

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

China

Appeal no. 01.67/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	446,626
Disaster Management	3,771,010
Organisational Development.	219,251
Total	4,436,886¹

¹ USD 3,327,651 or EUR 2,839,595

National Context

The People's Republic of China, more like a continent than a country (see annex 1), comprises twenty-three provinces, four municipalities, five autonomous regions and two special administrative regions. The country's population is reported to be some 1.3 billion people, making China the most populous country in the world. According to the latest UNDP Human Development Report (2003), China is ranked as 104th from 175 countries on the Human Development Index, however, efforts to describe China in terms of averages and aggregate numbers inevitably run the risk of oversimplifying some key realities.

There were several events during 2003 that are likely to have a significant impact on the context for Red Cross/Red Crescent work in China. On the political front, the new leader of the Communist party was confirmed in the early part of the year by the National People's Congress as state president and a new prime minister was appointed. This represents the fourth generation of leaders since the founding of the People's Republic of China who face very different challenges compared to those of their predecessors.

The outbreak in 2003 of severe acute respiratory syndrome (SARS) epidemic had a major impact on China, as well as on other countries in Asia and the world at large. One consequence was the realisation by the authorities of the need for a more open and honest approach to public information. There then followed a massive effort to contain the spread of the disease as both the government and the population at large realised its potential severity. The World Health Organisation (WHO) has played a prominent and well respected role in advising the government and guiding international efforts to address this crisis. It is, however, becoming increasingly clear that the public health system in China needs to be strengthened.

The Red Cross Society of China (RCSC) played a prominent role in addressing the SARS epidemic. It is one of only four organisations authorised by the government to receive funds for this purpose, and by July 2003 raised over CHF114 million cash and in-kind donations from domestic and international sources. The Federation provided support to the National Society not only through its international appeal but also by advising on public health information issues and fostering linkages with WHO and donor country embassies. There is definitely a good potential for RCSC to build on its SARS response to analyse and define what its role in the public health field should be in the years to come. In a broader sense, there is also a growing number of participating national societies that are interested in working with RCSC in health and disaster preparedness programmes.

The economy of the People's Republic of China (PRC) continues to be one of the best performing in the Asia and Pacific region and the country's rapid economic growth continues with a forecasted gross domestic product (GDP) growth of eight percent for 2003. The SARS crisis created some disruption, but most economic commentators forecast that this is of a temporary nature and has not seriously affected the pace of industrial growth.

In spite of China's overall continuing strong economic growth, there remain great areas of deprivation and vulnerability in many parts of the country. The recent wealth is unevenly divided geographically and among individuals. While some of the administrative units in the eastern regions are relatively wealthy, in most of the western and central regions, development is lagging behind. About 213 million people, or 23 per cent of the rural population, still live below the poverty level as measured against international standards.

China remains highly prone to disasters. Sudden and/or slow onset disasters of small, medium or large-scale are annual phenomena claiming thousands of lives, affecting to different degrees, hundreds of million people and causing economic losses and damages worth billions of US dollars each year. The most common of these is flood disasters. Floods between 1996 and 2003 affected a total of some 660 million people. While the number of deaths associated with floods in China is relatively low, the economic impact is staggering. During 2003, China experienced four serious earthquakes, severe flooding in the period between June and October, as well as typhoons, drought and SARS.

Since 1998, the government made considerable efforts and investments aimed at reducing the impact of disasters in some of the most disaster-prone areas such as the basins of the Yangtze and Yellow Rivers. The unpredictable nature of most of these disasters coupled, with global climate changes and their growing complexity, will remain a long-term

concern for national and international stakeholders. Rural areas, especially in the twelve under-developed regions and in disaster prone areas are particularly exposed to vulnerabilities resulting from a poor water/sanitation structure in households and communities in general. Difficult access to health facilities indicates a need for extensive community-based health prevention programmes. Short-term emergency interventions, improving water and sanitation systems and increasing awareness about health issues, especially on waterborne disease prevention, will considerably improve the lives of individuals and reduce some chronic vulnerabilities in the communities.

Although the most frequent vulnerability patterns in China are traditionally associated with natural calamities, attention also needs to be paid to vulnerability generated by socio-economic and demographic changes and health issues such as the HIV/AIDS epidemic.

HIV/AIDS marked the Chinese society at the beginning of the millennium. With one million people already infected and a projected prevalence of 10 million by 2010, fighting HIV/AIDS was officially acknowledged as one of the priorities for the health authorities of China. Most Chinese people, however, are not yet aware of the disastrous impact of HIV/AIDS infection. In China, natural disasters such as floods and droughts as well as water-borne disease and epidemics are still perceived as the greatest threat to people's lives.

In spite of China's overall economic growth, there remain great areas of deprivation and vulnerability in many parts of the country. As the Red Cross Society of China (RCSC) enters into its 100th year, the support of partner national societies (PNS) and the Federation Secretariat can help RCSC respond in an effective way to meeting these challenges.

Red Cross Red Crescent Priorities

National Society Strategy and Programme Priorities

With 20.26 million members and volunteers, the RCSC is one of the largest national societies in the world and potentially one of the strongest. The headquarters of the RCSC in Beijing acts as a central body, and branches corresponding to state administrative units (provinces, autonomous regions, municipalities, and special administrative regions) are directly under the responsibility of the headquarters.

The gradual shift in the RCSC's operational focus from an exclusively health/first aid organisation to a community-based social relief organisation is largely the result of the process of separation from the Ministry of Health (MoH) which was the national society's organisational and operational umbrella for 50 years. By passing supportive legislation and regulations, the government of the People's Republic of China has recognised the RCSC as an important organisation for China now and in the future.

