

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

PACIFIC

May, 2001

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.60/2000

Appeal Target: CHF 1,408,000

The Context

The Pacific region is an area of great diversity, both in culture and in socio-economic development. The 10 Red Cross National Societies of the Pacific - Australia, Fiji, Kiribati, New Zealand, Palau, Papua New Guinea, Solomon Islands, Tonga, Vanuatu and Samoa (and four in formation: Marshall Islands, Federal State of Micronesia, Cook Islands and Tuvalu) - reflect the diversity and differing economic levels in the region. They range from long-established, well-structured organizations to very small bodies, often less than a decade old. The region has a great diversity of people, culture and socioeconomic development.

These Societies cover an exceptionally large geographic area from high snow covered mountains, jungle, flood plains to coral atolls. It is an area that is prone to many different types of disasters. These disasters range from flooding, cyclones, tsunamis, earthquake, volcanic eruptions, landslides and with the green house effect that could have great effect on the future on many of the low lying coral atolls in the Pacific region. Last year some countries were affected by drought also from long time ago.

In many cases, the National Societies are struggling to find the resources to sustain their basic activities from the small economic pool available to them, and outside assistance is diminishing. Long-term barriers to development, which affect resource development and fundraising include: small land masses, growing populations, small domestic markets, geographical isolation from major trading partners, geographical dispersion, political instability, ecological fragility and vulnerability to natural disasters.

Natural disasters, ranging from tropical cyclones, floods, storm surges, and tsunamis, to droughts, landslides, earthquakes, and volcanic eruptions, can cause immense damage to the socio-economic development of the Pacific island nations by destroying infrastructure and limiting government spending on other areas of the economy. A number of studies have confirmed that natural disasters constitute a significant part of the vulnerability of the Pacific island countries. Several factors contribute to this vulnerability:

- ❖ The high impact that disasters have proportionate to the size of the country,
- ❖ The fragility of the island environments,
- ❖ The remoteness and wide geographical distribution of the communities,
- ❖ The rapid pace of urbanization and the population concentration,
- ❖ Degradation of the traditional coping mechanism, and

- ❖ Environmental degradation and steadily increasing risk of ecological disasters.

During the reporting period, there was no serious natural disaster in the region. On the other hand, coups took place in Fiji and the Solomon Islands. The two National Societies succeeded in providing a response that was both prompt and impartial which has enhanced the image and credibility of the Red Cross.

In terms of health, Pacific island populations are shifting from having high exposure to infectious diseases to more chronic and non-communicable diseases. This is partly due to the changes in lifestyle. Deaths in the Pacific region are mainly attributed to cardiovascular diseases, respiratory diseases, accidents, cancer and malaria. However, at the same time malaria, dengue fever and leprosy are concerns in some countries as well as HIV/AIDS infections show an increasing trend.

In 1999 the Regional Delegation, Suva, was linked to PACNET, a communications tool for public health surveillance in the Pacific. It is dedicated to networking individuals - be a source of information and potential resources with the aim of promoting "information for action" when a threat has been identified. A primary purpose of PACNET is to implement an early warning system by sharing timely information on outbreaks of diseases, so that others in the region can take appropriate action. In 2000 the regional delegation was alerted 12 times through PACNET: Febrile Illness in FSM, Hepatitis in Kiribati, Leprosy in FSM, Legionnaire's disease in Australia, Cholera in FSM, Leptospirosis in Palau, mysterious haemorrhagic-like disease in PNG, Typhoid in Samoa, Leptospirosis in Fiji, Echo 33 virus in New Zealand, Dengue fever in Palau and Cholera in Marshall Islands.

Acute health needs raised also because of ethnic violence in the region. Until recently only Papua New Guinea had ethnic violence, but in 1999 violence broke out in the Solomon Islands too. In 2000 Fiji and Solomon Islands experienced military coups and later in 2000 mutiny in the military in Fiji. Red Cross First Aiders and blood programme officers were very much occupied because of the preparedness or treatment of casualties during the times of conflict.

Ethnic violence affected also the economic situation. Thousands of people have lost their job due to loss of tourism in Fiji, further more the coup had a negative impact on the garment and sugar industries. More people are on the streets for begging. Fiji has also seen a brain drain as professionals fled out of the country. This has especially been seen in the hospitals where the number of qualified nurses has dropped significantly.

Objectives, Achievements and Constraints

Disaster Response and Preparedness

Objective 1: To improve human capacity of National Societies for DP/R programme planning and implementation on the national level.

Objective 2: To ensure that networking among the National Societies is functioning well and enabling them to be resources for each other. At the same time to strengthen the capacity of National Societies through networking with other relevant partners.

Objective 3: To assist Pacific Red Cross Societies to provide community leaders in disaster prone communities with the knowledge required to enable them establish effective Community Based Disaster Preparedness plans and activities.

Objective 4: To assist the Pacific Red Cross National Societies to review and update their existing Disaster Preparedness/Response plans and to develop new plans in case of those National Societies which have not yet fully developed such plans.

Objective 5: To ensure all the Pacific Red Cross National Societies have well functioning DP Container programme, well kept, stocked, and accounted for, to be used when disasters strike.

Achievements related to objective 1

- Regional Relief Workshop held in December 2000 in Fiji, attended by 14 representatives from 12 National Societies.
- List of key Internet addresses for DP/R related web sites made available for National Societies.
- Tonga, Samoa, and Vanuatu received a technical visit by Regional DP Delegate. Separate mission reports for all technical visits submitted to the HoRD.
- Six National Societies (Fiji, FSM, Kiribati, Tonga, Tuvalu, Vanuatu) had DP/R related programme in their country strategy and programme proposals submitted to Geneva through Regional Delegation.

