

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

East Asia (Appeal 01.37/2002)

Click on programme title or figures to go to the text or budget

	2002 In CHF	2003' In CHF
1. Disaster Preparedness	495,022	467,574
2. Health and Care	662,163	551,756
3. Humanitarian Values	178,427	168,652
4. Organizational Development	707,682	405,163
5. Regional Cooperation	92,303	92,303
6. Coordination & Management	406,629	369,551
Total	2,542,226	2,054,999



Introduction

The East Asia region is one of the most populous in the world. It includes China (population 1.29 billion), the Democratic People's Republic of Korea (22.5 million), Japan (125.4 million), the Republic of Korea (43.5 million) and Mongolia (2.5 million). The region is characterised by significant social, political, cultural and economic diversity and several language groups. In addition it is extremely prone to natural disasters including floods, drought, earthquakes, volcanic eruptions, snowfall, typhoons and cyclones, which have important social and economic consequences. Vulnerability in the region is caused by a combination of natural disasters, economic deprivation and social exclusion. The diversity of the region is reflected in the five national societies, in terms of their opportunities, challenges and capacities.

Increasingly, linked economies are helping the process of regional integration, and investment from Japan, the Republic of Korea (RoK) and Taiwan in (Mainland) China and Mongolia are important contributors to regional economic growth.

Democratic People's Republic of Korea (DPRK)

There are still few signs of economic reform in the DPRK where large parts of the population survive on international humanitarian aid. Following the meeting of the two Korean leaders in June 2000 and the ensuing family visits, there was a feeling of optimism that at last the Korean Peninsula issue might, in time, be resolved. However, as a result of international political developments, much of this optimism disappeared and no family visits took place during 2001.

The Federation has been working closely with the DPRK Red Cross since 1995. The focus of support has moved from an initial emergency relief programme to the development and implementation of integrated

¹ These are preliminary budget figures for 2003. and are subject to revision in the course of 2002.

longer term health, disaster preparedness and response and capacity building programmes. However, the DPRK Red Cross continues to run relief operations with the support of the Federation delegation in Pyongyang, the most recent being in response to floods on the east coast in October 2001 - the worst flooding in DPRK for 50 years.

Through international support provided to Red Cross activities in the DPRK since 1995, the DPRK Red Cross is increasing and strengthening contacts with sister Red Cross and Red Crescent societies and has provided delegates for international assignments.

Republic of Korea (RoK)

The Republic of Korea National Red Cross concentrates its activities on health and social services with emphasis on high quality blood services. The Republic of Korea Red Cross conducted a large scale mobilisation of resources in response to the crisis, which developed in the DPRK in 1995. The Society is becoming an increasingly significant actor in the Federation and runs Basic Training Courses (BTCs), inviting participants from national societies in the region.

Japan

The Japanese Red Cross continues to be a major contributor to the Federation in cash, kind and human resources. The society also runs BTCs, inviting participants from national societies in the region.

Mongolia

For Mongolia, the 1990s were characterised by a period of rapid transition from a command economy and communist rule to a market economy and democracy. Despite a growth in the economy and prosperity for some, one third of the population are living below the poverty line. Besides a series of natural disasters over the past three years that included severe drought and extremely harsh winters, there has been a deterioration in the quality of public services due to lack of funding. Among the visible forms of poverty are the presence of street children, increased alcoholism and suicides, and growing crime.

Since 1995, the Mongolian Red Cross Society (MRCS) has been undergoing important changes, supported by a series of development plans and initiatives commanding both bilateral support and that of the International Federation.

China

China is currently going through a period of economic transition which is presenting many challenges to the Chinese leadership. While China's new membership of the World Trade Organisation is generally seen as positive, many commentators have pointed out that in the short and medium term this is likely to lead to an increase in unemployment. China's economy continues to grow at approximately 7.8%. Evidence of this can be seen in the provinces where infrastructure is being put in place, including thousands of kilometres of highways and new airports.

The Red Cross Society of China (RCSC) continues to establish itself as an entity separate from the Ministry of Public Health, and a significant degree of independence has been achieved in 17 of the 32 Provinces, Autonomous Regions and Municipalities. This newly granted independence ensures a greatly enhanced profile for the society, which will facilitate more effective dissemination, better access to government ministries and departments and other organisations, greater opportunities for fund-raising and, in time, a greater degree of freedom of action. RCSC is also currently undergoing a restructuring aimed primarily at rationalising staffing levels.

