The International 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 over 185 countries.

Avian influenza (AI) preparedness, mitigation, and response

Funding of CHF 744,179 (EUR 459,370 or USD 611,989) was allocated to CHINA to implement the activities described below for a period of 12 months.

In brief

Appeal history:
- Appeal launched on 20 April 2006 for CHF 17.4 million (USD 13.4 million or EUR 11 million) for up to the end of 2007
- Appeal coverage for 2006-2007: 18.8%
- Outstanding needs: CHF 14.1 million (USD 11.6 million or EUR 8.7 million)
- CHF 280,000 was allocated from the Federation’s Disaster Relief Emergency Fund (DREF) to support initial Red Cross Society of China activities. This has been reimbursed by the Global Appeal.

As of the 2 April 2007, China has reported 24 cases of avian influenza (H5N1) in humans with 15 of those cases resulting in death. Although the government has taken action to control the spread of the disease amongst poultry, the combined factors of the size of China’s rural population and the proximity of people living with their poultry and livestock creates an ideal environment for the virus to spread and mutate. This is especially true in the highest population density areas in the south of China, where scientists have traced the origin of the last two global pandemics (in 1957 and 1968) as well as severe acute respiratory syndrome (SARS). Risk of further spread of the virus is compounded by the high flow of migratory birds through China that frequently intermix with free range poultry. Many of these migratory birds do not show symptoms of the disease when they are highly contagious, and they can carry the disease for many days and potentially infect birds destined for Africa, Europe, North America, and all over Asia.

Although there have been significant improvements in efforts to educate the public about the prevention of avian influenza, the high risk factors in China demand further efforts to educate the public about prevention. To date the RCSC has played a major role in avian influenza (AI) prevention and will continue to work with high risk communities on AI education and prevention activities.

The planned AI activities are in furtherance of commitments made by Asia Pacific national societies in November 2006, at the 7th Asia and Pacific Regional Conference in Singapore to use the Federation’s Global Health and Care Strategy to: work with communities to promote health and reduce vulnerability; to scale up work with the most vulnerable communities; and, to enhance equity of access to health and care services. Key
lessons being disseminated about AI such as the emphasis on hand washing and hygiene, and the reinforcement and development of a community based Red Cross health network will have benefits that extend beyond AI and help in the prevention of other infectious diseases.

Cooperation with other local and international partners in China has demonstrated the potential impact of coordinating efforts. Close collaboration with the United Nations Children’s Fund (UNICEF), World Health Organization (WHO) and United Nations Food and Agriculture Organization (FAO) led to shared images and messages on AI prevention materials distributed throughout China, as well as additional funding resources. Support from the American Red Cross, DREF and the German Red Cross enabled the Red Cross Society of China to successfully launch the first two phases of AI prevention activities, including a national conference and over 1 million printed materials and mass media broadcasts.

This funding request seeks support for the Red Cross Society of China (RCSC) to play a continuing role in overall national efforts to prevent and contain ongoing avian influenza outbreaks in the country. The national society plan of action focuses on continued grassroots work in Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan and Jiangxi Provinces, and will introduce similar AI activities in Guangxi, Hubei, Liaoning, Ningxia, Shanxi and Shaanxi as well as a 14th province currently being decided upon which are at risk from AI.

For further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please visit the Federation’s website at [http://www.ifrc.org](http://www.ifrc.org).

The Situation in China

Avian influenza (H5N1) remains a serious threat to the global economy and health. Since January 2006, H5N1 avian influenza has spread out of Asia, across Europe and into Africa, with the year closing with reports of incidences of the disease identified in poultry across East and Southeast Asia and cases in humans in Egypt and Indonesia. More than 50 countries have been affected by the virus, which mostly affects birds but which has infected 267 people and killed 161 since 2003.

China is particularly vulnerable to the threat of a potential avian influenza (AI) epidemic because it has many territories and flight routes that migrant birds use. In addition, China breeds a large quantity of domestic birds. They are often bred in rural areas with poor sanitation conditions. This leads to a much higher risk for an AI epidemic. Prevention and control therefore need to be extremely rigorous.