Achievements related to objective 2

- The Federation Disaster Commission representative from the region shared discussions with the Pacific National Societies in conjunction with the regional workshop.
- Professional contacts with other relevant agencies being developed and maintained. Resource persons from ICRC, the South Pacific Applied Geoscience Committee (SOPAC), and UNOCHA were invited to the regional workshop.
- EMWIN (Emergency Managers Wireless Information Network) system installed at the Regional Delegation office to enhance the collective ability of National Societies to collect, share and utilize information on severe weather and geological conditions or other emergencies.

Achievements related to objective 3

- Three National Societies (Fiji, Cook Islands, Vanuatu) received assistance in planning and organizing CBSR workshops.
- A regional pool of DP trainers in place.
- 3,000 copies of the Disaster Awareness Game produced and 2,000 copies already distributed to National Societies.

Achievements related to objective 4

- National Society DP plans of Cook Islands and Samoa updated.
- National Society DP plan of Fiji and Tonga developed and approved at Board Meetings.
- Relevant Government authorities consulted in the process of National Society DP plan development/review.

Achievements related to objective 5

- Containers with relief supplies provided for Tonga (x2), and FSM (x1).

- A roofed DP Container without relief supplies to be provided for Vanuatu.
- Existing DP Containers in Samoa (x4), Kiribati (x2), and FSM (x1) roofed.
- Storage constructed in Auki, Solomon Islands.
- Relief supplies provided for Fiji and Solomon Islands.

Constraints

Communication between NSs

The very good and open relationship exists among the leadership of Pacific National Societies, as was clearly seen again at the regional relief workshop in December 2000. This is recognized by many of them as one of the key strengths of the Red Cross in the region. However, due to no existence of established structure for regular communication between the NSs, up to now they have not been able to take the full benefit of this positive asset.

For example, the communication between two Pacific representatives in the Federation commissions and other National Societies is not regular and the feedback from commission meetings is not shared in a systematic way. Either, three exchange visits related to DP/R programme, which were originally planned to take place in 2000, did not materialize. Regional pool of DP trainers is still in its formation stage and needs further development. Establishment of regular communication structures should help National Societies learn from each other's strong programmes.

Computer skills

New computers, which the National Societies were equipped with in January 2000 as a part of DP Container programme, can be a great tool to improve the poor communication situation mentioned above by enabling them to overcome high communication costs between their island countries with the E-mail and the Internet accessibility. However, many NSs are not yet able to use this new tool very effectively, and E-mail based discussion forum has not been a great success.

One possible explanation for this may be the insufficient computer skills of National Society staff. Many National Societies have expressed their need for training in this field. More attention should be given to providing National Society staff with proper training in word-processing, spreadsheets, and E-mail applications as well as general Internet skills

EMWIN system

The installation of EMWIN system took much longer than initially expected due to unavailability of the only technician who can set up the system in Fiji. As of the end of February 2001, the system at the Regional Delegation Office is not yet fully functional because of some problems with the satellite dish. It is expected this problem should be fixed early March 2001.

CBSR workshop

The first difficulty with CBSR workshops is one of focus. Participants' evaluation indicated that rationale to combine disaster preparedness training and first aid training in one workshop was not necessarily made clear to them. The confusion in the focus affected selection of participants, the workshop programme, and most importantly sometimes participants' sense of purposes to attend the workshop. While the primary reason the Regional Delegation decided to carry out CBSR this way at first was financial one (it is cheaper to hold two workshops jointly than to make them separate), there are definite merits in dealing with these two interconnected subjects in one workshop. The organizers of workshop need to clearly explain to participants the important link that exists between first aid and

disaster preparedness, and organize the workshop programme in such a way that make more linkage in contents between two components, encouraging participants with different expertise to learn from each other.

Secondly, there is a language problem. In most cases, participants prefer local language to be used in the workshop. However, the materials prepared by the Regional Delegation are written in English and many facilitators in regional pool of resource persons don't speak local languages. The Regional Delegation should encourage National Societies to adapt the existing materials to their local language, desirably with more original contents that relate to specific local needs and priority.

Lastly, CBSR in the region has been weak at follow-up. National Societies, with assistance from the Regional Delegation, provide training in disaster preparedness and first aid for community leaders. And then those community leaders are expected in turn to disseminate the information and lessons learnt through the workshop to the other members of their community, and facilitate community based planning of disaster preparedness and mitigation activities, with assistance of Red Cross branches. Therefore, the most important activities at community levels are left to the initiative of each participant. Effective follow-up system is essential to make them happen, but time and financial constraints have made it difficult to establish such measures as refresher course, regular follow-up visits, programme planning assistance, regular newsletters, and reporting system.

Vulnerability and Capacity Assessment

The Regional Delegation has been encouraging National Societies to have their DP plan based on vulnerability and capacity assessment. VCA can provide analytical data to support better informed decisions on their preparedness and relief activities, contributing to a greater understanding of the nature and level of risks that vulnerable people face; where these risks come from, who will be the worst affected, what is available at all levels to reduce the risks and what initiatives can be undertaken to strengthen the impact of National Society programmes to raise the capacity of people at risk. However, VCA has been so far undertaken only in Samoa and PNG. The Regional Delegation is currently working with Tonga Red Cross Society to integrate vulnerability and capacity assessment into the Society's new community level DP training project in outer islands. That would not only well serve the training purpose, but also be a good way for the Society with limited human and financial resources to gather valuable analytical data that can be fed into its DP plan and overall programme planning.

DP Container Stock Report

Before the practice of quarterly stock report was introduced in the third quarter of 2000, there was no systematic means for neither the Regional Delegation nor Japanese Red Cross Society, the PNS of the programme, to monitor how the containers and relief supplies are utilized and to evaluate how effective this programme is. Since its introduction, quarterly stock reporting practice has visibly contributed to improving the programme's accountability and transparency, and also to uplifting National Societies' stock control standards.

