

ANNUAL REPORT



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Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
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الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

CHINA

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In Brief

**Appeal No. 05AA058; Appeal target: CHF 4,306,933 (USD 3,587,616 or EUR 2,815,909);
Appeal coverage: 92.9%;** ([click here for the attached Annual Financial Report](#))

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Operational Context

In addition to the usual pattern of natural disasters such as floods, earthquakes and drought that affect different areas of China, 2005 also saw a rash of deadly industrial disasters including coal mine accidents and industrial explosions. The most severe of these was 13 November's explosion at a chemical plant in the north-eastern city of Jilin, which released benzene and nitrobenzene into the Songhua River. The consequences of the spill were felt most heavily in neighbouring Heilongjiang province resulting in a complete shut down of water systems in Harbin for several days. Cities and villages bordering the Songhua were also forced to shut down schools and water systems as the toxic chemical slick moved towards Russia. The slick eventually crossed the border where Songhua River joins the Heilong River which flows down to the city of Khabarovsk in Eastern Russia.



Relief distribution was key in the RCSC response to emergencies like floods and earthquakes in 2005, supported by the Federation.

As many sectors of China's economy continue to grow so does the country's income gap. According to the World Bank, between 1982 and 2002 China's Gini coefficient (an internationally accepted measurement of income inequality) went from 0.30 to 0.45, with 0.4 regarded as the "alarm boundary." Some 690,000 rural villages are home to 740 million farmers of which slightly over 200 million live on less than a dollar a day. Some 90 million people are living close to China's national poverty line with an annual income of RMB 637 China Yuan (USD 79) with the average income for urban residents some 3.21 times higher than incomes in rural areas. At the same time, although China's cities harbour the majority of the wealth, statistics from China's State Development and Reform Commission show that the 20% of urban populations who are in the lower income bracket are only getting 2.75% of the country's total urban income, or 4.6% of the income of China's 20% in the highest income bracket. According to the latest statistics, 150 million Chinese are now migrants. For the most part these migrant workers come from rural areas seeking out work to supplement their family's income. Even in the relatively developed Pearl River Delta in South China's Guangdong province, a migrant worker earns only around RMB 700 (USD 85) per month.

The vulnerability of rural communities is further intensified by lack of adequate access to proper medical, water and sanitation facilities. While 42 percent of urban residents receive some form of insurance coverage for medical expenses, nearly 90 percent of rural residents do not have access to comparable support and often have to forego medical care due to lack of money. There are some 180 million people drinking unsafe water on a regular basis. At the same time, water quality even in developed areas such as Beijing remains erratic. Provision of sanitary toilets has also fallen short of the target. Between 1993 and 2003, the share of the rural population with access sanitation facilities rose from five percent to 21 percent, the Millennium Development Goals (MDG) target, however, was 40 percent for 2001. With the increasing use of plastic wrapped products garbage is strewn everywhere in small villages forming litter lawns in front of homes and by water sources, as the country lacks any comprehensive systems for collecting garbage in the rural areas.

One consequence of this growing disparity in wealth between different parts of China is the increasing incidences of communal unrest. Rural confrontations are increasing in response to corruption, the confiscation of land and rampant industrial pollution. According to official figures released by the authorities, there were 74,000 cases of riots or demonstrations in 2004, up from 58,000 in 2003 and only 10,000 a decade earlier. 2005 has seen numerous fresh cases of social discontent, and in several provinces beneficiaries of the Federation's flood relief operation who rely on fishing have repeatedly brought up the issue during beneficiary interviews that industrial pollution has been killing the fish in nearby lakes. Building "social harmony" and striving for "balanced development" to counteract the negative consequences of the rapid economic development of the past decade have become very explicit goals for the central government and communist party alike during the course of the year.

In 2005 there were six reported cases of human avian influenza (H5N1) two of which ended in death. As of early March 2006 this figure has since risen to 15 human cases. After avian flu was detected in birds in some 30 areas, some 22 million birds were destroyed to stop the spread of outbreaks. The government imposed strict monitoring mechanisms on these areas ensuring that any vehicle entering or departing the area be subject to disinfection, while bird markets were shut down for up to a period of a month. The increasing prevalence of the disease in the country has resulted in a rapid increase in avian flu prevention and preparedness activities supported by the Chinese government and international organizations.