The RCSC has an extensive nationwide network of 153,000 grassroots volunteer groups and with almost 23 million members is by far the largest national society in the world. It is also in the unusual position of being both a donor and recipient national society.

The Hong Kong and Macau branches of the RCSC enjoy a special autonomous status consistent with their political and legal status. These RCSC branches, which celebrated their 50th anniversary in July 2000, also play an important role in providing disaster response support in China as well as high quality social care, blood and youth programmes.

The RCSC has a special programme promoting exchange (both youth and information) across the Taiwan straits.

Note: Four of the programmes in this appeal - disaster preparedness, health and care (HIV/AIDS), humanitarian values and organisational development - relate specifically to China.

The Beijing regional office

Following the opening of the Beijing regional office in February 2000, a head of regional office started work in May 2000 and made familiarisation visits to DPRK, Japan, Mongolia and the Republic of Korea. Additional visits have been carried out throughout 2001 and since the establishment of the office 12 of the 34 Administrative Units in China have been visited, including Hong Kong.

Following the closing of the Federation's representative office in Mongolia in December 1999, the regional office manages support to the Mongolian Red Cross and the Federation's office in Ulaan Baatar in accordance with existing development plans and in support of ongoing relief operations. The Beijing regional office also continues to provide logistical support to the Federation's operations in the DPRK.

In addition to direct programme support to the RCSC, the regional office is also positioned to provide services and assistance to the participating national societies conducting programmes through bi lateral co-operation in China.

The regional office is well placed to serve as a focal information point for embassies, media and international organisations in Beijing, many of which also cover Mongolia and DPRK. The priorities are to raise awareness of Red Cross activities in China and the region and to intensify contact following natural disasters and the launching of appeals. The regional office has been particularly successful in this regard in contacts with representatives of the international media networks.

The office maintains links with the Federation's regional delegation in Bangkok particularly with the regional information, health and finance units (in Kuala Lumpur) who have provided support to the delegations and national societies within the East Asia region. The office also works closely with ICRC regional delegation (Bangkok) in programmes run with the Red Cross Society of China.

In September 2001 the RCSC, supported by the regional office, hosted a partnership meeting, followed by a secretary generals meeting, for the five national societies in the East Asia region.

The regional office is currently staffed with a head of regional office, a regional relief co-ordinator, a finance delegate and an IT delegate (for China only) and four national support staff. In 2002, the regional office also aims to include capacities in information, dissemination (humanitarian values), institutional development, reporting and HIV/AIDS. All these additional positions will be regionally recruited.

[click here to return to the top](#)

1. Disaster Preparedness

Management Training and Community Based Disaster Preparedness Exploration Project

Background and achievements/lessons to date

The frequency and impact of disasters have increased, and are expected to continue increase, worldwide. Disasters disproportionately affect the poor. Over 90 percent of the total disaster related deaths occur in developing countries.

Bringing emergency relief to refugees and victims of poverty and disasters has been a key activity of the International Federation and its member Red Cross and Red Crescent Societies for more than 80 years. Strategy 2010² (which outlines the Federation's mission and strategic directions) identifies five priority areas for disaster response: mobilising the RC/RC network to respond, improving the speed and effectiveness of coordination mechanisms, building capacity through relief, rehabilitation and construction and setting and working towards improved standards.

National Societies also play a role in identifying the local coping and mitigation strategies of populations at risk and helping them to find appropriate and sustainable solutions in preparation for future disasters. Strategy 2010 identifies four priority areas in disaster preparedness: strengthening disaster preparedness (DP) planning, building effective disaster response (DR) mechanisms, raising community awareness and public education, disaster mitigation and reduction.

This RCSC/Federation Programme focuses on two areas in disaster response and disaster preparedness: building the capacity of the RCSC to respond to disasters through DR training and exploring avenues for RCSC's increased involvement in community based disaster preparedness.

Overview of Disasters in China

China experiences many forms of disasters, which often result in severe human, social and economic consequences. China is prone to earthquakes, floods, typhoons, cyclones and drought. The annual average area affected by flooding is more than 10 million hectares. The annual average area affected by drought is over 20 million hectares. Since 1949, earthquakes have killed almost 300,000 people, injured and disabled nearly one million and destroyed more than 10 million homes.