Every National Society in the region that has a DP Container is requested to submit a report on stock figures on a standardized format in the end of March, June, September, and December every year. However, there have been considerable difficulties in having National Societies send the reports on time. For example, as of the end of February 2001, the National Societies in Fiji, Kiribati, Samoa, Solomon Islands, and Vanuatu have not been able to submit their report for the final quarter of 2000 according to the agreed standard format. This is in spite of very frequent request and reminder by the DP delegate. The importance of accountability, transparency, and punctuality as well, needs to be further explained to National Societies, and the Regional Delegation needs to try harder to get across the message that PNS indeed need regular feedback from ONS to keep their donors informed and satisfied with the way their money is used.

Health and Care

Objectives:

1. Improved human capacity of National Societies for health program planning and implementation on the national level.
2. By the end of 2001 the National Red Cross Societies of Fiji, the Cook Islands, Samoa, Tuvalu, Tonga, Papua New Guinea, Vanuatu and Federated States of Micronesia Red Cross Societies have functional systems to fund raise from health programmes.
3. Networking among the National Societies is functioning well, enabling National Societies to be resources for each other, and, at the same time, networking with other relevant partners to strengthen the capacity of National Society.

Achievements

- *Palau, Kiribati, Vanuatu, Federal State of Micronesia, Samoa and Cook Island Red Cross received technical assistance from the Regional Delegation, Suva.*
- *The discussion forum started with the issue of world health day.*
- *IFRC Papua New Guinea, Bougainville programme was evaluated.* Separate evaluation report available from Geneva HQ on Bougainville programme.
- *Eight countries (Tuvalu, Cooks Island, Samoa, Fiji, Vanuatu, Micronesia, Kiribati, Tonga) submitted their country strategy and programme proposals.* All of them had at least one health related programme, total 20. All of them were commented on by the technical delegate several times and finally accepted to be included in the appeal book 2001. By the end of the year all 20 programme had at least partial potential donor for 2001.
- *Key web site addresses* have been collected and posted to the National Societies.
- *The content of the regional First Aid kit* was agreed on to be the same as the New Zealand Red Cross general kit. NZRC has promised to sell their kits for our National Societies at the same price as they purchased them. NZRC donated one kit as a sample for each National Society.
- *Two exchange visits were done.* Samoa Red Cross First Aid officer visited the Fiji RC including the Lautoka blood bank and Fiji Red Cross First Aid officer visited Samoa RC.
- *During the regional relief workshop sessions about the health assessment were included.*

The Cholera programme in Micronesia was closed and final reports submitted. It summarized that by mid November the health department had treated a total of 3'431 cases of cholera, 1'816 as outpatients, 782 in rural dispensaries, 792 admitted to hospital and 41 treated by private practice physicians. The number of deaths recorded was 19 and only 4 of them occurred in the hospital. Ministry of Health and WHO conducted a vaccination campaign in mid September using a relative new vaccine for public health control of cholera. The vaccine is effective for a six month period.

72 MRCS volunteers were trained in the prevention and early treatment of cholera. At the beginning volunteer training sessions took place three times a week. House to house teaching session by teams of volunteers took place on a daily basis. Two to three teams were sent to the communities daily. Briefing and debriefing sessions were organized daily for the teams to clarify issues that might have arisen. 300 health education sessions were conducted during the programme, 30 - 120 people attended each session. During the house visits, if there was a person identified of having cholera, the person and caregiver were transported back to a health facility by the Red Cross vehicle.

Community education sessions were carried out on an "identified needs" and request basis. Banners and billboards with the messages about the prevention of cholera were placed in strategic places. Further more a cholera prevention video utilizing the people on the island and done in a format suitable to the culture and place was produced. Local TV company broadcast it daily during the outbreak. 10,000 pamphlets and 1,000 posters were designed, produced and distributed in the community.

Some of the key volunteers in the health education programme were people trained as trainers for community based first aid earlier in the year. Volunteers were also a tremendous help for MoH by interviewing people for the health education survey. Health education teams communicated with each other by radio equipment, which was purchased through this appeal.

First jerry cans distributed were taken from the Disaster Preparedness Container (donated by the Japanese Red Cross). Later on a consignment of 5,810 jerry cans arrived and 5,670 of them were distributed to the 3,300 households and 48 institutes (health care centers, schools). 140 jerry cans were replaced with those ones taken from the DP container. Further more 119 buckets were distributed to households and 1,730 gallons of bleach were distributed from the stock. All the distributions included health education session and several sessions included the demonstration of 3 buckets hand washing system.

Finally a distribution of 600 (1 liter) bottles of intra venous fluid, lactated ringers and 300 (10 ml) containers of potassium chloride to the local hospital to assist in the treatment of severely dehydrated patients. Cholera kit was purchased to meet other medical needs.

The compliance with the plan of action and objectives:

- Programme has been proceeding very well. Health programme planning has been the greatest success and achievement during the year. Outcome and impact planned for the end of 2001 have been almost achieved already. The challenge for next year is that these eight countries which submitted 20 health programmes for funding will implement them and report them properly.
- Networking among the National Societies has clearly increased through the regional training. However, the discussions through e-mails has not yet been a great success. People have started to use e-mail by sending individual messages, but not yet group messages.
- One of the key e-mail based discussion forums in health is PACNET, a communications tool for public health surveillance in the Pacific. This has been a very valuable source getting early warnings of different epidemics.
- Most of the National Societies are using different workshops and regional delegates visits for publicity. Media in the Pacific has also generally interest in Red Cross work.
- The Health Delegate had also personally an opportunity to attend a workshop on quality in the Red Cross & Red Crescent health programmes in Singapore and Managing people workshop in Geneva.

Constraints

- Programme planning was a great success. However, at the same time staff members in the National Societies which had a bilateral country delegate or delegation were not involved in the planning.
- The open, active dialog between different committee members and National Societies is not yet existing.