Disaster relief activities have been a major focus of attention during this period for both the Red Cross Society of China (RCSC) and the Federation delegation while the RCSC and the Federation were also able to respond very quickly to 26 November's earthquake which affected Jiangxi (Ruichang city and Jiujiang county), Hubei and Anhui provinces. Underscoring the frequency of natural disasters in China, 2005 concluded with unusually heavy snowfalls and extreme drops in temperature during the final week of December which gripped most parts of northwest China's Xinjiang Uygur Autonomous Region affecting some 622,000 people in Altay, Tacheng and Ili prefectures of northern Xinjiang, and leaving 224,800 people stranded.

In support of the RCSC, the Federation Annual Appeal 2005 has received generous contributions from various donors, of note were the European Commission's Humanitarian Aid Department (ECHO), the Swedish Red Cross and the Danish Red Cross.

Analysis of the Health and Care Programme in 2005

Overall Goal: The RCSC will contribute to the reduction of the transmission of HIV/AIDS in China, help to improve care and support for people living with HIV/AIDS and their families, and work to reduce stigma and discrimination against People Living With HIV/AIDS (PLWHA).

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 and to a decrease in stigma and discrimination.

Achievements, Constraints and Lessons Learnt

China has reported an estimated 840,000 PLWHA since 2003, but in January 2006 a new estimate, conducted with the World Health Organization and the United Nations AIDS programme, lowered the country's estimated number of HIV and AIDS cases to 650,000. Many experts and AIDS workers have long believed that China has at least 1.5 million cases, possibly far more, and some expressed scepticism that the new figure was any more reliable than past estimates. Nevertheless, both the Ministry of Health (MoH) and the World Health Organization are confident that the new figure, based on improved surveillance and improved methods (used globally) of calculating prevalence, is accurate. Both MoH and WHO stress that the incidence of new infections is increasing every year and that the revised prevalence does not indicate a slowing of the epidemic.

The roll-out of Federation/Swedish Red Cross supported HIV/AIDS activities planned for 2005 at national and provincial levels was delayed by reorganization at RCSC headquarters and other factors, such as fundraising for tsunami and subsequent follow up by headquarters staff. Final staffing of the project management office and the health department at headquarters was carried out in July-August. With these staff in place, significant progress was then made towards effective planning and implementation of HIV/AIDS programmes for 2005 and beyond. Intra-organizational lines of responsibilities remained a little unclear, but the people involved understand the issues and are committed to ensuring that RCSC HIV/AIDS programmes continue to develop. With the close cooperation and communication among RCSC headquarters and branches, Federation and bilateral partners, RCSC can make a significant contribution towards HIV/AIDS prevention, care and anti-stigma in China over the coming years. Information on HIV/AIDS activities in 2005 is given in the final section of this report.

RCSC aimed to make plans, with support from the Federation and the American Red Cross, to educate the public about avian influenza. Some branches have developed and distributed pamphlets and other educational material; headquarters is planning a large-scale conference of branches in March 2006 to define the Red Cross response in preparing for a possible influenza epidemic.



RCSC initiatives such as long distance train campaigns originating from Henan and Beijing play an important role in raising public awareness about HIV/AIDS

1. Youth Peer Education

Youth in five (5) provinces, (including three new sites) have knowledge and skills to protect themselves from HIV/AIDS and demonstrate a commitment to reduce discrimination against PLWHA.

In 2005, three provincial branches (Henan, Shandong, Yunnan) conducted youth peer education (YPE) activities. Two more provinces will be added in 2006, if funding permits. Trainings of facilitators were held in Henan and in Shandong; 76 young facilitators/project volunteers are now trained, active, and have conducted two day lifeskills-based youth peer education workshops for university students in Henan (Zhengzhou and Zhumadian) and Shandong (Jinan, Jinin, and Qingdao). One of the universities selected by Henan Red Cross is the Zhengzhou public security (police) university whose students represent an important target audience for HIV/AIDS awareness activities. In addition, Yunnan branch conducted 87 YPE workshops, using previously trained volunteer facilitators, for 1855 participants including injecting drug users, community leaders and residents, students, truck drivers, entertainment workers, and government officers in five prefectures.

2. Information, Education, Communication

Support HIV knowledge and behaviour change activities, as well as reduce fear, stigma and discrimination, through new educational materials.

For the first time, the 2005 budget included funding for translation of Federation materials and guidelines into Chinese language. The guidelines on *Orphans and other Children made Vulnerable by HIV/AIDS*, *Spreading the Light of Science (Harm Reduction)*, and *Home Based Care* were translated and printed and will be distributed in 2006. In addition, the Federation cooperated with the China HIV AIDS Information Network (CHAIN) to print and distribute a glossary of monitoring and evaluation terms, and purchased copies of the Glossary of HIV/AIDS Terminology (compiled by Edmund Settle) for use by branches and PNS.