The programmes and activities of the RCSC are funded from different sources. Since its gradual separation from the MoH, the society has a possibility to apply for funding directly to other governmental departments and institutions resulting in an increase in support in some branches. Diversification of its funding sources includes access to business and other national and international stakeholders. Staff members, at the headquarters and branch levels, are still mainly paid by the government. The government has granted a full tax exemption on all gifts made to the RCSC and allocated a portion of the national lottery funds, confirming its support to the society and recognising its role as a catalyst in the creation of civil society.

The RCSC currently plays a role of a valuable auxiliary partner to the government in times of disasters. It is also aligning its programmes and activities to those of the overall International Red Cross and Red Crescent Movement. New strategies are being adopted such as developing integrated programming combining disaster management, health and care, water and sanitation and organisational development in some of the communities where it is operating. Dissemination of international humanitarian law, the promotion of humanitarian values and knowledge of the Red Cross by the general public are important activities, especially in view of the changing role of the RCSC as an independent organisation with specific national and international roles and responsibilities.

Within the provinces, RCSC branches are increasingly focusing on community-based social relief services targeting the most vulnerable, and health activities ranging from the national first aid training programme, HIV/AIDS peer education training and awareness campaigns to health prevention and care. Lately, the society has been paying special attention to strengthening internal and external communication flows and improving its operational mechanisms and regulations.

Capacity building in general, and organisational and resource development in particular, are key areas for the future of the RCSC. The efforts of the society are directed towards reinforcing the organisational independence of the branches where this has already been achieved and driving the process further down to lower levels of the organisation. This is an essential first step towards strengthening the society's organisational structure, its funding base and ultimately for providing focused and quality services to beneficiaries. Bearing in mind the size of the country and the unequal level of development of its branches, the national society is encouraging and facilitating in-country exchanges and mutual support between the well-developed branches and those where development has just commenced.

Priorities for Movement Support

The RCSC has a potential for significant and fast changes and is welcoming initiatives from partners which complement its strategies and plans. The main areas of Federation support in the recent past have focused on disaster management including community-based sanitation projects, HIV/AIDS, and organisational development, as well as support through relief operations. These will continue to be the areas for Federation programme support, and the plans for 2004 are summarised in the sections below.

At RCSC's request, the Federation will also place increased emphasis in the coming years on providing coordination and knowledge-sharing amongst all Movement partners collaborating with the society. Some PNS have been cooperating with RCSC for several years, whilst others are in the processes of starting up new activities. With so many pressing humanitarian needs in parts of the country and RCSC's willingness to encourage developmental partnerships, there is ample scope for encouraging and facilitating coordinated bilateral partnerships.

Confirmed or likely medium-term developmental assistance programmes in China for 2004 and beyond will come from eight PNS and the ICRC. This support is being directed to 14 provinces and some headquarters/national activities (see annex 2). All these programmes target programme and geographical areas which were prioritised by the RCSC headquarters.

Within the framework of a three-year cooperation agreement with ICRC, RCSC jointly implements activities focusing on dissemination of international humanitarian law to armed forces and Red Cross principles to its staff members and youth volunteers. The ICRC support is provided by its regional delegation which is currently based in Bangkok.

Coordination with the United Nations (UN) in China is mainly structured through the Federation's participation in three UN coordinating groups. The first is the UN disaster management team (UNDMT) which is the international disaster coordination forum gathering representatives from relevant governmental ministries, UN agencies, donor country embassies, and the few international NGOs working in China. It is chaired by the World Food Programme (WFP) and meetings are scheduled when situations require. The second is the UN Theme Group on HIV/AIDS which brings together the MoH and all the main multilateral and bilateral partners active in AIDS work in China, and the third is the country coordinating mechanism for the Global Fund on HIV/AIDS, Tuberculosis and Malaria.

Strengthening National Societies

1. Health and Care

Background

The Ministry of Health estimates there are one million people infected with HIV or living with AIDS in China. According to the UNAIDS, 45.3 per cent of HIV/AIDS cases are due to sharing needles among intravenous drug users (IDU), 26.9 per cent are former plasma donors, 13.8 per cent are attributed to sexual transmission, and 13.9 per cent remain unclassified. Almost half of reported HIV/AIDS infections are among young people under 29 years of age. Results of studies conducted by Futures Group (Europe) and the State Family Planning Commission show a fundamental lack of knowledge about HIV/AIDS transmission, lack of knowledge about prevention and lack of awareness of risk and vulnerabilities among Chinese people. In response to growing HIV/AIDS infection rates, the Government of the People's Republic of China has promulgated policies, laws and regulations regarding prevention, care, surveillance, education, testing and other related issues. An HIV/AIDS and sexually transmitted diseases (STDs) prevention and control coordinating committee has been established under the auspices of the State Council and roles and responsibilities have been designated for each of the 34 member ministries and/or commissions. While implementation of policies and laws is uneven, efforts are being made to standardise the response from the central to the grassroots level of government and civil society.

In accordance with the policies of the Chinese government, RCSC has a mandate to recruit and retain blood donors. (Processing and distribution of blood and blood products is the responsibility of the Ministry of Health.) Most provincial branches engage in donor recruitment, but many have expressed the need for training in donor management. The Federation's manual, *Making a Difference*, has been translated into Chinese and will be useful to assist RCSC to improve its blood donor activities, thereby decreasing the risk of HIV transmission.