Objective 4:

By the end of 2001 Pacific Red Cross National Societies have all the necessary material and knowledge so that they are able to plan and implement "First Aid in the Community" as a comprehensive program inclusive of training and other components.

Objective 5:

All the Pacific Red Cross National Societies have functioning blood donor recruitment programmes, which are able to collect the amount of blood needed.

Objective 6:

HIV/AIDS and psychological support programme components actively implemented in the “First Aid in the Community Programme” or other relevant programmes, depending on country specific needs.

Achieved outputs:

- *In Vanuatu the FA instructor course as a part of CBSR was conducted. Seven new instructors and four assistant instructors trained in Vanuatu, training was facilitated by the NZ and Fiji RC trainers.*
- *One First Aid training course as a part of CBSR was conducted in Fiji.*
- *One exchange visit conducted, while Fiji RC facilitator visited Vanuatu. During the info workshop Vanuatu RC S.G and Tonga RC representatives visited Fiji RC.*
- *Tonga, Kiribati and Vanuatu National Societies upgraded their First Aid training equipment (Actar mannequins, Australian RC First Aid books as reference and some training cassettes).*
- *10,000 PCs of blood donor recruitment posters were printed and distributed to the National Societies.*
- *First Aid instructor courses were conducted in Tonga and Kiribati Red Cross. Facilitator for Tonga was from Australian RC and facilitator for Kiribati RC course was from New Zealand.*
- *Blood donor recruitment campaigns conducted in most of the countries during the world health day.*
- *“Puppet shows” started in Kiribati Red Cross, first presentations were about the RC movement.*
- *Transfusion International ordered for each National Society.*
- *“Fleet of hope material” adapted with UNAIDS, discussions on joint printing under way.*
- *15 first aiders in Fiji RC trained on communication and basic counseling skills.*
- *The second print (now 1,000 PSC's) of “First Aid in the Community” manual are now with printers, it's expected to be ready by end January.*
- *Text adaptation for “First Aid in the Community” manual for trainers finalized, pictures still to be inserted.*
- *First Aid competition rules finalized.*
- *First Aid competitions organized in Fiji, Samoa and Cook Islands. Approximately 50 to 70 people were involved in the competition in each of the three countries.*
- *First Aid Quality Management Board was established members are from Fiji, Cook Islands, Samoa, New Zealand and Australia.*
- *Two exchange visits were done as the judges to Fiji came from Samoa and New Zealand and to Samoa the judge was from Fiji. The Cook Island RC representative had also an opportunity to visit UK competition, this visit was funded by the Australian RC.*
- *Psychological First Aid training conducted in Samoa, Cook Island and Fiji, 93 people trained.*
- *Psychological Debriefings organized to Solomon RC HQ and branch staff members.*
- *Psychological Debriefings organized to Fiji RC staff members.*
- *Psychological First Aid, Psycho social rehabilitation of children affected by armed conflicts and/or violence books ordered for National Societies as well as a set of training overheads for three National Societies.*

The compliance with the plan of action and objectives:

- *The second print of the First Aid manual has been a real headache. It has gone through several proof readings and finally it's in the printing process. Next 1,000 copies should be ready for distributions by the end of January. Many of the National Societies have started to use it slowly and the regional delegation has already got orders for first 600 copies.*
- *The Manual for trainers will be with the printers early 2001, the delay with it is because the RD wanted to see first the quality of printing of FA volunteer manual before proceeding with this publication.*

- Memoranda of Understanding concerning blood programmes are proceeding in Cook Island and Solomon Island. However, the process is slow and still a great deal of work to be done in order to get the final product ready. In Samoa the MoU was signed for two years. Australian RC promised to ask comments on MoU from their legal advisor if requested.
- RD received from IFRC Geneva / Blood unit an instrument for socio-cultural studies on issues related to blood donation, it was developed by PAHO. Fiji, Vanuatu and Samoa are looking for the possibilities to conduct the survey next year. Initial discussions with Fiji School of Medicine about participating in this study were held.
- World Health Day in April was a success in many countries. Nine countries conducted blood donor recruitment campaigns. Campaigns recognized the faithful blood donors, promoted the importance of volunteer donors, presented the first aid techniques “prevention for blood transfusions” and motivated the MoHs to work with the RC in order to get MoUs written. This campaign was very important especially in Fiji, where the NS collected over 200 units of blood during the happening in the main park. Just after this campaign the need for blood increased due to the conflict.
- Psychological issues in the First Aid became a priority from beginning of the year. The request for debriefing sessions came first in January from Solomon Island Red Cross, which was a country in conflict. The regional delegation sent a consultant to conduct session with the HQ staff and branch staff. Later after the coup and mutiny in Fiji a counselor conducted debriefing sessions for staff and volunteers who were involved in rescue work.
- Psychological issues were also integrated into the First Aid training. Psychological First Aid / communication and counseling workshops were conducted in Fiji, Samoa and Cook Island. Total of 93 people were trained during four workshops. Last day in all four workshops was first aid competition. Participants’ practical skill to support psychological victims were also evaluated. The overall feedback was very good and encouraging to include Psychological issues into the First Aid. National Societies got also books on this issue and three sets of overheads about Psychological First Aid training were copied. Obviously the need for this kind of training has increased recently due to the security situations in Fiji and Solomon Islands.
- First Aid competitions were a great success in the year. All three National Societies organizing the competitions had good media coverage during the day. It was also assumed that through this publicity the Red Cross First Aid training would be more popular than those courses organized by the private companies. These three countries were so enthusiastic about the competition idea, that they decided to organize the regional competition although the regional health programme doesn’t have funds for it. The idea is to conduct a regional competition in Samoa November 2001. NSs attending the competition will try to get air tickets sponsorship from their respective National Airlines.