3. Public Awareness

Improve the knowledge of HIV/AIDS transmission, prevention, and risk/vulnerability and reduce stigma and discrimination among the general public in at least five major cities.

World AIDS Day mass events were held in Henan and Shandong. RCSC headquarters organized volunteers from several provinces to conduct educational events on the train from Beijing to Ereenhote on the border with Mongolia, where they met Mongolian Red Cross volunteers and carried out a variety of activities to raise awareness amongst the general public.

4. Community-based care, support, and prevention

Using principles of GIPA and GIVP (greater involvement of people living with HIV/AIDS and vulnerable people, respectively) implement activities to address needs of PLWHA, drug users, and other vulnerable people

No substantial progress was made against this objective, as most effort focused on developing YPE in Henan and Shandong. Federation and RCSC will work closely in early 2006 to design an appropriate program on care and support.

5. Improved blood donor recruitment

Red Cross branches demonstrate greater effectiveness in recruiting and retaining voluntary non-remunerated blood donors

Headquarters organized a training on blood donor recruitment and use of the *Making a Difference* manual in Hainan Province in November. In addition, the RCSC-Federation cooperation agreement provided funds for a similar training held in Xinjiang Province which was also partially funded by a Hong Kong-RCSC agreement. (*Making a Difference* was translated into Chinese and printed in 2004 with support from the US CDC in China.)

6. Capacity building

Improved ability of RCSC Headquarters and implementing branches to design, implement, and evaluate relevant HIV/AIDS prevention and care activities

The major event of 2005 was the rescheduled (from 2003) International Congress on HIV and AIDS in Asia and the Pacific (ICAAP) held in July in Kobe Japan. Three RCSC participants attended: one from headquarters and one each from Xinjiang and Yunnan branches. The Japanese Red Cross trainee delegate assigned to the regional delegation worked hard to coordinate with Japanese Red Cross and to expedite the participation of RCSC participants from the region.

In March RCSC and Federation held a workshop for Henan and Shandong branch staff on the cooperation project. The workshop covered planning for 2005 activities, financial management and reporting. It was attended by representatives from headquarters finance and health departments, and project and finance staff from provincial and local branch levels. Unfortunately, branch leaders were not able to attend.

In August, the newly created RCSC project management office and the health division, along with Federation, held a three day workshop with nine provincial branches to plan 2006 and 2007 activities. The workshop resulted in agreement on priority activities (care/support, prevention, capacity building, blood donor recruitment, and advocacy/anti-stigma) and target groups (PLWHA, injecting drug users and their families, sex workers, youth in and out of school, community members, and prisoners). Youth peer education was identified as the primary RCSC area of expertise, with adjustment according to the needs of different target groups. Finally, budget guidelines were agreed upon whereby prevention/YPE would receive 40% of available funds in 2006-2007, capacity building and care/support would each receive 20%, and blood donor recruitment and advocacy/anti-stigma would each receive 10% of available funds.

Impact

Despite more than ten years of cooperation between RCSC and Australian Red Cross, plus shorter-term project support from Canadian and Netherlands Red Cross, HIV/AIDS prevention and care remains a remote priority for most RCSC branches. The major achievement of 2005 was the reinforcing of commitment of headquarters and Henan and Shandong branches to incorporate HIV/AIDS into their core activities, in line with the society's new development plan adopted at the end of 2004. Continued work is needed in the areas of quality assurance and project/volunteer management but, at the same time, much progress has been made in building branch capacity in these areas as well. The branches have successfully selected and trained volunteers and are learning how to both retain skilled volunteers and to use volunteer enthusiasm and commitment effectively. Youth have received, as a result of life skills workshops facilitated by project volunteers, knowledge and skills practice for preventing HIV/AIDS.

Analysis of Disaster Management programme in 2005

Overall Goal: Develop a model for vulnerability reduction that can be replicated throughout China.

Programme Objective: To reduce the vulnerability of at risk populations in three to four disaster prone provinces by implementing Community Vulnerability Risk Reduction Programme activities.

Achievements, Constraints and Lessons Learnt

The first phase of the community vulnerability reduction (CVR) programme was introduced in 2002 in the southern part of China, with the support of the European Commission of Humanitarian Aid (ECHO). Since then, the programme has been gradually expanded into three provinces of southern China, completing its fourth year by the end of 2005. Despite delays caused by 2005's floods and landslides, the programme managed to accomplish all the planned activities by its formal end in mid-January 2006.

