

Asia and Pacific

LEADERSHIP / FACILITATION / COORDINATION / SERVICES TO NATIONAL SOCIETIES

Democratic People's Republic of Korea



In the DPRK, IFRC support to DPRK Red Cross Society focuses on:

Health and care: Essential drugs' distribution to 2030 *ri* clinics and county hospitals in 56 counties of North Hwanghae, South Hamgyong, North and South Phyongan provinces; monitoring of distribution and utilization of the drugs; community-based health and first aid through a network of 2,500 first aid posts throughout the country; public health in emergencies; training on health education and promotion for health professionals; promotion of safe blood through voluntary blood donor recruitment.

Water and sanitation: Construction of water supply and sanitation systems for 165 *ris* in South Hamgyong, South Hwanghae, North and South Phyongan provinces since 2001, including 15 in 2009 (an additional 15 *ris* are targeted for 2010-11); training of community technicians to ensure sustainability; data collection on hygiene behaviour and waterborne diseases through the Anti-Epidemic Stations; hygiene promotion.

Disaster management: Community-based disaster risk reduction in 100 *ris* in 24 counties in South Hamgyong, North and South Phyongan provinces through the establishment of community disaster management committees, elaboration of risk maps and disaster response plans, tree planting and the construction of mitigation structures such as dykes, evacuation bridges, water drainage systems and water source protections; construction of eight greenhouses; road safety through public awareness campaigns, workshops for traffic wardens, traffic violators, school children and other, and first aid response for traffic accidents in 20 education rooms in Pyongyang; emergency rescue services; two water rescue teams in Wonsan (Kangwon) and Hamheung (South Hamgyong) beaches; prepositioning of over 27,000 family kits and other relief supplies in seven warehouses.

Organization development: Capacity building in national Red Cross society; communications; resource mobilization; integrated community development in 2 *ris*, in South Hamgyong and South Phyongan provinces started in 2008 (an additional 2 *ris* are targeted for 2009-10).

Annual budget for 2010: CHF 10.06 million

For more detailed information on the IFRC in the DPRK, please visit: <http://www.ifrc.org/where/country/cn6.asp?countryid=193>

Health and care

The health and care programme of IFRC in the DPRK consists of two main components:

- 1) Improvement of medical services focusing on maternal, newborn and child health, through:
 - a. distribution of essential drugs;
 - b. rehabilitation of health care facilities and provision of medical equipment;
 - c. training of community health professionals
- 2) Community-based health and first aid

DPRK is the only country where IFRC carries out regular drug distributions to primary health care facilities in a non-emergency setting. The training for community health professionals is also an atypical activity within the Red Cross context. The unique historical position of the DPRK Red Cross as the primary government-controlled health actor after the separation of the two Koreas in 1946, has led to a significant number of activities normally under the responsibility of the Ministry of Public Health (MoPH) still being implemented by the Red Cross.

Due to a chronic lack of government funding for the health sector, the MoPH has still not been able to take over the costly and logistically challenging task of distributing essential drugs to around 70 per cent of all primary health care facilities in the country. In spite of plans to scale down, the DPRK Red Cross together with UNICEF are currently ensuring that over 4,000 health facilities receive medical kits on a quarterly basis, of which the DPRK Red Cross covers 2,030 clinics. Nonetheless, the supply only covers 40 per cent of the total need for drugs in the clinics. Some clinics already run out of their quarterly drug supply a month after delivery.

The contents of the medical kits are particularly aimed at improving the health of women, newborns and children, and have been agreed on together with MoPH, UNICEF and the World Health Organization.

Apart from the shortage of essential drugs, further serious limitations of the primary health care facilities include the absence of proper medical equipment, the lack of heating during the icy winter months, and the lack of training and updated knowledge among community health professionals.

With a regular supply of medical kits, the DPRK Red Cross, with support from IFRC, are making a significant contribution to the provision of basic health care to the most vulnerable groups in the population.

Although the number of doctors in DPRK is extremely large, their medical training has not been modernized since the collapse of the Soviet Union. DPRK Red Cross organizes trainings for community doctors on specific topics like the rational use of drugs, in particular antibiotics, but also on the prevention and treatment of HIV, tuberculosis and other public health threats. The trainings are facilitated by the MoPH.