Problems:

- The printing process has been very slow. During the Fiji conflict the printer was closed for several weeks and then after the power cuts in Fiji affected the effective printing. As we were not able to finalize the first book, the RD didn’t want to proceed with the second one.
- Although the first aid programme is proceeding we still have countries where newly trained instructors do not have the chance to test their skills and start training. The fundraising through the First Aid training programme has improved. However, there is still room for improvement.
- First Aid programme as a part of the community based self reliance has not yet shown much outcome. One course was in Fiji and soon after the leptospirosis epidemic hit some communities. However, the Fiji RC was not able to mobilize the core CBSR persons to start health education programmes as a support for the MoH. In Palau we had also FA trainers course and later in the year the dengue fever epidemic hit the island. Palau RC negotiated with the MoH concerning the PRC role, but it’s unclear whether actions were taken. However, in Micronesia we had very good process during the cholera epidemics. From the beginning the National Society was very active in the cholera operation with the few volunteers, some of them trained by our regional trainer. Micronesia programme received very good feed back from other stake holders in this field.

- The Memoranda of Understanding on blood programmes have proceeded but in some countries like Solomon Islands very slowly.
- Unfortunately the programme in the Pacific is very expensive due to the travel costs. This is not only between the countries but inside in the country too, as many countries are a group of islands. People living in the outer islands are very often very disadvantaged ones as they do not have access to training opportunities because of high cost of traveling. However, the regional programme has tried to give an opportunity to train the outer islanders too.

Institutional and Resource Development

Objective 1: Improved human capacity of National Societies for ID/RD program planning.

Achievements

A one-week regional workshop on 'Good Governance and Management Practices', will take place at the end of 2000. This workshop was to have been held during the July 2000 donors meeting involving both Governance and Management from each NS. However due to the political instability in Fiji at the time, the donors meeting was canceled. In preparation for the workshop each NS was forwarded copies of the National Society Governance Guidelines.

The workshop has been rescheduled to occur during the 2001 July donors meeting in the Cook Islands. In the mean time, ID Delegate will conduct workshops with NSs, generally following their AGM, where the NS requests this. The first of these will occur in January 2001 with the Vanuatu RC and then again in March with the Solomon Islands RC.

Output: A one-week regional information/communications training workshop, that will include fundraising and image building in addition to information and publicity issues, will be implemented in 2000.

This very successful workshop was held in March 2000. Following the workshop several NSs developed and now produce newsletters (eg Tonga and Micronesia). Similarly, utilization of the media has increased significantly. Fiji Red Cross has produced a brochure in both Fijian and English explaining the role of the Red Cross.

First aid competitions in Fiji, Samoa and Fiji attracted a lot of media attention. Similarly the Tonga Red Cross has developed very good relations with the media and now garner both radio, TV and print media attention at all of their events and functions.

Output: Assistance for program planning will be provided, by request to three National Societies in 2000 and another three in 2001.

Assistance was given to ten NSs in 2000 and will be given to all in 2001. PNGRCS is given all project tools developed and attend all regional meetings, however, technical assistance in program planning is provided by the Country Delegation.

In 2000 nine out of the 12 NS in the region wrote Country and Program Strategies using a basic Logical Framework Model. Palau chose not to submit a Strategy, Solomon Islands were supported by ARC and the Marshall Islands were not included in the process at the direction of the HoRD.

In 2001 it is envisaged that ten out of the 12 Societies will produce Development Plans 2002-2003 (PNG and Marshall Islands excluded) that will include Program and Project Strategies, seeking ongoing financial support.

A Quarterly Performance Monitoring Tool has been developed. Both the NZ and Australian RCSs have accepted the tool as a means of monitoring projects funded in 2001. Both the ARC and NZRC provided valuable feedback. The tool was introduced to the NSs during the Relief workshop (December 2000)

and all agreed to use it as a means of reporting each quarter to the RDS. Transference of monies from PNSs will be dependent on the receipt of the Quarterly Report.

During the December Relief workshop NSs were introduced to a 'Guide to Writing Development Plans 2002-2003'. The RD has developed a proforma for 2002-2003 Development Plans for the Pacific NSs. This was circulated amongst staff of the RD and the NZRC who provided invaluable advice and framework models. The model is still to be refined to include more detail Financial Assumptions and Calculation information.

The Development Plan was developed based on information sought by the PNSs at the donors meeting, the Federations Guide to Development Plans and NZRC Business Plan documents.

Output: All National Societies will receive technical assistance concerning Institutional and Resource Development Issues.

Technical assistance in all areas of ID/RD was provided to the Pacific NSs. The majority of this assistance during 2000 was related to program planning, using the logical framework model, governance and management issues, and fundraising/income generation.

While it took time to develop sound working relationships, the RD believes that the Pacific NSs are comfortable with seeking advice and confident that RD will respond immediately and practically. Two technical visits were undertaken during the period, one to Tonga the other to Tuvalu.

The only Society not seeking assistance to date has been the Marshall Islands, who have not responded to messages and who although invited and accepting the invitation to the Regional Workshop, did not attend.

Objective 2: Networking among the National Societies is functioning well and enabling them to be resources for each other.

Achievements

Output: Federation Commission members from the Pacific have a chance to share Commission discussions with the Pacific NS.

During the year the RDS hosted two regional workshops. At both of these Commission members were allocated time to discuss Commission business.

Output: Three exchange visits per year related to ID/RD Programmes will take place among the National Society staff members or volunteers in the region. These will be from where the best program practices exist.

Only 2 exchange visits were undertaken during the nine months. Both of these were Secretary Generals, namely the SG from Tuvalu and Tonga Red Cross. Both exchanges were to induct the SGs to the Red Cross, meeting RD staff and familiarise themselves with the operations of Fiji Red Cross as an example of a Red Cross Society 'in action'.