Through its branches in Guangxi, Hunan and Chongqing, RCSC has been able to make a significant contribution to addressing the health needs of vulnerable rural communities in these provinces through carrying out integrated health education, water and sanitation activities. Selected villages in Hunan province also benefited from the further introduction of a Danish Red Cross-supported community-based disaster preparedness (CBDP) project. Frequently occurring natural disasters and poor access to safe water and sanitation, combined with a general lack of basic health and hygiene awareness, have all increased the hardship of the rural communities in these provinces and made them highly vulnerable.

In 2005, the ECHO-supported part of the CVR programme – health education, water and sanitation – reached 17,000 families (some 59,000 individuals) throughout 37 villages in Guangxi, Hunan and Chongqing. Similarly, the on-going CBDP component of the CVR programme is reaching 1,600 families (some 6,000 individuals) throughout four villages of Zhangjiajie prefecture in Hunan province.



Village volunteer trainings increased participation of the beneficiaries in the programmes.

village level. First time training-of-trainer (ToT) workshops were held for 61 health facilitators (43 men and 18 women) and were followed by mid-term update workshops in all three provinces. The ToT workshops provided the prefecture/county and village facilitators with knowledge and skills required to conduct the baseline survey, undertake village assessments, plan and implement village hygiene campaigns and health education training programmes for village volunteers. The update workshops focused on reinforcing use of participatory methods,

As with the ECHO-funded programmes in previous years, the health and hygiene education component aimed to increase the local communities' knowledge and understanding of water-related disease transmission and its link to water, sanitation and personal hygiene. Volunteers from the targeted villages have been encouraged to take part in the analysis of existing health education resources and to identify realistic solutions for participatory health and hygiene education. This has formed the basis for the activities undertaken in order to build a locally appropriate approach relevant to the communities and incorporating aspects of Chinese culture and management style.

The initial activity was to provide training for the selected health facilitators in preparation for the implementation of the health education component at

sustainability, volunteer management, monitoring, evaluation, communication, documentation and reporting and provided an opportunity for peer support through sharing of experiences and lessons learned.

A total of 811 village volunteers (526 men and 285 women) in the respective provinces were subsequently trained at local level to promote the use of the ecological sanitation (ecosan) toilets and create awareness of basic health and hygiene practices. The village volunteers then carried out a range of promotional campaigns in their respective villages. These include colourful health promotion wall murals painted on prominent village building walls, promotional boards, banners and posters containing health messages. All of these provide a visual impact, while promotional IEC materials have been developed and distributed to households to support volunteer activities and beneficiaries' acquisition of knowledge and behaviour change. Contact and monitoring with all the beneficiary communities was carried out through household visits to support behaviour change processes.

Despite delays due to severe flooding in some areas and the general harvesting period in the rural villages in southern China, targets for the construction of household toilets and the provision of simple community water facilities were able to be achieved. A total of 11,874 Ecosan toilets have been finalized by the mid-January end of the project period (Guangxi: 3,074; Hunan: 4,400; and Chongqing: 4,400). Construction of all 21 water supply systems have been completed (seven in each of the targeted provinces). Most of the beneficiary villages have already started using their new water systems, with the remainder awaiting final pressure testing and commissioning.

Community-based Disaster Preparedness

The CBDP part of this CVR programme has been funded separately from the ECHO-supported water, sanitation and health education components. Its objective has been to introduce to introduce community based approaches to disaster mitigation and disaster preparedness to two RCSC provincial branches. A secondary aim is to assist RCSC headquarters in gaining access to a wider range of experiences in CBDP for possible application in other provinces. In Hunan, the CBDP project is being implemented as a 15-month pilot project supported and guided by the Federation/Danish Red Cross and is planned to end by 30 April 2006. In Guangxi, the project was implemented on a bilateral basis between RCSC and the Australian Red Cross over a 12-month period ending in June 2005.

The CBDP project in Hunan has been running smoothly and according to the schedule. Through a variety of training programmes for staff and volunteers at provincial, prefecture, county and village levels, there is now a cadre of people who have a good knowledge of CBDP concepts and methodology. Village level teams are now in place in the four communities that have been targeted under this project, and they have developed risk reduction plans that have been reviewed and approved by Hunan Red Cross. A mid-term review was carried out in December by an experienced Danish Red Cross staff member who found that the risk reduction plans were of good quality and well argued. Good collaboration with local government structures has been developed and this has led to cash and in-kind support being provided for each of the four communities' risk reduction plans to complement the funding from the Federation and the inputs of the communities themselves.