The RCSC has been involved in HIV/AIDS projects since 1994 when it began working with the Australian Red Cross Society on HIV/AIDS prevention and care, as well as the capacity building of the Red Cross branches in Yunnan and Xinjiang provinces. Achievements of the RCSC project in Yunnan were publicly praised by the UN Secretary General at the meeting on HIV/AIDS which took place during his visit to China in October 2002. The Canadian Red Cross supports small HIV/AIDS prevention interventions in five provinces (Sichuan, Qinghai, Gansu, Inner Mongolia, and Xinjiang), and the Netherlands Red Cross has recently initiated HIV/AIDS youth peer education/capacity building in Jilin and Liaoning Provinces. The Swiss and Norwegian Red Cross Societies have added HIV/AIDS prevention education to their primary health care projects in Tibet and Sichuan (respectively). The RCSC receives additional assistance from UNICEF, the World Bank (Health IX), Hong Kong Red Cross Branch, and British Red Cross/GlaxoSmithKline.

The unexpected appearance of severe acute respiratory syndrome (SARS) in April 2003 had serious consequences for the RCSC's and the Federation's HIV/AIDS programmes as all meetings and travel were banned and RCSC devoted their time and resources to China's SARS response. Despite the cessation of all HIV-related activities from April through July, progress was made toward the objectives of the 2003-2004 Appeal. In addition, collaboration was fostered between the Federation Delegation and PNS that support RCSC as well as with external organisations.

RCSC has nearly ten year's experience with HIV/AIDS prevention, through the collaboration between the Australian Red Cross and the society's Yunnan and Xinjiang branches. Among the remaining 29 branches there is widely differing interest in adapting the Yunnan/Xinjiang model. Some branches accept that HIV/AIDS prevention and care is an integral part of the national society's mandate while others consider the HIV response to be the responsibility of the Health Department. In order to encourage all branches to collaborate in the local response, RCSC and Federation conceived a series of four-day workshop to introduce basic information about HIV/AIDS

The first of these workshops was held in March for RCSC branches and their colleagues in the Chinese Centre for Disease Control (Beijing, Tianjin, Heilongjiang, Shaanxi, Hebei, Liaoning, and Jilin). The agenda comprised sessions on: Red Cross/Red Crescent principles and policies regarding HIV/AIDS, including Strategy 2010, Fundamental

Principles, and the 2003 policy from Secretariat; the HIV/AIDS situation in China; basic knowledge on HIV/AIDS (transmission, prevention, diagnosis, disease progression); the Yunnan/Xinjiang model of youth peer education (YPE), facilitation and management skills, including recruiting and retaining project volunteers; people living with HIV/AIDS (PLWHA); and project design and proposal-writing.

In addition to raising the awareness of RCSC branches to their responsibility regarding HIV/AIDS, these workshops are intended to serve as the primary means of determining selection criteria and priorities for Federation/RCSC support. Two additional *Red Cross in Action* workshops will be held for 14 provinces before the end of 2003, at which time RCSC and Federation will be able to select two provinces for support during 2004.

World Red Cross Day activities and the International Congress on HIV/AIDS in Asia and the Pacific (ICAAP) were cancelled due to SARS, as was RCSC participation in the International Conference of Harm Reduction. The RCSC is currently planning events to mark World AIDS Day.

As noted above, several PNS support RCSC in their HIV/AIDS response. During 2003, the Federation Delegation provided training of facilitators for the Canadian Red Cross, assisted RCSC, Netherlands, and Swedish Red Cross to develop a proposal for European Union funding, participated in an exploratory mission to Kashgar (Xinjiang) with the Australian Red Cross, and assisted the Netherlands Red Cross to design and implement their project in two provinces.

The RCSC and the Federation are both active members of the UNAIDS Theme Group and of China's Country Coordinating Mechanism for the Global Fund on HIV/AIDS, Tuberculosis, and Malaria. Federation participated in the series of workshops, organised by Harvard University's Kennedy School of Government and Business School, entitled HIV/AIDS and Business in Africa and Asia.

SARS provided an opportunity for RCSC and the Federation to collaborate on public health education, with financial support from the Federations SARS emergency appeal, the RCSC in cooperation with the Federation produced a video on health and hygiene and distributed household hygiene kits.

RCSC remains committed to scaling up HIV/AIDS prevention and care (youth peer education and peer education by and for PLWHA and ensuring a safe blood supply) to all provinces in China. Training on recruiting and retaining voluntary non-remunerated blood donors is necessary for all provinces. Given the capacity of headquarters and provincial branches, however, the scaling up of YPE will have to be incremental. Identifying priority provinces involves assessing both the HIV/AIDS incidence/prevalence and the interest and capacity of the branch to implement HIV/AIDS projects. This year's goal is to implement youth peer education in two provinces, which will be identified during workshops held in November and December 2003.

While the RCSC focus is on building skills and in-depth knowledge of HIV/AIDS, raising the public's awareness is a necessary adjunct to help ensure acceptance of HIV prevention messages. RCSC headquarters and branches typically participate in World AIDS Day events around China and often add an HIV educational component to World Red Cross Day events.

Overall Goal

The RCSC will contribute to the reduction of the transmission of HIV/AIDS in China and help to improve care and support for people living with HIV/AIDS and their families.

Programme objective

By the end of this project, RCSC headquarters and selected branches will have improved ability to design, implement, manage and fund effective and sustainable HIV/AIDS interventions, leading to the increased capacity of youth in selected provinces to protect themselves from HIV/AIDS.

HIV/AIDS Project Components

HIV/AIDS activities will focus on three key components. These are capacity building, training of expert trainers and Youth Peer Education (YPE). Capacity building activities involve regular interaction between project partners, RCSC and branch counterparts in planning, managing, and evaluating YPE and other HIV/AIDS prevention activities.

The training of expert trainers is a new initiative, based on RCSC's successful training of trainers in international humanitarian law. HIV/AIDS expert trainers will be selected from RCSC headquarters and branch staff and will receive training on participatory training methodologies, HIV transmission and prevention, disease progression and diagnosis, relevant co-factors (sexually transmissible infections, drug use, peer pressure), and care and support of PLWHA. These expert trainers will then be qualified to assist with the scaling up of YPE over the coming years.