Over the past four years, the virus has killed 14 people on the Chinese mainland with 22 reported cases of people having contracted the virus. The most recent case in humans in China occurred on 11 January 2007, where the virus was identified in a 37 year old male farmer in Anhui province. Prior to this, the last case in humans was reported in Xinjiang in July 2006. Detection, however, remains a challenge particularly in rural areas, where many farmers who are unable to read and have limited access to television are unaware of the symptoms of AI. At the same time, with the onset of AI very similar to the onset of many other common diseases in China such as respiratory infections, pneumonia or TB it is difficult for poor farmers who have very limited access to medical facilities to identify the disease with the speed that AI demands.

China has continued to report new outbreaks of avian influenza in areas such as Inner Mongolia and Ningxia, with nearly three times as many of the country’s poultry infected with H5N1 than this time last year. In Hong Kong, the monitoring of H5N1 avian flu among the local bird population has been strengthened after five dead birds were found H5N1 positive in January. A report compiled by Hong Kong’s State Key Laboratory of Emerging Diseases and published in the *Proceedings of the National Academy of Sciences* at the end of October 2006, indicated that a new strain of the virus named the “Fujian” strain as it was first detected in a
duck in Fujian province, started a third H5N1 infection wave in southern China, as well as reaching into Hong Kong, Laos, Malaysia, and Thailand.

According to the report, several humans have been infected with this new strain which is spreading from rural into urban areas. Nearly all of China’s reported human cases of H5N1 (20 human cases recognised since November 2005) happened after the emergence of the Fujian strain. The latest strain according to the report is more difficult to detect than previous strains of H5N1 as many of the birds infected with this particular strain can seem healthy thus there could be many more unrecognised cases.

In China, avian influenza has most heavily affected the country’s already weakened rural areas after a year of unprecedented natural disasters that have left millions of families facing even greater depths of poverty. While there have been considerable efforts to encourage families to report dead chickens or report cases of illnesses in humans, for the millions of families currently confronting a lack of food and access to medical care, complying with these basic guidelines is often out of their financial reach.

During the first week of December, China’s Xinhua press agency reported that food this winter will be a problem for a substantial percentage of China’s rural poor as more than 78 million victims of natural disasters will be looking to the government for grain rations; while at least 90 percent of China's 900 million rural population (90 million of whom are elderly and are more susceptible to flu) fall through the welfare safety net and have no adequate pension or medical care. The lack of food means that there will be an increased reluctance to risk the loss of a precious commodity such as a chicken by reporting any unusual events. In the meantime, a lack of money or resources for medical assistance means that the necessary early detection demanded by the disease, particularly in remote areas, is not a realistic option.

Even people in rural areas who did not suffer substantial setbacks in 2006 are not in the habit of reporting dead chickens following years of hardship in the early 1960s and the decade long Cultural Revolution, where limitations were placed on the private ownership of chickens. With a history of poverty and food shortages, families who came across a dead chicken were likely to eat it and, prior to the recent spread of H5N1, were unlikely to suffer any serious consequences. As a result, many people still do not understand the potential threat of eating a chicken that is found dead. At the same time, household farmers living in or on the edge of poverty are reluctant to report any unusual circumstances as they are scared to lose their meagre belongings and face the scorn of their neighbours due to culling.

**Government and other agency action**

The threat of a global influenza pandemic has been widely circulated through media channels. Governments are being urged by world health and political leaders to formulate interventions that will be effective at the community level. The government of China, through its ministries of health and agriculture, is taking an active stance in supporting community-based prevention initiatives such as community education, vaccination of animals, monitoring etc. Both the government and private sectors have also been involved in research and development of vaccines for both humans and poultry. The Chinese government has made the prevention and control of infectious diseases a high priority, putting into place a legal framework such as “The Emergency Response Protocol for National Public Health Emergency” and “The Prevention and Cure Law for Infectious Diseases” which address current and emerging diseases. The government also encourages community-based organizations such as the RCSC to participate in disease prevention and control.