A village VDC member explaining, the CBDP information board developed by them to educate the people in their village

Impact

A number of influences and experiences are combining to help demonstrate to RCSC that activities which were traditionally carried out through separate vertical programming (such as "relief operations", "disaster preparedness" and "health programmes") can often be carried out more effectively if a more integrated approach is adopted. One major example of this has been the integrated CVR programme that has been built up in Guangxi, Hunan and Chongqing provinces over the past four years. This programme has helped the RCSC branches in these provinces address the multiple risks facing flood-affected communities through interlinked water, sanitation and hygiene

education components aimed at improving their general health. The more recent introduction of community-based disaster preparedness activities in two of the provinces has introduced an important additional component that addresses disaster risk reduction more directly and has helped local RCSC branches how they can make an impact on reducing vulnerability in some of the poorest rural communities in their provinces.

In total over the past four years, this programme has been implemented in 159 villages in 73 counties/districts in these three provinces. Village health and disaster committees have been established in almost all locations, and Red Cross branches at prefecture and county level have been trained to implement community-based activities, whilst the respective provincial branch staff have gained valuable experience in planning and managing such activities. Over the four years the programme has supported the construction of 37,020 toilets and 25 water systems in the 159 project villages, and the total number of people benefiting from the programme is estimated at almost 200,000.

General health knowledge has improved and ideas and hygienic habits are changing as knowledge and awareness has developed through health education activities. While initial acceptance was at times slow, a change in attitudes from indifferent to enthusiastic has been encountered through monitoring visits carried out by provincial RCSC staff and Federation delegates, with increasing levels of satisfaction especially as beneficiaries commence using their toilets and gain access to water through household reticulation systems.

Collaboration between Red Cross branches, local government departments and village committees has contributed to additional improvements, such as road sealing, rubbish pit construction and rubbish collection, often funded for the first time in these villages by local government. Additional positive benefits reported by beneficiaries include better environmental conditions and the creation of more harmonious relationships between villagers and the village leadership.

While it is too early to assess the full impact of the health education activities, communities' levels of satisfaction appear high and all villages are committed to ongoing activities to support sustainability. Villagers where the water supply systems have been completed have already commenced using their new water sources. Beneficiaries in all provinces have commenced using their completed toilet once it has received quality certification. They have also started destroying the old pit latrines commenting that the new toilets have no flies, no smells and easy to use. The regular monitoring has ensured all construction has been carried out in accordance with the SPHERE standards.

ECHO funding for this programme has now ceased, but efforts will be made to try to ensure the continuation and sustainability of the most important aspects. The respective RCSC provincial branches are looking into ways to continue providing support to the village health committees, and the Federation will endeavour to find funding for maintaining CBDP activities in these or other provinces. Meanwhile the programme has served as a model to encourage the development of similar projects in other provinces, and information and start-up advice has been provided to these. Examples include projects supported by the Norwegian Red Cross in Jilin province, the Netherlands Red Cross in Liaoning and the American Red Cross in Ningxia and Shanxi.

Analysis of the Organizational Development programme in 2005

Overall 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.

Achievements, Constraints and Lessons Learnt

The implementation of many of the activities planned as part of this organizational development (OD) programme could not be carried out this year. This was primarily due to the fact that the new project management office (PMO)

at RCSC headquarters was only set up in the second half of the year and was then fully occupied with ongoing work. It thus did not have the time or staff resources to devote to the tasks envisioned in this programme. Nevertheless, certain planned OD activities were carried out, and in addition OD components integrated into some Federation and bilateral service programmes helped ensure that capacity building support was delivered to several RCSC provincial branches. Sufficient funding was available to support the costs of the national financial management workshop reported on below and other OD-related activities were funded from within existing programme budgets.

The main area where satisfactory progress was made during the year relates to the 4th expected result in the original OD plan, namely improved knowledge and capacity in finance management. A four-day national level financial management training workshop was organized by RCSC headquarters and held in June in Guangdong province. The workshop was attended by 50 participants, most of whom were finance officers from 30 RCSC provincial branches and selected headquarters staff from the relief and PMO departments. A particular focus of the meeting was on procedures for financial management of externally funded projects. As well as financing the workshop, the Federation delegation gave presentations on its standard requirements and also the special conditions attached to ECHO reporting. Both the current and the incoming Federation finance delegates attended this workshop which thus also served as a useful briefing and handover function.