An exchange visit for the manager, fundraising and events management was hoped to have been undertaken in December 2000 however this has been postponed until February/March 2001.

Exchange visits will also be utilized where members of the governance of NSs can assist other new governance members.

Output: An e-mail based discussion forum for commission members and NSs will be in function by the end of 2000.

This has not yet occurred. However, discussion was held with the Information Delegate in Bangkok and it is hoped that the Pacific will be able to utilise the Bangkok RD website to fulfill this output.

It must be noted that Internet access time for some NSs is very expensive and may not always be the most cost effective means of communication. What will be investigated is perhaps a quarterly 'chat room/forum' discussion.

Output: The pool of resource persons for ID/RD core tasks is existing.

Identification of core resource personnel is continuing. The exchange Programs will be utilized to ensure that in-region resources and experience is utilized to its fullest potential.

Objective 3: National Societies have the necessary materials and knowledge to plan and implement a resource development program by the end of 2001. Based on an ID/RD assessment of all National Societies in the Pacific (undertaken in 2000).

Achievements

Output: Assessment on ID/RD situation of each NS.

The ID and RD delegates developed a Self-Assessment tool, with assistance from all RDS staff. However since the departure of the RD delegate in June ID Delegate has been responsible for the tool, data collection and collation. The tool is based on the CAPI I and II tool and the AmCross assessment tool. ARC provided invaluable comments and feedback on the tool and its further refinement.

The self-assessment tool was sent to eleven National Societies with ten completing the Assessment. The only Society not to complete the Assessment was the Solomon Islands RCS who were unable to due to being consumed with responding to the civil unrest and coup. However, once some stability is found the SIRCS will be asked to complete the assessment.

The Self-assessment tool results are being used to provide benchmarks for NSs upon which to measure their development progress, as well as providing a snapshot of the development of the NSs in the region as a whole.

A graduate from the University of the South Pacific assisted the Delegation in collating the data into an Excel spreadsheet.

Output: Organise a regional fundraising workshop and link it with the presentation of the ID/RD assessment.

This workshop occurred in March 2000. The Self-Assessment tool was completed in June. Results of the S-A were presented at the Relief workshop held in December 2000.

Output: Get sponsorship for the regional first aid competition to be conducted in 2001.

The Finnish Red Cross, via the Health Program, provided funding for national competitions for three National Societies during 2000. These NSs have indicated that they believe that they can secure in-country sponsorship for their national competitions (Cook Islands, Samoa and Fiji) for 2001.

Three other National Societies will hold first aid competitions in 2001 culminating in a Regional Competition towards the end of 2001.

Output: Jointly with the health delegate develop marketing and sponsorship strategies for the regional first aid program.

Work closely with the other Regional Delegation's Programs, and assist with marketing strategies for the various campaigns: enlist sponsors.

The RD developed a very basic marketing strategy for the NSs relating to the sale of first aid kits during the Christmas period. This also involved selling the kits to businesses, government departments and industry, along with first aid training. ANZ Bank has been approached to sponsor purchase of first aid kits for each NS (50 per NS).

ID Delegate worked closely with the DP delegate on the sponsorship for the production of the DP Snakes and Ladders game, for which sponsorship was gained for the printing of the board games.

Output: Give tailored training in resource development and report writing to four NSs in 2000 and four more in 2001.

Conduct one resource development exchange visit for NS staff in 2000 and two visits in 2001. While no NS received 'tailored' training, all NSs received assistance relating to resource development, monitoring and reporting during the year. This included Fiji with their first ever Membership Drive, Tonga with their Red Cross Ball, and all NSs regarding their Country and Program Strategies.

The Delegation's Finance Officer visited Tuvalu to assist with their financial reconciliation during 2000. In Jan/Feb 2001 the FO will visit Vanuatu Red Cross to assist them with financial record keeping and reporting. During 2001 the FO will also visit Kiribati and the Solomon Islands.

Assistance with applications to the Empress Shoken Fund was given to the Samoa, Tonga and Micronesia Red Cross Societies and to the Samoa Red Cross for a submission to the Japanese Embassy.

A draft SG job description was developed and distributed to each NS. Guidelines will be developed in 2001 for the preparation and documentation of policies and procedures manuals for the NSs.

In addition all NSs were encouraged to complete a Cost Benefit Analysis of their first aid training courses. This will be followed up in more detail in 2001.

The Fiji RC staff member for fundraising and management was to attend an exchange visit in Australia in December but this has been delayed until February 2001. Similarly Tonga had initially requested assistance with their Ball but later advised that they were able to 'manage' the function themselves: it was a highly successful event both in terms of raising funds as well as the image and profile of the Society.

Objective 4: By the end of 2001 Federated States of Micronesia and the Marshall Islands RC are to be recognised by the ICRC and become members of the International Federation.

Kiribati, Tonga, Tuvalu and Vanuatu RC have a good management and resource bases.

Achievements

Output: Organise workshops for the leadership of FSM and MI RC.

The leadership (governance and management) of both of these Societies will benefit from attendance at the Donors Meeting in July 2001 where Governance and Management training will occur. (This was to have been held in July 2000 but was cancelled due to the civil unrest in Fiji.)

However, in March 2001 some training will occur in Micronesia with their Branches and if requested by the Society could extend to their headquarters leadership. While MRCS are yet to appoint a SG, their board and staff operate very effectively and efficiently. The Society has established committees for 4 branches.

Once a Secretary General is appointed an exchange visit, either by the SG to the Regional Delegation or by a SG of another well-functioning National Society to Micronesia Red Cross, will take place.

Marshall Islands RC has just recently set up another steering committee. Contact from this Society is sporadic.

Output: Technical visits to both Societies by Program Delegates.