The Red Cross Society of China (RCSC)

The mandate of the RCSC for disaster response is outlined in The Law of the Peoples Republic of China on the Red Cross Society. It states that the RCSC shall:

- plan for disaster relief, in case of natural calamities and emergencies, and to offer relief and assistance to the sick, the injured and other victims; and
- disseminate knowledge about hygiene, relief skills, and to organise the masses to participate in relief operations.

The RCSC has built a reputation for reacting quickly to natural disasters in China. This has been achieved through its ability to harness grass root branch support to manage relief operations.

Federation and the RCSC

Every year the RCSC responds to small scale and large scale disasters. In some cases the RCSC seeks the assistance of the international network to scale up the response and to mobilise support from the international community.

Beginning in 1998, building on the lessons learnt from the 1998 Floods Operation, the RCSC and Federation have been developing a more effective disaster response reporting system. The aim is to improve the speed and quality of disaster assessment and disaster response information flowing from local branches to the RCSC national office and from RCSC to the Federation and donors. An important component of this initiative has been the training of RCSC staff in reporting.

In 2001, the Federation is working with the RCSC towards the establishment of a computerised DP/DR information network, linking the national headquarters with many of the most disaster prone provinces. Once established, this system will enable the high speed passage of disaster information from the provinces to headquarters. It will also enable the Relief Department in Beijing to better coordinate the Society's relief efforts through a series of information databases and computer generated reports.

The Programme

This disaster management training and community based disaster preparedness exploration project builds on the RCSC's Five Year Strategic Plan for Disaster Response. In order to enable the National Society to continue to improve the speed and effectiveness of its local and national response mechanisms and to work on quality and standards in disaster response, ongoing and expanded training for relief staff is required.

The Programme seeks to further strengthen the capacity of the National Society to react to disasters through basic and intermediate support for national, provincial and prefecture level relief staff. Linking RCSC training programmes to Federation, and especially Sphere, standards will be an important component of this initiative.

Furthermore, the programme will assess the feasibility of developing a Community Based Disaster Preparedness (CBDP) model project(s). This will involve exploring RCSC's role in establishing effective disaster preparedness mechanisms at the grass roots level, including community awareness and public education campaigns and community led disaster mitigation and reduction strategies.

Goal To develop the knowledge and skills of 500 RCSC staff from 31 provinces and selected prefectures in disaster response and to expand the role of the RCSC in disaster preparedness mechanisms at the community level.

Objectives and activities

Objectives

1. To train 400 staff at provincial and prefecture level in basic disaster response and 100 provincial and prefecture level staff in intermediate disaster response by the end of 2003.
2. To explore the role of the RCSC in disaster preparedness mechanisms at the community level and to develop a pilot CBDP project in two provinces.
3. To effectively monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 1

- Project working group involving RCSC Relief Department and Federation established by March 2002
- Identification of RCSC & Federation facilitator/adviser with experience in Federation and RCSC DR training and participatory training methodologies by March 2002
- Training needs analysis, identification of knowledge and skills gaps, conducted by March 2002
- Trainee selection criteria developed and trainees identified by April 2002
- Training programme, modules and handouts developed by May 2002
- Training budget revised based on more detailed planning by May 2002
- Pilot training undertaken for RCSC trainers and representative from provincial and prefecture branches
- Training programme, materials and handouts revised in line with feedback from pilot training
- 4 basic courses for 400 prefecture staff implemented by December 2003
- 2 intermediate courses for 100 provincial staff implemented by December 2003
- Training programmes evaluated and ongoing revision of training methodology and module content based on evaluations.

Indicators

- Working group meeting monthly to discuss project progress, constraints, success and required revisions to plan.
- Advisers have experience in DR training and participatory training methodologies
- Consensus on training programme areas by end of March 2002
- Selection criteria includes trainee commitment to RC, operational relief experience, disaster prone provinces and gender balance. 200 trainees identified based on selection criteria.
- Documents developed based on RCSC and Federation policies and guidelines and on Sphere Standards. Training programme and modules take into account adult learning principles (refer to annex 2) and reflects participatory approach. Input from Government on training programme. Input from Federation DP and DM Coordination Department in Geneva.
- Amended budget agreed between RCSC and Federation.
- By end of May 2002 Training programme and materials revised based on outcomes of pilot training.
- 100% of participants have a better understanding of disaster response.
- Training methodology and content revision based on evaluations.

Activities to achieve objective 2

- Participatory workshop for HQ, Provincial, Prefecture and Township staff , other RC partners and external stakeholders to explore relevance and capacity of RCSC to increase their involvement in CBDP including community awareness and public education campaigns and disaster mitigation and reduction.
- Development of CBDP pilot project in two provinces.