Research has shown that HIV/AIDS education and behaviour change is most effective and sustainable when it is delivered by peers in a supportive environment. In peer education, members of a given group e.g., youth, intravenous drug users (IDU), HIV+ people, educate and inform other members of that group using a life skills approach. The context may range from formal settings such as workshops, to informal discussions among friends. Peer educators require training and confidence to raise sensitive topics and to constructively address others' risky behaviors. They need to have correct knowledge about HIV/AIDS, the risks that lead to HIV infection, and to understand strategies that can reduce these risks. Such strategies may include condom use and negotiation, and/or dealing with peer pressure to prevent involvement in risky behaviours. Peer educators are often considered more credible than agencies identified with the government.

In regard to the YPE programme, "youth" and "young people" include those people who are less than 30 years old, students, unemployed, entertainment workers, drug users, health care providers or health care students. The specific target youth will depend on the local risk, and the programme will maintain overall gender balance.

In planning and implementing YPE, the RCSC will collaborate closely with other governmental and non-governmental agencies to recruit young facilitators, provide training, and organise two day workshops. Typically, the Health Department, Centre for Disease Control, Women's Federation, Public Security, Youth League, Industrial and Commercial Bureau are active partners in the project, as are any international NGOs (e.g., Save the Children) that are working in the target province.

Health & Care : HIV/AIDS			
Expected Results	Indicators	Risks/Assumptions	Summary of Planned Activities
RCSC headquarters and selected branches have improved ability to design, implement, manage and fund effective sustainable HIV/AIDS interventions.	RCSC assumes increasing levels of responsibility for programme design, management and evaluations. Youth in selected provinces have the capacity to protect themselves from HIV/AIDS.	That China continues to open up on the national and provincial levels for HIV/AIDS activities. There is no resurgence of SARS and countrywide related restrictions on activity and that the number of natural disasters does not increase.	Through mentoring and on-the-job-training, individuals and the organisation as a whole are supported with setting and maintaining a clear direction for HIV/AIDS interventions.
HIV expert trainers selected from RCSC headquarters and branch staff trained in participatory methodologies.	RCSC staff and volunteers assume increased responsibility for training YPE volunteer facilitators throughout China. Expert trainers are qualified to assist with the scaling up of youth peer education over the coming years.	That China continues to open up on the national and provincial levels for HIV/AIDS activities. There is no resurgence of SARS and countrywide related restrictions on activity and that the number of natural disasters does not increase.	HIV expert trainers will be selected from headquarters and branch staff and will receive training on participatory training methodologies, HIV transmission and prevention, disease progression and diagnosis, relevant co-factors (sexually transmissible infections, drug use, peer pressure), and care and support of PLWHA.
800 young people have knowledge and skills to protect themselves from HIV/AIDS. 6400 peers understand HIV transmission and prevention.	Number of training sessions held and the number of peers trained by the YPE.	The targeted schools/universities have a positive attitude to the HIV/AIDS prevention work done by the students. Criteria for selection of peer facilitators and educators are respected and followed. Collaboration with drug users and entertainment workers is smooth.	Workshops for 60 young people covering subjects such as HIV/AIDS knowledge, STDs, drugs, peer pressure, care and support of PLWHA. YPE facilitators conduct 50 YPE workshops for 800 young people.
Increased public awareness about HIV/AIDS and HIV/AIDS prevention	Public events are held in at least three locations.	That China continues to open up on the national and provincial levels for HIV/AIDS activities. There is no resurgence of SARS and countrywide related restrictions on activity and that the number of natural disasters does not increase.	Six large-scale public awareness events held in Beijing and two provinces on World Red Cross Day and World AIDS day.

Recruitment of voluntary, non-remunerated blood donors (VNRBD) is improved	Recruitment and retention of donors is improved in 31 provinces. Blood donors express greater satisfaction with RCSC donor recruitment services.	There is no resurgence of SARS and countrywide related restrictions on activity and that the number of natural disasters does not increase.	<i>Making a Difference: recruiting voluntary, non-remunerated blood donors</i> , a manual developed by the Federation, has been translated and printed in Chinese language. Federation and RCSC develop a training curriculum to assist branches to fully utilise the new concepts presented in the manual. Representatives from each branch will be trained to use the manual and will develop a local implementation plan.
40 RCSC staff at HQ and branch level effectively use the manual <i>Making a Difference</i> to manage their VNRBD activities	Blood donors express greater satisfaction with RCSC donor recruitment services.		Design and implement three day training on using <i>MaD</i> Two training sessions provided for 40 participants Post-training data collection and analysis to evaluate training content and <i>MaD</i> user satisfaction.

2. Disaster Management

- **Disaster Response**
- **Community Vulnerability Reduction (CVR)**

This disaster management programme comprises two distinct elements. The first consists of measures to help the RCSC strengthen its speed and effectiveness in disaster response. The second, community vulnerability reduction (CVR) relates to a pioneering sanitation project intended to serve as a model for community level disaster preparedness and mitigation activities. The CVR programme has been developed from the ongoing ECHO-funded project in Guangxi and Hunan and will combine sanitation, disaster preparedness (DP), health education and water supply components.

Disaster Response

Background

In China, the Ministry of Civil Affairs has the lead role in disaster response (DR) and formulating disaster preparedness strategies. The role of the RCSC is complementary - an auxiliary to this response. The ongoing separation of the RCSC from the Ministry of Health is changing the focus of the national society's response strategy away from medical support, dispatching medical teams and providing basic medicines and towards: 1) providing basic relief items such as shelter, quilts, clean water and food in emergencies; and 2) short-term community-based interventions aimed at improving water sanitation systems in disaster prone areas.