The Health Delegate has undertaken two field trips to FSM. Both the ID (March 2001) and DP (June 2001) delegates will visit the Federated States of Micronesia in the first half of 2001.

It is unclear as to the status of the Marshall Islands RC. In early 2001 it will be necessary for either the HoRD or the ID delegate to communicate with the steering committee to decide what further steps will be taken in relation to this country.

Output: Tailored technical support in governance/management to Kiribati, Tuvalu, Tonga and Vanuatu RC.

Technical (Programs planning and fundraising) to Kiribati, Tuvalu, Tonga and Vanuatu RC.

During 2000 ID Delegate paid technical visits to both Tonga and Tuvalu. Both were pertaining to governance and management issues. Tonga had recently appointed a new Executive committee and board, and were seeking a new SG. The Australian RC provided a three-month development delegate to assist the Society. The SG has now been employed and the Society, following years of inactivity and problems, is again up and running. Fundraising has commenced with great success, media contacts have grown and the image and profile of the Society has risen and the first aid program has been improved and is again generating income to the Society. The Board meets every month and now take an active role in the leadership of the Society. The SG has been very successful and productive in his 6 months on the job and donors are once again willing to commit to the Societies programs and projects.

Also during 2000 ID Delegate visited Tuvalu along with the Finance Officer. This Society has some leadership problems with a board that meets sporadically and one that does not have active involvement with the Society. The SG is part-time and late in the year took leave from the job. During the visit ID Delegate worked with the SG and Field Officer in the production of their 2001 Country and Program Strategy and the Finance Officer worked on preparing their accounts (3 years) for auditing (now completed, 2 years statement of accounts, one year full audit).

The HoRD has held discussion with the Tuvalu government regarding the situation with the Tuvalu Red Cross. The Government is willing to give a financial grant to the Society and is considering seconding a public employee to act as SG to get the Society functioning again.

From 6-11 January 2001 the ID delegate will be in Vanuatu to run two governance workshops (1 headquarters, one branch). During this time the Delegate will also assist the Society with preparing for the production of their 2002-2003 Development Plan.

Negotiations are currently underway with the Australian RC for a first aid/development delegate to work with Kiribati Red Cross for a 3-month period. ID Delegate will visit the Society in early 2001 to assist with governance and management issues and the preparation of their 2002-2003 Development Plan.

All of the above mentioned NSs received technical assistance with Programs planning and fundraising during the year with nearly 100% funding for their new project proposals.

Output: Marketing Plans existing in all six countries by end of 2001.

During 2000 the Country and Program Strategies 2001 are considered the premier marketing tool for the National Societies. Similarly for 2002-2003 the Development Plans will be considered the premier marketing document.

However, more specific marketing documents and tools will be developed for specific projects. For example a very simple and basic marketing tool was developed for the Christmas sale of first aid kits.

Conclusions

Central to the work of the Regional Delegation is National Societies' capacity building, and any activity in the regional DP/R programme has to be integrated into the overall efforts towards this end. Although their motivation generally high, many of National Societies in the Pacific region are seriously underdeveloped and under-resourced. Four Societies in Marshall Islands, Federal State of Micronesia, Cook Islands and Tuvalu are still in formation. Apart from Fiji, Solomon Islands and PNG, most National Societies in the region have only one or two employees other than Secretary General. Due to lack of financial resources to hire qualified staff or facilitators, in many cases only one individual, often Secretary General him/herself, is in charge of all activities as well as daily administrative work. Their time is limited and they have difficulties in getting even the most basic things done.

In the last few years the Regional Delegation has invested substantial energy in building National Societies' capacity in programme planning, and the results of this was seen in the successful submission by 8 NSs of country strategies and programme proposals for 2001. Our Institutional Development delegate has also worked on upgrading National Societies' reporting procedures and already developed a standard reporting format.

The challenge for the Regional programmes in 2001 is to enable National Societies to make better use of huge goodwill they have from the general public, their Government, foreign missions and donor agencies. While there have been many examples of overwhelming response to appeals for help at times of big disasters, the National Societies have not been able to generate the same sort of financial support for their other regular programmes, partly because of their lack of know-how in proper programme planning and reporting. National Societies' capacity building must be the utmost concern throughout the process of planning and implementing the regional programmes.

On the other hand, limited funding opportunities together with relative isolation of many of these countries encouraged National Societies in the Pacific to develop a tradition of self-reliance. The Regional Delegation continues to support and maintain this momentum towards self-reliance by enhancing one of their key strengths - the very good and open relationship that exists among their leadership. By exchanging experiences with one another, National Societies will be able to increase their potential to be prepared and respond to disaster whenever and wherever they may occur in the Pacific region.

As can be read above almost all of the objectives and outputs set for the RD Programs for 2000-2001 have been met by the end of 2000. Areas in which they have not been met relate mainly to Resource Development, and these will be met over the coming year, in addition to the new indicators set for the Programs in 2001.

Inculcating a regional National Society culture of planning, monitoring and reporting has been a challenge for the RDS and the National Societies. However, the Pacific National Societies who have taken up the challenge can see the results in the much higher proportion of funded programs and projects and the much greater success and impact of their programs and projects on their vulnerable communities.

The Donor Societies have once again shown their commitment to working together as partners with the Societies and the Delegation in their development. The coming year will be one of consolidating the planning culture and coming up with the goods in relation to monitoring and reporting – for the National Societies and the Regional Delegation.