Indicators

- Full range of CBDP ideas/concepts are exchanged in participatory workshop. Asia NS presents lessons learnt on establishment of CBDP programmes in their country. Federation presents CBDP policies and guidelines. Workshop takes into account adult learning principles and uses participatory processes.
- Proposal is in logframe format (goal, objectives, outputs, inputs, measurable indicators, means of verification, assumptions, risks) and also includes schedule of implementation, budget, funding plan and coordination mechanisms for external inputs.

Activities to achieve objective 3

- Job description and mission instructions for Federation Delegate are linked to expected outputs of the programme.
- Logframe developed for appeal and revised regularly to reflect changes in project implementation.
- Weekly RCSC staff meeting and monthly Federation/RCSC meetings.
- Federation and RCSC staff receive training in logframe development and use of logframe as a management, M&E and reporting tool (before March 2002).
- Internal quarterly project reports submitted and six monthly standard Federation Programme Updates posted on the web.
- End of year 1 and Year 2 Evaluations
- Training on aims and process for evaluation for Federation and RCSC staff.

Indicators

- Logframe is used as guide for discussion in meetings and minutes of meeting are formatted to report against logframe indicators.
- Logframe is used as a project management tool by Federation and DPRK RC.
- Project reports are in logframe format and provide information against indicators.
- Evaluation terms of reference are developed by RCSC in consultation with the Federation.

Expected Results

- 100 provincial and 400 prefecture level staff have improved knowledge of RCSC and Federation DR guidelines covering: disaster assessment, food aid, water supply and health interventions, logistics and procurement, coordination mechanisms, and monitoring and evaluation of assistance.
- RCSC ability to respond is faster and more effective:

- Assessments are conducted in line with RCSC and Federation procedures, in cooperation with local authorities and affected population (women, men and children) and with other humanitarian agencies;
- assessment information is clear covering water supply, food aid, health needs, and in agreed formats.
- international and local appeals reflect needs identified in the assessment.
- Increase use of Sphere Standards in training, assessment, monitoring and evaluation.
- Feedback from key partners during evaluation is that RCSC contribution to disaster response has become more effective.
- CBDP pilot project included in 2003-04 appeal.

Indicators

(refer to indicators under each objective)

Monitoring and Evaluation Arrangements

Monitoring and evaluation will be an important activity for:

- collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future DP/DR activities and for recommending changes in policy;
- providing PNS and donors reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation.

Participatory evaluations have been scheduled at the end of Year 1 and 2.

Training for Federation and RCSC staff in use of logframe, M&E and reporting has been included in the Programme design (refer to objective 3).

Critical Assumptions

- Donors are interested in funding the programme.
- Role of RCSC in disaster response remains the same.
- Natural disasters do not impede the ability of some participants to attend the workshops.
- Provincial branches interested in taking part in CBDP workshop.
- Two RCSC provinces interested in piloting CBDP processes.
- Federation and RCSC willing to be trained in M&E processes and tools.
- RCSC and Federation staff willing to consider adult learning principles and participatory methodologies.
- RCSC does accept that CBDP is a RCSC role.

[click here to return to the top](#)

2. Health and care

HIV/AIDS Prevention, Care and Advocacy Programme

Background and achievements/lessons to date

The worldwide epidemic of HIV/AIDS is a major challenge of our time. The number of men, women and children living with HIV is over 34 million and many are unaware that they are infected. The number of AIDS orphaned children has surpassed 13 million. There is as yet neither a vaccine nor a cure, and prevention is difficult because HIV is mainly transmitted through sexual intercourse and unsafe drug-injecting practices. As a result, the virus continues to spread at a rate of around 6000 new infections a day.

The Red Cross Movement is still coming to terms with the magnitude of the epidemic and its impact on staff, members and volunteers.

At the 13th General Assembly of the Federation, November 2001, member societies declared that the Federation will confront this pandemic through:

- promoting and protecting the rights of and human dignity of people living with HIV/AIDS (PLWHA), both inside the organisation and externally;
- reinforcing the work of staff and volunteers in the community to contribute to behavioural change through awareness and prevention campaigns, and by training family members of PLWHA in basic care;
- building partnerships with other organisations to maximise the use of complementary capacities and to share learning.