**Red Cross Society of China**

Despite the considerable national efforts, the prevention and control of infectious diseases still face some limitations. These challenges require community organizations to use their comparative advantages to complement governmental efforts. Although the government in China has the lead role in disease prevention and control and coordination at different levels, the RCSC works in collaboration with the relevant government departments to supplement efforts to disseminate policy, information/key messages and
expertise. Based on the Fundamental Principles of the Red Cross and Red Crescent Movement, the national society often has the advantage of having greater access to and being easily accepted by vulnerable groups.

Among the challenges identified by the RCSC in introducing programming that contributes towards the prevention and control of infectious diseases are:

- the country’s large and complex geographical area, and its uneven economic development;
- cultural and traditional differences in the regions which make it difficult to develop common infectious disease prevention and control activities;
- and, the generally low level of education in rural areas and the lack of knowledge about the prevention of infectious diseases, which could lead to panic amongst some communities in the event of a serious outbreak.

Building upon experience gained by the society in 2003 in response to SARS, the RCSC over the past year has gradually been introducing activities in response to avian influenza. Since late 2005, the RCSC developed a series of activities/campaigns to raise public awareness about avian influenza.

In November 2005, a formal directive on AI was issued by RCSC headquarters with a clear rationale and directions for provincial Red Cross branches to develop activities in this field. The document states the importance of raising public awareness in the low epidemic period and encouraging the active involvement of Red Cross members and volunteers in this work.

In March 2006, with the support of the American Red Cross and government and the International Federation, the RCSC organized a nationwide Red Cross conference on the prevention of avian influenza. Specialists from government departments in agriculture, health, and communicable disease control participated in the meeting with other external partners, such as WHO and UNICEF, and meeting participants shared experiences and lessons learnt so far in regard to AI.

The support from the American Red Cross was also used by the RCSC to produce a series of avian influenza prevention materials. This includes 117,000 posters, 670,000 leaflets, 3,000 CD-ROMs, 80,000 wall calendars and 15,000 operational manuals in avian flu prevention. These materials were sent out to 32 provincial Red Cross branches for distribution at the local level. The CD and operational manuals contain ready-to-print information, education and communication (IEC) and training materials in Chinese language to be used in future AI and health education programmes at the grassroots level. A subsequent monitoring visit to two provinces found that in each case the branches had distributed the materials well and had followed up with local communities that had received the material on their increased knowledge base. Recommendations included the need to do further work on key behaviour change areas and to reinforce the use of TV/radio and schools as prime avenues for communications in rural areas.

Also in March, the International Federation released CHF 280,000 from DREF, which was subsequently reimbursed with funds from the Federation’s Global AI Appeal, for the RCSC to implement a pilot AI participatory awareness campaign, building upon the strategies identified at the March Conference and work done thus far by the RCSC in partnership with the American Red Cross. This funding from the AI Appeal and additional funds received from the German Red Cross are currently being used to introduce pilot prevention projects in seven provinces with high avian influenza prevalence or risk. These provinces are: Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan and Jiangxi. These projects target the rural population and owners of bird-breeding farms.

In 2007, the society intends to expand these AI public awareness activities/campaigns. In order to have a wider-reaching impact, current avian influenza prevention work needs to be extended to more areas amongst the rural and mobile populations in the countryside.

Furthermore, new strategies need to be developed to have a better outreach. China is an enormous country,
but television has a relatively high accessibility nationwide and the television networks can be used for disease prevention activities. Presently, the RCSC is in negotiation with a foreign private company to produce an avian influenza prevention advertisement for television. The aim is to have this advertisement broadcast by the China Central Television for maximum effect.

The RCSC has also identified a need to include psychosocial support activities into their avian influenza programming. During the SARS outbreak in 2003, the RCSC received reports of numerous people suffering from psychological stress. Financial and material support will not solve all the problems. It is important to bear in mind that care and psychosocial support should be included in the relevant projects.