For further details please contact: Satoshi Sugai, Phone: 41 22 730 4373; Fax: 41 22 733 03 95; email: sugai@ifrc.org

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

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Peter Rees-Gildea
Head a.i.
Relationship Management Department

Hiroshi Higashiura
Head
Asia & Pacific Department

Appeal No & title: 01.60/2000 Pacific					
Period: year 2000					
Project(s): P55160, FM001, 55900, 55901, 55902, 55905, 55907, 55908					
Currency: CHF					
I - CONSOLIDATED RESPONSE TO APPEAL					
	CASH		KIND & SERVICES		TOTAL
FUNDING	Contributions	Reallocations	Goods/Services	Personnel	INCOME
Appeal budget	1'408'034				
less					
Cash brought forward	200'530				
TOTAL ASSISTANCE SOUGHT	1'207'504				
Contributions from Donors					
Australian RC (DNAU)	58'668				58'668
Australian RC (DNAU)	-5'544				-5'544
Danish Govt. via RC (DGND)	62'312				62'312
Finnish Govt. via RC (DGNF)	30'567				30'567
Finnish RC (DNFI)	7'642				7'642
Finnish RC (DNFI)	52'138				52'138
Japanese RC (DNJP)	736'429				736'429
New Zealand RC (DNNZ)	42'196				42'196
New Zealand RC (DNNZ)	4'629				4'629
UNAIDS (DH15)	3'225				3'225
WHO (DH03)	2'683				2'683
Australian RC (DNAU)		8'858			8'858
Australian RC (DNAU)		4'000			4'000
Canadian RC (DNCA)		1'865			1'865
Japanese RC (DNJP)		4'183			4'183
Japanese RC (DNJP)		29'427			29'427
Japanese RC (DNJP)		10'000			10'000
Japanese RC (DNJP)		709			709
Japanese RC (DNJP)		79			79
Japanese RC (DNJP)		30'000			30'000
Japanese RC (DNJP)		9'412			9'412
Japanese RC (DNJP)		2'436			2'436
Japanese RC (DNJP)		26'470			26'470
Japanese RC (DNJP)		6'702			6'702
Japanese RC (DNJP)		20'000			20'000
NEEDS (DM10)		2'306			2'306
New Zealand RC (DNNZ)		5'513			5'513
New Zealand RC (DNNZ)		1'886			1'886
USA - Private (DPUS)		171			171
Australia				46'488	46'488
Finland				60'123	60'123
Japan				42'874	42'874
USA				7'064	7'064
TOTAL	994'944	164'018		156'549	1'315'511
Coverage	82.4%	13.6%		13.0%	108.9%

III - Budget analysis / Breakdown of expenditures						
Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL	Variance
			Goods/services	Personnel	Expenditures	
SUPPLIES						
Shelter & Construction		14'266			14'266	-14'266
Clothing & Textiles		6'485			6'485	-6'485
Food/Seeds						
Water		55			55	-55
Medical & First Aid		11'186			11'186	-11'186
Teaching materials		141			141	-141
Utensils & Tools		85'446			85'446	-85'446
Other relief supplies	101'499	169			169	101'330
Sub-Total	101'499	117'748			117'748	-16'249
CAPITAL EXPENSES						
Land & Buildings		9'213			9'213	-9'213
Vehicles		36'471			36'471	-36'471
Computers & Telecom equip.	1'185	21'597			21'597	-20'412
Medical equipment						
Other capital expenditures	13'904	9'616			9'616	4'288
Sub-Total	15'089	76'897			76'897	-61'808
TRANSPORT & STORAGE						
	94'028	55'204			55'204	38'824
Sub-Total	94'028	55'204			55'204	38'824
PERSONNEL						
Personnel (delegates)	242'464	331'476		156'549	488'025	-245'561
Personnel (local staff)	298'189	151'040			151'040	147'149
Training						
Sub-Total	540'653	482'516		156'549	639'065	-98'412
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts		11'663			11'663	-11'663
Travel & related expenses	231'305	119'259			119'259	112'046
Information expenses	76'751	17'831			17'831	58'920
Administrative expenses	193'825	111'277			111'277	82'548
External workshops & Seminars						
Sub-Total	501'881	260'030			260'030	241'851
PROGRAMME SUPPORT	154'884	75'905			75'905	78'979
OPERATIONAL PROVISIONS						
Transfer to National Societies		19'600			19'600	-19'600
TOTAL BUDGET	1'408'034	1'087'899		156'549	1'244'448	163'586

Pacific						ANNEX 1
APPEAL No. 01.60/2000		PLEDGES RECEIVED				10.04.2001
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				1'408'000		TOTAL COVERAGE
						97.4%
Balance carried forward from 1999				200'530		
Relocation of income				40'000		
DANISH - GOVT/RC		300000	DKK	62580	14.06.00	30% OF DKK 1'000'000
FINNISH - RC		33637	EUR	52'346	12.06.00	REGIONAL HEALTH
FINNISH - GOVT/RC		25228	EUT	39288	07.09.00	HEALTH/PSYCHOLOGICAL SUPPORT
JAPAN - RC				148'000	11.01.00	
JAPAN - RC		154500	USD	254'538	28.04.00	REG. DEL SUVA
JAPAN - RC		20000000	JPY	311'440	28.04.00	REG. DEL SUVA
JAPAN - RC		3500000	JPY	54814	19.09.00	FS MICRONESIA
NEW ZEALAND - RC		51735	NZD	42'397	02.03.2000	CBSR WORKSHOPS IN FIJI AND VANUATU
NEW ZEALAND - RC				4629	24.05.00	REGIONAL DELEGATION
UNAIDS		2000	USD	3'148	03.03.2000	SUVA, FOR PRINTING OF BLOOD POSTERS
AMERICAN - RC		26248	USD	42857	26.05.00	IDRDP
WHO		1680	USD	2768	07.04.2000	WHDAY CELEBRATION IN FIJI
SUB/TOTAL RECEIVED IN CASH				1'214'342	CHF	86.2%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Australia	Delegate(s)			46'488		
Finland	Delegate(s)			60'123		
Japan	Delegate(s)			42'874		
USA	Delegate(s)			7'064		
SUB/TOTAL RECEIVED IN KIND/SERVICES				156'549	CHF	11.1%