This Programme aims to assist the RCSC to clarify its role in HIV/AIDS prevention, care and advocacy through the development of a comprehensive and coherent five year strategy and action plan. Good strategic planning and management for HIV/AIDS prevention and care is an emerging art, but much can be learnt from RC/RC and other international successes and failures and these lessons learnt will be applied in this project.

The introduction of China's Open Door policies in the 1970s and the ensuing economic reforms have contributed to China's vulnerability to the HIV/AIDS epidemic. Exacerbating factors include:

- loosening of restrictions on the freedom to travel. This has resulted in the internal migration of an estimated 120 million labourers moving from the countryside to the cities, most of whom are sexually active young men. Increased international travelling has led to a thriving sex industry in border towns and cities.
- industrialisation and exposure to different cultural norms and values has contributed to changing attitudes to sexuality including an increasing acceptance of premarital and extramarital sex.³
- widening disparities between the rich and the poor has resulted in entertainment work, especially for young woman, becoming an economic alternative. UNAIDS estimates that four million entertainment workers practicing high risk behaviours, particularly unsafe sex, are at risk of HIV in China⁴.
- growing urbanisation as people search for better economic opportunities in the cities. Nearly 40 percent of Xinjiang's population and 20 percent of Yunnan's officially live in urban areas⁵; with actual figures being much higher when migrant populations are considered.

³ Changing Sexual Attitudes and Behaviours in China: Implications for the spread of HIV and other STDs. K Zhang, D Li, H.Li and E.J Beck. AIDS Care 1999. Vol II. No 5. Page 582.

⁴ UNAIDS. AIDS: men make a difference. Briefing for Journalists. 6 March 2000.

⁵ Benewick, Robert and Stephanie Donald, The State of China Atlas, Middlesex: Penguin Reference, 1999

- economic, social and political change has contributed to an upsurge in drug trafficking with consequent increases in drug injecting and needle sharing. China has witnessed one of the most rapid increases in HIV/AIDS among injecting drug users (IDUs).⁶

As in many other countries in the East Asia region China's HIV/AIDS epidemic was jump started by drug users who still represent the largest number of infected individuals. While government policies are responsive to stemming the epidemic, many institutional and community attitudes towards people living with HIV/AIDS (PLWHA), and those most at risk of HIV/AIDS are characterised by stigma, silence and shame.

China's efforts to control the spread of HIV/AIDS began formally one year after the first case of HIV was identified in June 1985. The national AIDS committee was established in 1986 and the Programme for AIDS Prevention and Control was established in 1987. In 1990, the Chinese Ministry of Health adopted a medium term plan in line with global policies. The Ministry of Health's 1998-2010 Medium and Long Term Programme emphasises prevention education among youth, IDUs, entertainment workers and their clients, and the general population, as well as care and counselling for people already infected with HIV/AIDS.⁷

Despite these responses, the State Development Planning Commission, the Ministry of Science and Technology and the Ministry of Finance have been highly critical of China's current efforts in HIV/AIDS control. They state that China's capacity to deal with the problem is inadequate and that a functioning multi-sectoral and coordinated approach is yet to be created. Limited awareness and knowledge, inadequate levels of research, poor medical services and surveillance plus the weak management of blood safety have been highlighted as key concerns.⁸ This limited capacity to respond to the epidemic has serious implications for China's future economic and social development and is exacerbating poverty in those communities affected by HIV/AIDS.

In China, traditional approaches to education involve older people and people in positions of authority lecturing young people about morality. Strategies that have elsewhere proven effective in HIV/AIDS prevention, such as participatory education, youth to youth education, and developing decision-making skills are not practiced. Furthermore, education and support for PLWHA are rarely available. Many of those who have been tested are not given their test result, and those who are told of their HIV/AIDS infection receive little or no counselling. Medical professionals often feel ill-prepared to discuss sensitive issues like HIV/AIDS, sex, and drug use.⁹

The true extent of the epidemic in China is difficult to determine because of insufficient information. As of October 2000, 20,711 cases of HIV infection had been reported to the Chinese Ministry of Health - up from approximately 2000 in 1994. However, in a recent UNAIDS report it is stated that there may be more than 600,000 HIV infected people in China.¹⁰ The Ministry of Health and UNAIDS estimate that without immediate and effective prevention measures; China's HIV caseload could reach ten million by the year 2010.¹¹

In early 2001 a blood contamination scandal of disastrous proportions in Henan Province was exposed in the international media. In the early 1990s, thousands of poor villagers sold their blood to 'dealers'. This blood was mixed and after the extraction of required elements was then injected into the donors. The infection rate of HIV soared and tens of thousands are now infected. At this time there was a reluctance on the part of the Government to discuss the full scale of the problem. However, in recent months it appears there has been an increased interest on the part of the Government of China to more aggressively address the epidemic in China.