Finally, volunteers are the main and most important resource of the national society. There is a need to strengthen its recruitment and training of volunteers, and develop a good and effective volunteer management system so that these volunteers can play a more extensive role in the preparedness and response in emerging and re-emerging infectious diseases.

The International Federation’s Global AI Appeal

The International Federation of Red Cross and Red Crescent Societies is responding to avian influenza (AI) based on an approach that AI and pandemic human influenza are two distinct, but closely related issues. Given the potential magnitude and unprecedented nature of the threat posed by avian influenza and its possible conversion into pandemic influenza (PI) with disastrous consequences, the Federation is committed to using its comparative global advantages to support increased efforts by its member national societies to develop and implement successful measures. It is anticipated that these initiatives would then lead to viable risk reduction and relevant national and global response capacity to AI and pandemic influenza.

Current ongoing and planned efforts need to be reinforced or scaled up, and given its unique position, the Federation launched this global appeal seeking CHF 17.4 million (USD 13.4 million or EUR 11 million) to provide vital support to national societies for an initial period of 12 months (click here to view the appeal directly). The AI Appeal is broadly designed to focus on capacity building, scaling-up of capacity and management, contingency planning for concomitant disasters, communications and service continuity planning.

The proposed operation

<Click here to see logframe for more details>

The RCSC is an important player in the national response against avian influenza outbreaks and pandemic preparedness. In the prevention and control phase, the RCSC will focus its activities in the areas where the Red Cross has a comparative advantage. There is a pressing need for further grassroots health education targeting primary school children, housewives, backyard poultry owners, chicken sellers, community leaders and the wider community. The RCSC, with highly dedicated and community-based local branches as the backbone of the organization, is well placed to extend its activities to work further with these groups.

Building on the experience currently being gained in the first seven pilot provinces, RCSC will carry out a range of new community AI awareness activities at different levels, targeting the general public and people at risk (small farmers who own poultry, vulnerable households and other high risk populations as identified by local RCSC chapters and branches).

Red Cross branches will organize community health education on avian influenza, including engaging communities and households in discussions about avian influenza awareness and distributing IEC materials to people in crowded areas which have poor hygienic and sanitary conditions. The project will also review and update as needed current IEC materials with messages tailored to different target groups.
**Project timeframe:** 12 months upon confirmation of funding

**Target locations:** In addition to the provinces which have been supported with AI activities since 2006 (Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Jiangxi and Sichuan); the project will introduce AI activities in seven new provinces - Guangxi, Hubei, Liaoning, Ningxia, Shanxi, Shaanxi and a seventh province which is currently being identified by the RCSC based on exposure to risks. Specific grassroots AI education activities will be carried out in 21 villages in the new project provinces (3 villages in each of the 7 new provinces), as well as a further 21 villages in the 7 provinces currently supported by the project.

The new target provinces will be selected based on the following criteria:

- High poultry density
- Population density
- Avian influenza is endemic in poultry in these areas
- Areas where human cases of avian influenza have occurred.

Additional to the above criteria, the specific village project areas will be chosen based on the capacity of the local RCSC branches to implement projects and mobilize volunteers.

**Target groups:** The project will directly and indirectly benefit the following groups:

- Small farmers who own poultry
- Other at-risk populations as identified by local RCSC chapters and branches
- Schoolchildren
- Members of the general public
- Provincial Red Cross leadership, technical and managerial staff.

**Overall goal:** The RCSC and its extensive network of branches plays a leading role in educating communities about AI prevention and preparedness; and is able to provide support and assistance to vulnerable communities in containing AI outbreaks and preparing for an influenza pandemic.

**Project objectives:**

- By the end of 2007, the general public in at least 14 provinces possesses increased awareness, knowledge and skills on avian influenza prevention.
- The response capacity of the RCSC to public health in emergencies (PHIE) is increased.

**Expected Result 1:** AI activities are mainstreamed into existing RCSC health activities in seven new provinces and increase the level of awareness on AI prevention among the general population.