In China's flood prone regions, stable sanitation systems are an important element of disaster preparedness. Untreated effluent is the greatest contaminant of surface and groundwater reserves following flooding. For example, in Guangxi/Hunan provinces it is estimated that sanitation related diseases such as dysentery, typhoid fever and diarrhoeal diseases account for more than 70 per cent of the infectious diseases. In July 2003, many of China's southern provinces

experienced significant flooding and landslides that caused severe infrastructure damage, including damage to river banks, irrigation facilities, fish ponds and water and sewage supplies. The typical open toilet located in the animal compound provides a ready contaminant when flood waters inundate the region and as a consequence pose a serious threat to the health of the general population.

The RCSC ability for disaster response has been strengthened by a recent agreement made between the society and the government for an annual grant of RMB 28.35 million (USD 3.45 million) from the State lottery for the procurement of emergency relief supplies. The RCSC continues to coordinate its activities effectively with the Ministry of Civil Affairs and the Ministry of Health. In China, coordination of disaster response activities, as compared to most other contexts, is not a major challenge since the Red Cross and the government agencies, supported on occasions by the UN, are the only major actors in relief operations.

A number of the disaster management objectives and expected results for 2003 were only partially reached, mainly due to the SARS crisis affecting not only China but also different parts of Asia. The Government of China imposed internal travel restrictions and discouraged large gatherings. Accordingly activities such as planned workshops for 350 RCSC staff members from the prefecture levels and plans to visit two sister national societies to share DP/DR experiences and develop a community-based DP pilot project for China were postponed. Additionally as mentioned earlier in the section on health, RCSC's relief department was heavily involved with responding to the SARS outbreak.

In March 2003 a review of the China Floods Operation 2002 was carried out by an independent consultant, assisted by two experts from the Federation's Secretariat in Geneva and a PNS representative. The purpose of the review was to:

- evaluate the timeliness, efficiency and relevance of the 2002 China flood operation.
- evaluate to what extent the RCSC/International Federation have been successful in terms of incorporating the findings and recommendations provided by the 1999 and 2000 Flood evaluations.
- develop recommendations for the future scope of RCSC/International Federation co-operation in the field of disaster response.

The review raised a number of issues that have already resulted in changes in both organisations. The comprehensive review document which was translated into Mandarin has been recognised by both RCSC and the Federation as an important document that will shape the future cooperation between the two organisations. Many of the recommendations are already starting to be addressed while others will take longer to implement.

Millions of people lost their homes following severe flooding which commenced in Hunan and Guangxi in May, and extended to the country's central and eastern provinces in June. In July, provinces such as Anhui, Jiangsu and Henan along the Huai River were among the worst affected. In August and in September, there was continued flooding in Henan, and new flooding in Shaanxi, a province which ordinarily suffers from drought. In July, the RCSC in cooperation with the Federation launched an Emergency Appeal (18/2003) to assist 110,000 families affected by the flooding.

The operation proposed in the appeal incorporated many of the recommendations which came out of the 2002 review. The RCSC is working with the East Asia regional delegation and the team of Federation relief delegates to improve the society's financial, narrative reporting and logistics' procedures. Both RCSC headquarters and provincial branches in Guangxi and Hunan reported quicker response times in 2003 due to lessons learned during the 2002 operation. Improved disaster response by provincial branches in Guangxi and Hunan was also facilitated by the improved capacity of the branches which has been developed through the ECHO supported sanitation projects which commenced following floods in 2001. Overall the relief operation aims to help the RCSC play a stronger and more prominent role in disaster response.

The emergency preparedness stocks available to RCSC at both headquarters and lower organisational levels are very limited and rapidly exhausted. Replenishment of stocks currently takes place only when funds are raised from national fundraising campaigns. In many of the provinces it would be easier to meet the initial needs of the affected population

if funding received in response to emergency appeals could be used in part to replenish preparedness stocks. In terms of facilitating change and speeding up the RCSC's capacity for disaster response it will be important in the coming year for the national society, the Federation and donors to examine different possibilities for funding that will expedite the delivery of humanitarian assistance during times of emergency.

Overall Goal

Assist RCSC strengthen the society's speed and effectiveness with disaster operations.

Project Objective

The RCSC and the Federation improve their capacity for disaster response in China.

Expected Results

Disaster Management: Disaster Response			
Expected Results	Indicators	Risks/Assumptions	Summary of Planned Activities
Recommendations made during the 2002 flood review have improved the society's disaster response capacity.	RCSC has improved capacity for planning, finance implementation, reporting, better logistics.	No severe outbreak of SARS impedes travel or availability of key RCSC relief staff.	Federation delegates work with RCSC planning, implementing and reviewing relief operations.
A review has been made of the RCSC 2003 floods operations (18/2003)	Whether or not the recommendations of the 2002 review were taken into consideration during the 2003 operation.		Evaluation made as to whether or not recommendations from 2002 review have been incorporated into the RCSC's way of operating.
The RCSC and Federation agree upon a joint plan of action for improving the capacity for disaster response based on the 2002 and 2003 flood operation reviews.	All levels of RCSC have been engaged in developing the plan.		Develop and implement a joint plan of action between the Federation and the RCSC for improving DR.
Disaster preparedness stocks are in place.	DP stocks are readily available at the county level.		DP stocks will be pre-positioned at the county level in selected areas.

