il Cha kits
Shortage of funding for planned medicine distribution and training.	H	Plan and revise the procurement of materials and trainings as per the ensured funding.
Lack of cooperation with governmental agencies including Ministry of Public Health and Ministry of Education.	M	Arrange for meeting with MoPH and Ministry of Education twice a year to better improve and coordinate the Red Cross support in line with perspective of local government.
Lack of coordination with other international agencies including WHO and UNICEF.	M	Actively attend the monthly in-country health thematic meeting to share the ongoing health activities among international health related agencies.
Improper capacity of local chapters and branches to apply CBHFA approach to local realities.	M	Provide CBHFA training to selected RC provincial chapters and city/county branches for proper adaption of CBHFA to local realities.
Interrupted integration with other programmes like DM, W/S and OD.	M	Arrange for inter-programme coordination meeting on a monthly basis to share their activity schedule.
Limited training and facilitation skills among RC trainers and promoters	M	Train and retrain CBHFA volunteers including PMER from selected communities.
Lack of cooperation between RC volunteers and household doctors	M	Encourage the volunteers to share their plans with household doctors' quarterly basis.
Watsan Delivery of pipes and fittings was delayed by one month. Lack of adequate human resources to follow up remains a key risk.		The relevant actors have addressed the delay in the procurement process through joint meetings and identification of lessons learnt. The 2014 procurement process will see concrete improvements in communication and resource planning. A timeline for this process is agreed up-front and includes roles and responsibilities.
OD Mind-set for integration.	H	Bring a change in mind and attitude of programme managers.
Lack of qualified staff (HR).	H	Set up a task force for integrated PMER-capacity building.
Unclear role and responsibility.	H	Develop clear roles and responsibilities Prioritization of activities.
Limited financial resources.	H	Coordinated budget allocation.
Donor support.	H	Improve donor communication.
Positive factors:		
Watsan <ul style="list-style-type: none"> • The internal evaluation of "old" project communities showed an average of 19% reduction of water borne disease among patients in clinics. The count of coliforms per litre was measured to be below 4 in all cases. • In particular, the physical burden for women and girls is relieved. • The impact of the programmes is evident and easily measurable. 		

Lessons learned and looking ahead

Emergency preparedness

Capacity building on relief assessment needs to be further enhanced. Some of the information on scales of damage provided by newly recruited Red Cross volunteers was either underestimated or overestimated during the flood response operation. They were not familiar on how to assess the level of damage and lacked specific assessment skills for the relief operation. To address this issue, the need for regular/refresher relief trainings for Red Cross volunteers was highlighted.

One of the recommendations from the lessons learned workshop, flood response operation 2013 was to **further strengthen the early warning and evacuation system** at the community level by mobilizing Red Cross volunteers more quickly and effectively for dissemination of early warning messages which proved to be very effective in one of the pilot communities where EWS was established. Moreover, response training to the Red Cross volunteers and PDRT members prior to the monsoon period also proved to be effective during the operations.

Health

Procurement of II Cha kits takes more than six months. In May 2013, the second quarter's consumption was ordered through GVA logistics, but the medicine has yet to be delivered. All the health institutions have run out of stock since August, and there is a long gap of medicine supply, approximately for more than 4 months.

The provision of essential medicines, particularly antibiotics and antipyretics is urgently needed to tackle the acute respiratory infections during winter months.

As RC youth members are a playing key role in first aid dissemination and hygiene promotion among community people, it is necessary to give priority to the youth in first aid training and activity.

In order to scale up first aid programme at the national level, it is important to provide regular first aid training materials and first aid kits to the trainers and volunteers as well as first aid training.

Water and sanitation

Human resource constraints in the logistics unit in the KL zone office caused an initial minor delay in tendering. This escalated into a one-month delay in delivery to the communities. The biggest challenge was to avoid or minimise delays in the construction of water supply systems in the five project communities. The net negative effect of the delay was minimal due to a very mild November and December which allowed construction to carry on longer than initially planned. Better planning and agreeing to timelines, milestones and key deliverables have been incorporated into the 2014 procurement cycle.

The project did not succeed in building the desired amount of sanitation facilities due to funding constraints. Priority has been made in the 2014 budget to ensure that outstanding commitments are fulfilled, to be able to achieve the sanitation component as planned, only with minor delays. This lesson has prompted the project to reshuffle the sequence of activities. In the new 2014–2015 project cycle, the sanitation activities occur before the construction of the piped water.

OD

Red Cross projects are growing and seeking ways to solve more problems causing vulnerability in the communities. OD, as the programme-supportive and coordinative body, should have adopted these new demands into its objectives. Individual project has limits in its capacity to meet the complex need of communities and this limitation can be supported by the function of OD. The OD of DPRK RCS is going to focus on better coordination and integration of the projects in 2014. A lesson learned that OD function should be flexible and timely to be supportive in the various RC activities in the field. Programme support will be a core OD activity.

Financial situation

[Click here to go directly to the financial report.](#)

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\)](#) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

Contact information

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

- **The DPRK Red Cross Society: Ri Ho Rim**, Secretary General, email: dmw@star-co.net.kp; phone: (850-2)18111 (ask for 8048), +850 2 381 4350, fax:+850 2 381 3490
- **IFRC country office in DPRK: Mr. Kari Isomaa**, Head of Delegation, email: kari.isomaa@ifrc.org, mobile +850 191 250 1149, F +850 2 381 3490
- **IFRC East Asia regional office in Beijing: Mr. Martin Faller**, Head of Regional Office, email: martin.faller@ifrc.org; phone: +86.10.65327162, fax: +86.10.65327166
- **International Federation Asia Pacific zone office in Kuala Lumpur**: phone: + 603.9207.5700, fax:+603.2161.0670
 - Jagan Chapagain, Director of Zone; phone +603 9207 5700; email: jagan.chapagain@ifrc.org.
 - Peter Ophoff, Head of Planning, Monitoring, Evaluation and Reporting; phone: +603 9207 5775; email: peter.ophoff@ifrc.org.