**Key Activities**

- Identify seven\(^1\) new provinces for increased AI prevention and preparedness activities.
- Conduct orientation meeting for RCSC provincial branch staff
- Conduct base-line surveys in the seven new provinces.
- Incorporate AI activities into ongoing health promotion, HIV/AIDS prevention, disaster preparedness, and water and sanitation projects.

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\(^1\) This activity has already taken place. In 2006 AI awareness and prevention activities commenced in Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan, Jiangxi where they are currently ongoing. The RCSC will introduce AI prevention and preparedness activities in Guangxi, Hubei, Liaoning, Ningxia, Shanxi, Shaanxi and one other province currently being decided upon based on factors such as the province’s risk to AI, level of poverty, branch capacity etc.
• Review and reprint AI pamphlets, posters, calendars etc. for distribution to the general public (with opportunity for some branches for local language/dialect adaptation)
• Form agreements with the local media for airing of information about AI on television and the radio.

Expected Result 2: Communities who are particularly at risk to AI in some 21 villages (three villages per province) in Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan, Jiangxi, and 21 villages in Guangxi, Hubei, Liaoning, Ningxia, Shanxi, Shaanxi and one other province possess increased knowledge about AI prevention through targeted health education.

Key Activities
• Identify villages which either due to their remote location or heightened risk and exposure to AI require targeted interventions.
• Conduct health education in at least 21 villages throughout the seven new provinces, and at least 21 villages in the seven original provinces.

Expected Result 3: The RCSC has increased capacity to carry out AI prevention programmes, monitoring and evaluation; and, increased its overall ability to respond to public health emergencies.

Key Activities
• Conduct training for trainers on health education for staff in the seven provincial branches.
• Adapt, print and distribute IEC material for trainers and branch staff.
• Disseminate guidelines on avian influenza prevention and pandemic preparedness to RCSC branches (county, prefecture, village, city etc.) throughout the seven provinces.
• Furnish RCSC offices with AI information materials.
• Conduct a national workshop/training on psychological support.

Coordination and Management

Implementation Plan

The RCSC’s project management office will have overall responsibility in implementing this project and will provide administrative and technical support to the provincial Red Cross branches for project activities.

The Federation will recruit a locally available project consultant on a part-time basis to support and monitor the implementation of this project. The project consultant has been extensively involved with the American Red Cross-supported first phase of this AI project.

Coordination

The project will coordinate its activities with other key stakeholder in the country through the following mechanisms:

• The RCSC and the Federation’s East Asia regional delegation are regular members of national coordination/information sharing groups of international organizations and UN agencies in Beijing.

• The RCSC and the Federation’s regional delegation have well-established mechanisms to coordinate activities with partner Red Cross Red Crescent national societies working in China.

Reporting, Monitoring and Evaluation

Narrative reporting
The RCSC will produce narrative reports on a quarterly basis. The report will cover not only the activities funded by the Federation’s Avian Influenza Global Appeal Fund, but will also include all avian influenza related activities carried out by the RCSC during the specified timeframe. The RCSC will use the logframe developed for this project (See attached logframe) as a tool for ongoing monitoring of the project’s progress and to report results in accordance with Federation policies.

**Financial reporting**

The Federation will disburse funds to the RCSC based on the Federation’s standard financial procedures and project agreement that will be drawn up for this project. Financial processes will be facilitated through the Federation’s East Asia regional delegation and regional finance unit in Kuala Lumpur.

The RCSC will provide its standard financial reports on a quarterly basis against the logframe activities for Federation-funded activities. A final financial report will be submitted to the Federation within six weeks after the date of completion.

**Monitoring and Evaluation**

The RCSC will be responsible for ensuring adequate monitoring of the project activities, through for instance, reporting against objectives and field visits. The RCSC and the Federation will conduct regular follow up and field visits at different levels (by national headquarters’ project staff, provincial Red Cross branch staff and by Federation delegates).