More importantly, the DPRK Red Cross supports 2,500 first aid posts throughout the entire country. The volunteers who run the posts on a daily basis receive regular first aid training and six months' worth of first aid supplies. The first aid posts play an important role in the prevention of diseases through continuous health and hygiene promotion, as well as in the treatment of injuries, which can sometimes be life saving.

Other activities covered by the health and care programme are public health in emergencies and voluntary non-remunerated blood donation. In close collaboration with the Ministry of Public Health, Red Cross volunteers are mobilized to help



Although distribution of drugs is still the main activity in the health and care programme, providing up to 70 per cent of all the health clinics in the country with basic medicines, the focus in 2010 onwards will be on the implementation of community-based health and first aid (CBHFA).



A key element of the CBHFA is quality, interactive and practical first aid training, such as here in Suhung ri, Hamju county, South Hamgyong province.

in health prevention campaigns to raise awareness on disease outbreaks and newly emerging diseases like avian influenza and swine flu, vaccinations, and others. At the same time, recruitment of blood donors is a full-fledged activity to ensure the continuous availability of sufficient quality and quantity of blood.

Although it is difficult to quantify the impact the health and care programme due to the lack of reliable statistics, the supply of essential drugs is undoubtedly key to the overall health status of up to 8.5 million beneficiaries.



Health facilities and beneficiaries report a significant decrease in water-borne diseases thanks to the provision of safe drinking water at household level, like above in Joyang ri, South Hamgyong province.



The community people themselves construct the water supply and sanitation systems, such as above the pump house and water source tank in Myongam ri, Cholsan county, North Pyongan province.

Water and sanitation

Dilapidated water supply schemes, dirty latrines and the absence of wastewater systems still form an every day reality in many communities in DPRK, both in urban and rural settings. High rates of water-borne and water-related diseases like e-coli, diarrhoea and dysentery put an additional strain on the already fragile health system. Women and girls walk long distances to collect water from often unclean sources, for cooking and washing purposes.

The physical burden this imposes on the women and girls, the majority of whom are underweight, forms a serious aggravating factor to their health condition.

Thanks to simple technologies like the gravity-fed water supply system, which require little or no maintenance, and the installation of the systems by the community itself, the water and sanitation programme of the DPRK Red Cross and IFRC can have a huge impact at a relatively low-cost, with clean drinking water and more hygienic latrines.

Depending on the geographical features of the communities, gravity-fed water supply systems are constructed either with or without a pumping system. Through an extensive network of pipes, water now arrives directly from the source to the households. At the same time, soak pits are constructed to collect the wastewater, which can then be used for irrigation of the gardens, as well as ventilated improved pit (VIP) latrines. The latrines are equipped with removable pits, so faeces can be used as fertilizer.

Besides individual households, all schools, kindergartens, clinics and other public buildings in the communities receive water taps, soak pits and latrines.

Since the start of the programme in 2000, a total of 165 communities have been reached, for a total population of 500,000. For 2010-11, another 18 communities will be targeted. The communities are selected on the basis of the rates of water-borne and water-related diseases, water quality data from the anti-epidemic stations, and a proactive attitude from the community.

To ensure sustainability of the water and sanitation systems, community technicians receive technical training on the maintenance of the systems.

Main achievements:

- Supply of clean water at household level to a total population of 500,000.
- Significant decrease in water-borne and water-related diseases, e.g. 27 per cent reduction in number of reported diarrhoea cases.
- Considerable gain in time for other chores and less physical burden for women and girls thanks to easy access to water at household level for cooking and washing purposes.

Disaster management

Readiness for disaster situations is the main aim of the disaster management programme. The pre-positioning of family kits in seven warehouses all over the country ensures the rapid deployment of basic emergency supplies for up to 27,000 families in case of disaster.

Through the establishment of community disaster management committees (CDMC), the DPRK Red Cross aims to increase the ownership of disaster preparedness to self-governing bodies within vulnerable, disaster-prone communities. The idea is that after support from the Red Cross stops, the communities will remain active in ensuring their communities are safe from disasters.