Community Vulnerability Reduction (CVR)

Background

Federation disaster management programming in China has taken an innovative direction because issues and activities which were traditionally carried out through separate "vertical" programming (such as "relief operations" and "health programmes") are starting to be incorporated into more integrated disaster management activities. This new community vulnerability reduction (CVR) programme seeks to combine sanitation (toilet construction), health education, disaster preparedness and water supply activities. It has its origins in the response to the 2001 floods in southern China, when a post flood rehabilitation programme was designed to follow on from the relief operation. Two successive ECHO-supported projects have been carried out in Guangxi and Hunan provinces in 2002 and 2003. For 2004, RCSC and the Federation will build on the experience that has been gained by developing a more comprehensive and integrated programme in these two provinces, and replicate it in a further one or two other provinces.

In 2002, the RCSC and the Federation carried out a first project in Guangxi funded by ECHO, constructing 3,900 "Eco-San" dry composting toilets for 20,000 flood-affected beneficiaries who were mainly from minority ethnic populations. Eco-san toilets, were selected because they are cheap to build, and are easily managed by the villages

following health education instruction. In addition, they do not use water making them very useful in mountainous areas where water resources are scarce, and after six months collected excreta becomes composted saving farmers money for purchasing chemical fertilisers and limiting the contamination of water resources.

A new larger project was developed at the end of 2002, building on the recommendations of an evaluation of the first one. ECHO allocated EUR 1.28 million for this project which was expanded to Hunan as well as Guangxi province and covered a total of 56,000 beneficiaries. Whilst the first project only provided for the construction of toilets, it was evident that there was a need for a strong health promotion component in order to develop the full potential of the programme. The objective was to develop a participatory approach to health education based on community participation and decision making, where solutions and ideas were developed from the ground up with the assistance of a facilitator.

The second project has successfully adopted an integrated approach, involving activities such as educating facilitators at county level to train and supervise a group of RCSC volunteers in all the targeted villages. The role of both the volunteers and facilitators has been to develop a sense of cooperation and community spirit. This allows the local people to conduct their own assessments and to develop realistic solutions towards changing behaviour and attitudes in their communities. In a recent assessment, almost all the beneficiary households surveyed felt their living conditions had improved and that they had an increased awareness of health prevention measures.

A great deal of support has also been received from the local governments which carry out complementary activities to improve the living conditions of the beneficiaries. In all areas where the Eco-San toilets are installed, the RCSC concludes an agreement with the local authorities to upgrade the roads and drains or supplies materials such as sand and cement, and the villagers make a large input in terms of materials and labour to this work. The project has been supported by three Federation delegates (a programme coordinator, a water and sanitation delegate and a health delegate). They are based in the participating provinces and have worked closely with provincial branches, helping them implement the project and improving the branches' capacity for financial reporting and project management.

In August, a two day planning meeting was organised by the Federation and RCSC headquarters to review the lessons being learnt in implementing these projects and to map out a strategy for a more comprehensive approach. The meeting brought together RCSC senior management and staff, representatives from the Guangxi and Hunan provincial branches, Federation project delegates, as well as Federation disaster preparedness and water and sanitation experts from Geneva and the Bangkok regional delegation. In particular, the meeting explored how far these projects could serve as a spring board for developing RCSC community-based disaster preparedness (CBDP) activities.

Both the branches and key representatives of RCSC's senior management in Beijing identified improving rural health through integrated programming as one of the Society's top priorities. It was recognised that one of the main successes of the projects in Guangxi and Hunan has been to build RCSC's confidence in carrying out community based work. Village level volunteer groups have been formed to promote health awareness. With suitable support and guidance these same or similar groups of people can be mobilised for community disaster preparedness.

In the same way as the communities have been able to improve their general health and hygiene, a CDBP approach will be followed to help target communities identify what measures can be taken to reduce their vulnerability to floods and other recurring disasters. There is also a growing recognition of the importance and possibilities of promoting risk reduction at the community level. For example, following floods in Guangxi villagers are being encouraged by local government and the Red Cross to re-build houses on higher ground and of bricks rather than mud.

This programme thus aims to develop new integrated projects in Guangxi and Hunan, and to replicate these in one to two new provinces during 2004. It is the aim of the RCSC and the Federation that all villages included in the programme will receive support in all four of the CVR areas, namely the provision of Eco-San toilets, improved water supply, health education and disaster preparedness. Particular attention will be given to developing the CDBP component, and an experienced community-based disaster preparedness delegate will be recruited to support this aspect of the programme.

RCSC/Federation will be developing tailor-made projects focussing mainly on one of the four areas, but will always include a community based training and NS capacity building components.

For each project the government and the community will be contributing partners, either financially or by providing labour. In almost all cases, the authorities will contribute by providing building materials for roadways and drainage systems, while the residents will do the actual construction, as is the case at present with the construction of toilets. Formal agreements will be signed between the involved parties before commencement of programmes.

Overall Goal

Develop a model for vulnerability reduction that can be replicated throughout China

Project Objective

The vulnerability of the most at risk populations in three to four disaster prone provinces is reduced by implementing the CVR project.

Disaster Management: Integrated Community Vulnerability Reduction			
Expected Results	Indicators	Risks/Assumptions	Summary of Planned Activities
The effects of slow onset and sudden emergencies are minimized for 70,000 people in Hunan, Guangxi, and a third province to be identified following a thorough assessment.	100% installation of Eco-san toilets in the target villages where possible 95% of toilets surveyed during evaluation are in use by households. 90% of toilets constructed are in use two years after project completion. 95% of households surveyed express improved living conditions.	No further severe outbreaks of SARS impedes the work Local authorities are willing to cooperate at all stages of the community consultation and involvement is possible at each stage in the project. No severe weather impedes the work	Construction of 8,750 hygienic toilets in five prefectures in Guangxi Province and 8,750 dry hygienic toilets in five prefectures in Hunan Province. (ECHO) Improve selected water supplies to 10 rural villages, five each in Hunan and Guangxi Provinces. (ECHO) Project replicated in 3 rd province CBDP delegate Tailor-made projects
The level of sanitation related diseases for 70,000 people living in the three provinces is reduced			The Red Cross Societies in Guangxi and Hunan will continue to develop a model “community based health education programme” to be installed in all villages along with the Red Cross controlled water and sanitation programmes.
ICVR Project replicated in a third province.			Construction of toilets and accompanying health education and water activities are initiated in a third province

3. Organisational Development

Background

The RCSC is currently undergoing a process of organisational changes and will play an increasingly important role in the emerging civil society in China in the years to come. The gradual shift in its operational focus from an exclusively health/first aid organisation to a community-based social relief organisation is largely the result of the ongoing process of separation from the Ministry of Health (MoH) which was the National Society's organisational and operational umbrella for 50 years.