The RCSC and the Federation’s East Asia Regional delegation will jointly review implementation progress on a regular basis and address challenges as they arise. Following the project implementation period, the RCSC with the support from the Federation’s regional delegation, will conduct an evaluation of the project activities to determine the lessons learnt and best practices, which may be replicated in other communities, and also assess whether the interventions were effective and had the desired impact. These findings will also be used to outline RCSC plans for the next phase of its avian influenza programme.

**Sustainability**

Avian influenza is a complex and cross-cutting issue. This project provides an important opportunity for the RCSC to improve its level of coordination and integration across health, disaster management, organizational development, communication and other programme areas. It is expected that at the end of the project, other programmes will be able to integrate many of key avian influenza prevention and preparedness messages in their routine activities. It is important to note that the impact of the planned activities will extend beyond addressing the specifics of avian influenza, and will also feed into the RCSC’s capacity for pandemic preparedness and for implementing general community based health activities.

This project’s use of a community-based approach for health education is significant within the country’s general context. While the community-based approach has become common practice in Red Cross Red Crescent projects throughout much of the world to raise public awareness about important health and disaster management issues, the approach to training in China remains very much a top-down process where information is passed on through lectures, with usually little scope for discussion or exploration of issues. Many RCSC staff at the provincial and lower levels are therefore often unfamiliar with more participatory ways of working, and community awareness raising projects such as this AI project provide RCSC with the opportunity to introduce this type of methodology to its branches. Community-based approaches also feature prominently in many of RCSC’s current HIV/AIDS and community-based disaster preparedness project activities.
As part of the current AI project, the RCSC’s Hunan provincial branch is hosting in early February a three-day workshop on participatory approaches in health education programming for participants from all seven provinces involved in this project. The meeting has been organized by the RCSC headquarters project management office with support from the Federation, following the review of and work with the branches on finalising their respective project plans and budgets. The Hunan branch was identified to lead this meeting due to the branch’s experience in implementing Federation supported community based programmes.

According to HIV programme staff working in China, one of the largest challenges faced in implementing community based HIV/AIDS programming has been finding sufficient national resource people who are familiar with the participatory approach. Thus it is hoped that through the AI project, the RCSC will increase the number of health professionals who are familiar with the participatory approach, and who can then be used as resource people for implementing other important health programmes.

How we work

All International Federation 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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The Federation’s Global Agenda

The International Federation’s activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation’s mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Contact information

For further information specifically related to this operation please contact:

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Budget Summary below; click here to return to the title page.
**PROGRAMME BUDGETS**

**Date:** 26/04/2007  
**Time:** 08:38:35  
**Appeal no.(s) selected:** MAA54001  
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### Programme: Health and Care
### Project: Avian Influenza (AI) preparedness, mitigation and response in China

<table>
<thead>
<tr>
<th>Overall Goal</th>
<th>Indicators</th>
<th>Means of verification</th>
<th>Risk/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall goal: The RCSC and its extensive network of branches is playing a leading role in educating communities about AI prevention and preparedness; and is able to provide support and assistance to vulnerable communities in containing AI outbreaks and preparing for an influenza pandemic.</td>
<td>• Information about AI is easily accessible throughout China to people of all ages and backgrounds.</td>
<td>• Field visits  • Reports from Provincial Branches</td>
<td></td>
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</tbody>
</table>

### AI project objectives

- By the end of 2007, the general public in at least 14 provinces will possess increased awareness, knowledge and skills on avian influenza prevention.
- The response capacity of the RCSC to Public Health In Emergencies (PHIE) is increased.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Means of verification</th>
<th>Risk/Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff from at least seven provincial branches have participated in health education training/workshops  • Health education material is produced and distributed  • Population in seven provinces have demonstrated increased awareness in preventing AI</td>
<td>• Surveys (independent and recognized)  • Pre and post testing  • Pre and post testing of workshop participants  • Monthly, quarterly and annual reports and reviews.  • Soft data- interviews, discussions, observations  • Dissemination, collation and analysis of surveys (potential publication of findings)</td>
<td>• Selection criteria to choose implementing branches is agreed and followed.  • Branch staff has time and skills to initiate and manage program.  • Volunteers are active, committed and skilled.  • Leaders support innovative campaigns and events</td>
</tr>
</tbody>
</table>