As part of the capacity-building components of the Federation-supported HIV/AIDS and CVR programmes, on-the-job training and coaching in finance management and reporting was provided by the Federation finance delegate to RCSC branch staff in the five provinces covered as part of these projects (Henan, Shandong, Chongqing, Guangxi and Hunan). Based on experience gained from the national workshop and the implementation of these projects during the course of the year, the Federation's finance delegate worked with the head of the RCSC finance department to develop updated simple and clear project finance management procedures for both headquarters and provincial branches for Federation-supported projects which were finalized and adopted towards the end of the year.

As noted above, the RCSC established its new project management office in mid-2005. The purpose of this new office is to coordinate and ensure the efficient management by RCSC of all externally-supported projects, and one of its main tasks will be to increase the project planning and management skills of RCSC staff according to modern standards, especially at the branch levels. To this end, it organized a four-day meeting in December with ten of the provincial branches (out of a total of 20) that are implementing Federation or bilateral development-related projects. The overall purpose of the meeting was to review current project management practices and discuss future ways of collaboration, and representatives from the Federation and the bilateral PNS working with RCSC participated in several of the sessions. One of the principal outcomes of the meeting was a re-affirmation of the need to enhance the knowledge and skills of RCSC staff in modern approaches to project planning, management and reporting.

Some training in these areas for provincial and local level RCSC staff has, however, been carried out as part of the ongoing Federation-supported programmes in Shandong and Henan provinces (HIV/AIDS programme) and Guangxi, Hunan and Chongqing (CVR programme). In particular, training in report writing was provided by the Federation reporting delegate and on-the-job coaching by the respective programme delegates. Regular monthly reports were submitted by each of the provinces covered by the CVR programme during 2005 (and will be introduced for the HIV/AIDS programme in 2006). In addition, the Netherlands, Canadian and Norwegian Red Cross have provided training in project planning and management as part of their bilateral projects in Jilin, Liaoning, Heilongjiang, Sichuan and Shaanxi.

Impact

Providing training and guidance to RCSC headquarters and branch staff on modern international approaches to project design, management and reporting is undoubtedly a needed and appreciated practical support to RCSC capacity building. At a time when the society is increasing its independence from government and seeking to diversify its funding sources, the ability to apply for and manage grants from international and private domestic

sources becomes ever more important. The fact that the RCSC leadership has established the new project management office is a clear recognition of the importance that the society attaches to making progress in this area.

The financial management training that has been carried out as part of this OD programme last year and in earlier years has been a useful contribution to helping RCSC staff better understand issues of accountability and donor standards. Similarly, the other initiatives that have been taken by the Federation and other RCSC partners to introduce and provide training on modern project planning and reporting standards as a part of their on-going projects have been well received and well used by the respective branches. A basis has thus been laid for expanding this work and taking a more comprehensive approach that can be taken forward by headquarters with the support of its partners in the coming years.

RCSC Partnerships

In addition to the programmes supported by the Federation Secretariat and reported on above, RCSC has a well-established pattern of bilateral cooperation with a number of Red Cross partners. During 2005 it carried out projects in the areas of health (HIV/AIDS), water and sanitation, disaster preparedness with Red Cross partners from Australia, Canada, Hong Kong, Japan, the Netherlands, Norway, Switzerland and the United States as outlined below. Further information these projects can be made available on request.

American Red Cross

The RCSC in partnership with the American Red Cross is working with branches in two western areas – Ningxia semi-autonomous region and Shanxi province to implement water and sanitation and health activities in schools and clinics. These areas were chosen by the RCSC based on several factors, including their inclusion in national five-year development plans, the needs of the populations, the capacity of the branches and the lack of other existing international partners working in these areas.

Australian Red Cross

In 2005, the RCSC continued its 11 year partnership with the Australian Red Cross on HIV/AIDS care and prevention programme. Project activities in Xinjiang and Yunnan provinces have resulted in improved public awareness on HIV/AIDS and acceptance of PLWHA and their families; increased self-care knowledge and skills of PLWHA, including intravenous drug users and commercial sex workers, and their families; and increased knowledge and skills of PLWHA, volunteers and Red Cross staff in HIV/AIDS prevention and care.

In Tibet, the Australian Red Cross is carrying out a large five-year health sector support programme, working in cooperation with the region's health authorities. In addition, it is continuing to support RCSC's Tibet branch in implementing a voluntary non-remunerated blood donation programme (VNRBD) which commenced in 2003. Project activities are intended to facilitate increased awareness among target groups of the importance of voluntary non-remunerated blood donation and establish a recruitment and retention program for VNRBD donors.