The Society's structure reflects the administrative organisation of the state. The RCSC national headquarters in Beijing acts as a central body and the 33 branches (22 provinces, five autonomous regions, four municipalities, two special administrative regions) are directly under the responsibility of the headquarters. Since 1999, the Society (at headquarters and provincial levels) has been undergoing an internal restructuring, leading to increased organisational independence. While the process of separation has largely been achieved at the central (headquarters) level and nearly all provinces, the process has not yet gained momentum at many lower organisational levels (prefecture and county level branches).

The branches of the Red Cross throughout the country face very differing humanitarian challenges. The effectiveness of their response to needs depends on their capacity, which in turn varies greatly from one area to another, ranging from branches with extensive expertise and potential such as Hong Kong, Shanghai and Beijing, to branches which are just commencing to build their own capacity. For many, transition and newly gained independence provide not only an opportunity but also a challenge in adjusting their operational mode from the reactive to the proactive and looking for innovative ways of creating future funding stability.

The establishment of the East Asia regional delegation in Beijing in 1999 and the clearly expressed intention of the RCSC to become a more active and influential member of the Federation, have created a basis to expand and intensify cooperation in organisational development programmes. Similarly, the increasing involvement of participating National Societies with longer term programme support to RCSC is also opening up new opportunities for a common endeavour towards strengthening the society's programme and organisational capacity.

In order to adjust to this newly created operational environment, the RCSC developed a three-year organisational development programme (2001-2004) with the main components being leadership and resource development training, IHL training, and finance development. A comprehensive finance development programme has been carried out, and in 2002, the society organised its first ever national leadership training course. This was designed to familiarize provincial branch leaders with the basic RCSC legal framework and to improve knowledge about the Red Cross and Red Cross Movement and organisational development (OD) issues.

OD work in 2003 has concentrated mainly on following up on the key issues identified as a result of the 2002 national leadership training course. A workshop on project planning and reporting was organised in March for HQ and selected provincial branch personnel. This was facilitated by a Chinese-speaking staff member of the Canadian Red Cross and the Federation's reporting delegate. This allowed participants to gain a better understanding of modern approaches to project planning and monitoring and also of donor expectations and requirements.

As a follow-up to the finance development project carried out in the previous two years, a review mission was carried out in March to five RCSC provincial branches that had been involved in the 2002 flood operation in order to investigate how far the systems established under the finance development programme were working in practice. It was found that in general the branches had the technical competence and capacity to fulfil financial reporting standards that would be required by donors. The review also highlighted, however, that there continued to be a number of gaps in communications between HQ and the branches and some misunderstandings as to the purpose and importance of ensuring good financial reporting.

Although OD work was considerably delayed in the middle part of the year by the SARS outbreak, the latter part of the year saw a number of new initiatives which underline the RCSC's commitment to taking forward its organisational

strengthening. These include joint efforts with Norwegian Red Cross to carry out OD, finance development and information training in Shaanxi province, and support to a second national leadership and a national finance management training course, both held in October. The Federation also sponsored one the participants that RCSC sent to an international fund-raising seminar in Holland.

Finally, work was undertaken to help RCSC increase its profile and relations with a range of external partners. In addition to ongoing work to highlight the numerous RCSC relief activities during the year, the regional delegation organised a promotional meeting in the early part of the year with major diplomatic missions and international organisations. Presentations were made on the various programmes being run by the RCSC and focused on passing messages about the Red Cross role in preparing for and responding to disasters and also its work in HIV/AIDS with a strong accent on youth peer education. Funding was also provided to help RCSC have access to the international media so that it can better understand the value of gaining visibility amongst the international community.

Goal

RCSC is making a significant contribution to national efforts to improve the lives of the most vulnerable people in China.

Programme Objective

RCSC has improved its capacity to plan and deliver high quality Red Cross programmes.

Project: RCSC Organisational development			
Expected Results	Indicators	Risks/Assumptions	Summary of Planned Activities
100 RCSC leaders at province and prefecture branch levels have increased programme management and Red Cross knowledge and communications skills.	100% of leaders attending the training courses apply their new knowledge and skills in their daily work.	RCSC leaders' openness and commitment to applying learning and new ways of working. Good coordination and cooperation within RCSC structure. PNS ability to commit time and resources to ensure effective cooperation.	Organise 2 regional level provincial leadership training courses in northern and southern parts of the country. Organise one communications skills workshop. Organise 1 programme management skills (project planning and reporting) workshop.
60 RCSC finance staff at province and prefecture branch levels has increased knowledge and skills in financial management of relief and development programmes supported by international donors.	100% of finance staff apply their new knowledge and skills in their daily work.		Organise 1 finance management skills workshop. Visit selected branches to monitor progress and provide on-the-job coaching.
RCSC has been supported to develop common Chinese language branch training packages in RC knowledge and communications; programme management; and finance management.	Training packages available and being used.		Map what existing training materials exist within previous RCSC, PNS and Federation initiatives. Review and develop updated materials. Field test and apply.