Through a participatory approach involving all different social groups in the community, using the vulnerability and capacity assessment (VCA) tool, the main hazards in a community are identified, as well as the most effective means to mitigate the related risks. In interactive training workshops, Red Cross staff and community volunteers are introduced to the concept of risk mapping and disaster contingency planning.

At the same time, training and contingency planning at national, provincial, and county levels strengthen the capacity of the DPRK Red Cross Society in effective disaster response.

The disaster management programme has shifted its focus from disaster preparedness and response towards community disaster risk reduction (CDRR), a more integrated approach where communities are involved in tree planting, mitigation, and community disaster planning, depending on specific geographical needs. Some communities living in slope areas are more prone to landslides, where tree planting is an effective means to prevent human suffering, while other villages are located in flood-prone regions, in need of dams and dykes to make their environment safer.

The disaster management programme targets the three flood-prone provinces in the country: South Hamgyong, South Hwanghae, and South Phyongan. A total of 20 communities in the three provinces have been trained on CDRR, contingency planning, and disaster response and relief in 2009, and another 31 will follow in 2010.

The disaster management activities that the Red Cross has been supporting in 100 communities, and in particular, the mitigation interventions, have been replicated by neighbouring communities



This reinforced river bank in Jongchuk farm, Songchon county, South Phyongan province is an effective intervention to mitigate the possible effects of floods and mudflows.



The head of the community disaster management committee in Jongchuk farm explains the risk map and disaster plan of the community.



The Red Cross supports government-initiated tree planting campaigns.

using their own means, demonstrating the successful impact of the programme.

In DPRK, road safety also forms part of the disaster management programme. The road safety activities include mainly public awareness campaigns in schools and specially designated education rooms that have been set up for this precise purpose in the main cities in the country.

Main achievements:

- 100 communities safer from disaster through better understanding of disaster risks, knowledge of what to do in case a disaster happens and small-scale mitigation structures
- Pre-positioning of basis emergency supplies in strategic locations for 27,000 families
- More effective disaster response from DPRK Red Cross at national and branch levels through training and contingency planning.



The refurbishment of the children's nursery in Maejon ri, Pyongwon county, South Phyongan province was made possible through the integrated community development project (ICDP).



Organizational development

A process of wide-scale change within the DPRK Red Cross has been underway since the mid-1990's, aimed at broadening the National Society's reach and strengthening the way it operates. The underpinning of the DPRK Red Cross Society's status with a new Red Cross Law in 2007 has been a crucial milestone in the process of change. The adoption of the law came amid increasing recognition of the National Society's role in society and it has served to further cement the organization's role. The IFRC and sister national societies – notably Danish Red Cross – have supported the process. The new Red Cross law has clearly borne fruit, with a clear change visible for example in the speed with which the National Society was able to gather information on the extent of the disaster following the floods in 2007 in the country. A number of other developments have flowed from the increased confidence instilled by the new legislation, such as the National Society's first responder sea rescue role, floods rescue, and infrastructure such as motor boats.

In other aspects of organizational development, activities have focused on the increased number and quality of volunteers, training for provincial, city and

county branches in the efficient management of volunteers, and equipping them with necessary training materials such as whiteboards, flipcharts, and computers.

At the same time, the organizational development programme piloted the integrated community development project (ICDP) in 2008-2009 in two communities which were selected based on their high level of economic vulnerability and the proactive approach of its community leaders. Both communities were previously involved in the disaster management programme. As an incentive to further motivate communities to remain actively involved in disaster management, DPRK Red Cross Society decided to shift its support to the communities towards overall livelihood improvement. The purchase of food processing machines, and construction of a community building where services such as sauna, shop, tailor, and barber are being provided, is now integrated with the implementation of water and sanitation schemes and disaster management activities.

The pilot projects have been very positively received by the community itself and Red Cross branches as the needs of the most vulnerable people are more directly addressed, while simultaneously ensuring the active participation of the community.



The procurement of food processing machines, like this noodle pressing machine in Sinsong ri, Kumya county, South Hamgyong province, helps the most vulnerable people in the community generate additional income.

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