Additionally, the Australian Red Cross worked with the RCSC's Guangxi branch on implementing a one-year CBDP project which developed disaster mitigation and awareness activities in 18 villages.

Canadian Red Cross

The Canadian Red Cross (CRC) and the RCSC have had an ongoing bilateral relationship since the 1980's. During 2005, RCSC and CRC continued to implement provincial health activities for the sixth year. Eyesight recovery project (ERP) activities were implemented in Gansu, Inner Mongolia, Qinghai, Sichuan and Xinjiang provinces. The projects aim to enable poor people in rural communities needing assistance with cataracts to recover their sight, thus reducing the social and economic burden and help to build caring communities in the area involved.

HIV/AIDS project activities were implemented in partnership with the Sichuan branch. This programme aims to support Red Cross intervention strategies in working with high risk groups who are vulnerable to HIV/AIDS transmission in three prefectures of Sichuan province. Smaller scale HIV activities were supported in Gansu and Inner Mongolia.

Hong Kong branch

Thousands of beneficiaries have benefited from project activities and community education project activities focusing on health and disaster preparedness implemented by eight RCSC provincial branches in partnership with the RCSC's Hong Kong branch. The Hong Kong Red Cross is supporting VNRBD activities through the national headquarters in Beijing and branches in Guizhou and Heilongjiang provinces. It is also supporting CBDP activities in Hebei, Henan, and Jiangxi provinces; and disaster preparedness activities in Inner Mongolia, Xinjiang and Yunnan province where the branch also supports community service activities. In addition the Hong Kong Red Cross supported the RCSC with emergency relief activities in response to severe floods in 2005.

Japanese Red Cross

Aware of the recurring severe floods in China, the Japanese Red Cross Society (JRCS), following a study conducted carried out in 2002, is supporting the RCSC's level of preparedness stocks by providing tents to the RCSC's regional disaster preparedness centre in Shenyang that covers the north eastern region of the country. The availability of the tents will allow the RCSC to provide temporary shelter to those affected by natural disasters in Shenyang and its neighbouring areas in China.

Following November's earthquake in Jiangxi, the JRCS also supported the RCSC with addressing the sanitation needs in Ruichang by providing temporary latrines and a maintenance truck to the Jiangxi Red Cross.

Netherlands Red Cross

Beginning in 2003, the Netherlands Red Cross (NLRC) has assisted RCSC provincial branches in Liaoning and Jilin in building their capacity in organizational development. This project has provided various skills trainings which have led to improved skills of RCSC headquarters and branch staff and volunteers in designing and implementing projects. Staff and volunteers are now better motivated through increased management skills and the improved profile externally both to the government and general public.

Since March 2005, NLRC with funding from the Netherlands government has supported RCSC HIV/AIDS prevention programmes in Heilongjiang, Jilin and Liaoning in north eastern China, building on an earlier (2003-2004) programme in Liaoning and Jilin that targeted young people (university students) through youth peer education. The first three months of the new HIV/AIDS programme concentrated on planning, and training courses on project cycle management, programme design and ToT were held in all three provincial branches. After identification of specific target groups, the three provinces produced their own action plans which have been integrated into one action plan, and training for further capacity building needs have been identified. Each of the provincial branches held campaigns and disseminated information on HIV/AIDS prevention to the public on World Red Cross Day (8 May) and on the National Day of Drug prevention (26 June).

NLRC is also supporting a two-year water sanitation and health education project in two villages in Liaoning province with funding from a Netherlands-based international bank.

Norwegian Red Cross

Cooperation between Norwegian Red Cross (NRC) and RCSC started in 2001 with a community development project operating in the remote Ganzi region of Sichuan province. This has now evolved into a comprehensive programme providing a range of community driven health, DP and HIV/AIDS activities with strong volunteer and branch development components. A similar type of cooperation combining first aid/DM and OD/branch development has been established with Shaanxi province starting in 2003. This focuses on four counties in two

different prefectures. Lastly, since September 2004 a water and sanitation and health project has been set up in a Korean ethnic minority prefecture in Jilin province.

Swiss Red Cross

The Swiss Red Cross has been working with the Tibet branch since 1986 to train and retrain rural health workers (RHW) in Xigaze Prefecture. From 1986 to 2004, about 700 RHWs depending on their level of experience received one week (for refresher courses) or one year of basic health care training. The Swiss Red Cross also supported the construction or rehabilitation of about 30 clinics, and refurbished and equipped about 100 of them. In 2005, the Tibet branch and the Swiss Red Cross commenced a two-year project involving the provision of toilets and safe drinking water to schools and clinics in the project area; and the establishment of plastic surgery camps addresses the needs of poor patients with burns, and cleft lips and palates.