<p>PNS working with RCSC have included OD components into their support to RCSC programmes.</p>	<p>OD / capacity building training included in PNS-supported RCSC service delivery programmes.</p>		<p>Develop dialogue with relevant RCSC branches and PNS.</p> <p>Support delivery of training together with RCSC HQ and PNS.</p>
<p>RCSC has built linkages with national and China-based international management training and OD/CB organisations.</p>	<p>Involvement of non-RCSC management and OD/CB organisations in RCSC training programmes.</p>		<p>Collect data on suitable organisations from international organisations working in China. Build on existing collaboration with Pact.</p> <p>Encourage RCSC and PNS to involve these organisations in their ongoing OD work.</p>

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Annex 1 Comparative statistics of China and other countries

Main administrative regions	Population (thousand)	Total area (sqkm)	Country	Population (thousand)	Total area (sqkm)
Henan	93,870	167,000	EU total	376,800	3,233,994
Shangdong	88,830	153,000	Selected EU countries		
Sichuan	85,500	488,000	Germany	83,252	357,021
Guangdong	72,700	186,000	U.K.	59,778	244,820
Jiangsu	72,130	102,600	France	59,766	547,030
Hebei	66,140	190,000	Italy	57,716	301,230
Hunan	65,320	210,000	Spain	40,077	504,782
Anhui	62,370	139,000	Netherlands	16,068	41,526
Hubei	59,380	187,400	Sweden	8,877	449,964
Guangxi	47,130	236,300	Denmark	5,539	43,094
Zhejiang	44,750	101,800			
Liaoning	41,710	145,700	USA total	280,562	9,629,091
Yunnan	41,920	394,000	Selected US states		
Jiangxi	42,310	166,600	California	33,872	411,469
Shaanxi	36,180	205,000	Texas	20,852	692,244
Heilongjiang	37,920	469,000	Florida	15,982	155,213
Guizhou	37,100	176,100	Ohio	11,353	116,105
Fujian	33,160	120,000	Louisiana	4,469	128,589
Shanxi	32,040	156,000	Colorado	4,301	269,618
Chongqing	30,750	82,000			
Jilin	26,580	187,000	Selected other countries		
Gansu	25,430	450,000	Russia	144,979	17,075,200
Inner Mongolia	23,620	1,183,000	Japan	126,850	377,835
Xinjiang	17,740	1,600,000	Canada	31,902	9,976,140
Shanghai	14,740	6,200	Australia	19,547	7,686,850
Beijing	12,570	16,800	Switzerland	7,302	41,290
Tianjin	9,590	11,300	Norway	4,525	306,253
Hainan	7,260	34,000			
Ningxia	5,430	66,400			
Qinghai	5,100	720,000			
Tibet	2,560	1,220,000			
Grand total			Grand total		
all China	1,259,090	9,596,960	all countries	992,467	48,326,653

ANNEX 2:

RCSC partnerships in China 2004

Partners working with RCSC	Activities
American Red Cross	Planned watsan/health activities in: Ningxia and Shanxi provinces.
Australian Red Cross	HIV/AIDS Youth Peer Education and peer education in: Xinjiang and Yunnan provinces. Blood donation in Tibet.
Canadian Red Cross	Township clinics in: Gansu, Inner Mongolia, Qinghai, Sichuan and Xinjiang. Cataract projects in: Gansu, Inner Mongolia, Qinghai, Sichuan and Xinjiang. HIV/AIDS projects in: Gansu, Inner Mongolia, Qinghai, Sichuan and Xinjiang. Computerization project: RCSC Headquarters.
RCSC Hong Kong Red Cross branch	Disaster preparedness in: Hunan, Inner Mongolia, Xinjiang, Yunnan. HIV/AIDS: Yunnan
Japanese Red Cross	Disaster preparedness: province(s) to be identified in 2004.
Netherlands Red Cross	HIV/AIDS (capacity building): Jilin, Liaoning Township clinic: Tibet.
Norwegian Red Cross	Organisational development: Shaanxi, Tibet. Disaster preparedness: Shaanxi, Sichuan, Tibet. First aid: Shaanxi, Sichuan, Tibet. Primary health care: Sichuan.
Swiss Red Cross	Community-based health care (HIV education included): Tibet

BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.67/2004

Name: China

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	200,000	0	0	0	0	200,000
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	2,203,840	0	0	0	0	2,203,839
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	2,403,840	0	0	0	0	2,403,839
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	24,000	0	0	0	0	24,000
Computers & telecom	0	7,551	0	0	0	0	7,551
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	31,551	0	0	0	0	31,551
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	96,658	0	0	0	0	96,657
TRANSPORT & STORAGE	0	96,658	0	0	0	0	96,657
Programme Support	29,031	245,116	0	14,251	0	0	288,397
PROGRAMME SUPPORT	29,031	245,116	0	14,251	0	0	288,397
Personnel-delegates	0	648,000	0	0	0	0	648,000
Personnel-national staff	72,000	126,398	0	0	0	0	198,398
Consultants	0	0	0	0	0	0	0
PERSONNEL	72,000	774,398	0	0	0	0	846,398
W/shops & Training	238,375	112,940	0	175,000	0	0	526,314
WORKSHOPS & TRAINING	238,375	112,940	0	175,000	0	0	526,314
Travel & related expenses	0	19,294	0	5,000	0	0	24,294
Information	107,220	24,647	0	25,000	0	0	156,867
Other General costs	0	62,566	0	0	0	0	62,565
GENERAL EXPENSES	107,220	106,507	0	30,000	0	0	243,726
TOTAL BUDGET:	446,626	3,771,010	0	219,251	0	0	4,436,886