**In 2006 AI awareness and prevention activities commenced in Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan, Jiangxi where they are currently ongoing. The RCSC will introduce AI prevention and preparedness activities in Guangxi, Hubei, Liaoning, Ningxia, Shanxi, Shaanxi and one other province currently being decided upon based on factors such as the province’s risk to**
| 2. Communities who are particularly at risk to AI in some 21 villages (3 villages per Province) in Qinghai, Xinjiang, Hunan, Gansu, Inner Mongolia, Sichuan, Jiangxi in Guangxi, Hubei, Liaoning, Ningxia, Shanxi, Shaanxi and one other province possess increased knowledge about AI prevention through targeted health education. | • Trainers are recruited /identified to conduct health education in at least 21 villages. | • Surveys (independent and recognized)  
Pre and post testing  
Pre and post testing of workshop participants  
Monthly, quarterly and annual reports and reviews.  
Soft data- interviews, discussions, observations  
Dissemination, collation and analysis of surveys (potential publication of findings) | • Volunteers are active, committed and skilled. |
|---|---|---|---|
| 3. The RCSC has increased capacity to carry out AI prevention programmes, monitoring and evaluation; and, increased its overall ability to respond to public health emergencies. | • Staff from seven provincial branches have attended the AI orientation meeting  
Trainers/facilitators/volunteers are recruited and trained to incorporate AI prevention into ongoing RCSC projects/workshops.  
Peers of workshops (W/S) participants have increased awareness in preventing AI  
Base-line surveys are conducted in all seven provinces  
Staff from 14 RCSC provincial branches have participated in psychological support workshop | • Monthly, quarterly and annual reports and reviews.  
Soft data- interviews, discussions, observations  
Dissemination, collation and analysis of surveys (potential publication of findings) | • |

<table>
<thead>
<tr>
<th>Activities for 2007</th>
<th>Preconditions</th>
</tr>
</thead>
</table>
| 1.1 Identify seven new provinces for increased AI prevention and preparedness activities.  
1.2 Conduct orientation meeting for RCSC Provincial branch staff  
1.3 Conduct base-line surveys in the 7 new provinces.  
1.4 Incorporate AI activities into ongoing health promotion, HIV/AIDS prevention, disaster preparedness, and water and sanitation projects. | • Provincial branches are actively supportive of programmes  
• Open communication between Federation, provincial branches and... |
**Version updated: 30 December 2006**

<table>
<thead>
<tr>
<th>1.5 Review and reprint AI pamphlets, posters, calendars etc. for distribution to the general public (with opportunity for some branches for local language/dialect adaptation)</th>
<th>RCSC Headquarters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6 Form agreements with the local media for airing of information about AI on television and the radio.</td>
<td>• Government support for RCSC AI initiatives.</td>
</tr>
<tr>
<td></td>
<td>• Target groups are open and welcoming of AI initiatives.</td>
</tr>
<tr>
<td></td>
<td>• Capacity of provincial branches adequate to embrace the needs of the project</td>
</tr>
<tr>
<td></td>
<td>• Evaluation and monitoring must be conducted in a systematic and qualified manner</td>
</tr>
</tbody>
</table>

| 2.1 Identify villages which either due to their remote location or heightened risk and exposure to AI require targeted interventions. |  
| 2.2 Conduct health education in at least 21 villages throughout the seven new provinces, and at least 21 villages in the seven original provinces. |  
| 3.1 Conduct training for trainers on health education for staff in the seven provincial branches. |  
| 3.2 Adapt, print and distribute IEC material for trainers and branch staff. |  
| 3.3 Disseminate guidelines on avian influenza prevention and pandemic preparedness to RCSC branches (county, prefecture, village, city etc.) throughout the seven provinces. |  
| 3.4 Furnish RCSC offices with AI information materials. |  
| 3.5 Conduct a national workshop/training on psychological support. |  
|  |  |