The Tibet branch and the Swiss Red Cross are also implementing HIV/AIDS prevention activities which focus on the promotion of safe sex and condom use among sex workers, both Han Chinese and ethnic Tibetan; community-based health promotion with the All China Women's Federation; and water/sanitation activities involving the installation of 300 hand pumps a year to under-privileged villages within the project area.

[The annual financial report is below; click here to return to title page and contact information.](#)

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA058
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	509'733	3'550'559		214'973	31'668	4'306'933
B. Opening Balance	139'416	-215'866		54'831	0	-21'619
Income						
Cash contributions						
Australian Red Cross		7'355				7'355
Danish Red Cross		86'573				86'573
ECHO		2'711'946				2'711'946
Other		0				0
Swedish Red Cross	301'512					301'512
C1. Cash contributions	301'512	2'805'874				3'107'386
Outstanding pledges (Revalued)						
Danish Red Cross		83'900				83'900
ECHO		622'465				622'465
C2. Outstanding pledges (Revalued)		706'365				706'365
Inkind Personnel						
Australian Red Cross		113'926				113'926
Danish Red Cross		41'540				41'540
Swedish Red Cross	52'800					52'800
C5. Inkind Personnel	52'800	155'466				208'266
C. Total Income = SUM(C1..C6)	354'312	3'667'705		0	0	4'022'017
D. Total Funding = B + C	493'728	3'451'839		54'831	0	4'000'398

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	139'416	-215'866		54'831	0	-21'619
C. Income	354'312	3'667'705		0	0	4'022'017
E. Expenditure	-399'345	-3'280'919		-38'777	-28'418	-3'747'458
F. Closing Balance = (B + C + E)	94'383	170'920		16'054	-28'418	252'939

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA058
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		509'733	3'550'559		214'973	31'668	4'306'933	
Supplies								
Water & Sanitation	2'413'977							2'413'977
Total Supplies	2'413'977							2'413'977
Land, vehicles & equipment								
Computers & Telecom	6'164		3'094				3'094	3'070
Total Land, vehicles & equipment	6'164		3'094				3'094	3'070
Transport & Storage								
Transport & Vehicle Costs	80'748		7'031				7'031	73'717
Total Transport & Storage	80'748		7'031				7'031	73'717
Personnel Expenditures								
Delegates Payroll	518'475		55'230			25'015	80'245	438'230
Delegate Benefits		89'748	334'331				424'079	-424'079
Regionally Deployed Staff	198'477							198'477
National Staff		9'654	21'454				31'108	-31'108
National Society Staff		60					60	-60
Consultants	48'542		8'396				8'396	40'146
Total Personnel Expenditures	765'493	99'462	419'411			25'015	543'887	221'606
Workshops & Training								
Workshops & Training	592'536	30'490	20'273		1'265		52'028	540'508
Total Workshops & Training	592'536	30'490	20'273		1'265		52'028	540'508
General Expenditure								
Travel	46'436	25'800	41'310				67'111	-20'674
Information & Public Relation	68'021	11'089	7'525		6'289		24'903	43'118
Office Costs	28'068	9'264	19'814			1'440	30'518	-2'450
Communications	25'538	4'028	7'018			116	11'162	14'376
Professional Fees			38'807				38'807	-38'807
Financial Charges		94	39				133	-133
Other General Expenses		60	348				408	-408
Total General Expenditure	168'064	50'336	114'860		6'289	1'556	173'042	-4'978
Federation Contributions & Transfers								
Cash Transfers National Societies		197'239	2'502'357		28'702		2'728'299	-2'728'299
Total Federation Contributions & Transfers		197'239	2'502'357		28'702		2'728'299	-2'728'299
Program Support								
Program Support	279'951	25'734	212'603		2'520	1'847	242'705	37'246
Total Program Support	279'951	25'734	212'603		2'520	1'847	242'705	37'246
Operational Provisions								
Operational Provisions		-3'917	1'289				-2'627	2'627
Total Operational Provisions		-3'917	1'289				-2'627	2'627
TOTAL EXPENDITURE (D)	4'306'933	399'345	3'280'919		38'777	28'418	3'747'458	559'475
VARIANCE (C - D)		110'388	269'640		176'197	3'250	559'475	