⁶ Paul Deany and Nick Croft, Harm Reduction, HIV and Development, Development Bulletin, No.52 June 2000.

⁷ Mid-Long Term Plan of HIV/AIDS Prevention and Control in China, State Council Document 1998:38

⁸ UNAIDS and UNODCCP. Drug Use and HIV Vulnerability. Policy Research Study in Asia. Task Force on Drug Use and HIV Vulnerability. Oct 2000

⁹ HIV/AIDS Case Management in Yunnan Province, unpublished paper by Medecins Sans Frontiers (Holland), Kunming Office, December 2000

¹⁰ UNAIDS, Annual National Workshop on HIV Surveillance in China, Mission Report March 2000

¹¹ Ibid

In November 2001 the Government will convene the first national HIV/AIDS conference in China. The Government of China, pursuant to its 'Five Year Strategy' is involved in research and is becoming increasingly involved in dissemination of HIV/AIDS knowledge, through TV and posters, although this is at present is still quite basic.

Care for PLWHA is provided in only one facility in Beijing Hospital, but mainly through the efforts of a single person, and given the attitudes to HIV/AIDS in China it will be a challenge to expand this work.

Red Cross Society of China and ongoing HIV/AIDS initiatives

As the largest independent auxiliary to government and with an extensive nationwide network of 120,000 grass-roots units, 2,562 county and district branches, 347 prefecture and city branches and 31 provincial branches, the RCSC is uniquely placed to implement HIV/AIDS prevention, care and advocacy programmes. The RCSC is represented on the international RC/RC HIV/AIDS Governance Group tasked with providing guidance to the Board and the General Assembly on HIV/AIDS policy, how to make the RC a better home for PLWHA and how to build RC commitment to scaling up the HIV/AIDS response. The RCSC has also been a member of the RC/RC Health and Community Services Commission for the last 4 years. The RCSC is a member of the following China-based agencies: National AIDS Council, Working Group of Non Government Organisations in AIDS prevention and control, and the National Association of STD/AIDS Prevention and Control.

The Australian Red Cross has worked with the RCSC on HIV/AIDS programmes since 1994. ARC's and RCSC's work in Xinjiang and Yunnan has confirmed the appropriateness and efficacy of the life skills peer education approach for China. This collaborative efforts was recently recognised by UNAIDS and UNESCAP as an example of best practice in HIV/AIDS prevention.¹² Between 1996 and 2000, over 600 YPE workshops involving more than 12000 young people were delivered in Yunnan. Since 1997 over 50 YPE workshops, involving approximately 800 young people, have been held in Xinjiang. Comparison of pre and post test workshop scores collected over the duration of the programme, in both provinces, have shown a significant increase in the knowledge of participants.

Yunnan Red Cross and ARC have recently established community based care and support activities Ruili Prefecture in Yunnan. This initiative aims to provide care and support for people with HIV/AIDS and to create an easy environment in the community under which PLWHA are not discriminated against or stigmatized, and people help each other and change people's risk behaviours.

China's Minister for Health, Mr Zhang Wen-Kang, during a meeting with the Secretary General of the Federation, at the UNGASS conference earlier this year, confirmed his support for RCSC and Federation action on HIV/AIDS in China.

In July 2001, the RCSC hosted an International symposium on HIV/AIDS prevention and care with the aim of strengthening cooperation with National Societies in the Mekong sub-region. Cambodia, Myanmar, Thailand, Laos and Vietnam Red Cross societies participated in the meeting along with representatives from 12 RCSC Provincial Branches. The key components of the Appeal for Action developed by participants of the Symposium are as follows:

Upholding the principle of humanity and serving the most vulnerable people, the RC/RC should mobilise its members and volunteers in actively taking part in HIV/AIDS prevention and care. Caring for PLWHA should be one of the priorities. Discrimination against those people should be eliminated

...

The International Federation of Red Cross and Red Crescent Societies should take a lead role internationally in HIV/AIDS prevention and care.

National Societies should attach necessary importance to dissemination of HIV/AIDS prevention and care especially among young people and motivate them to participate in prevention and care campaigns. The Red Cross and Red Crescent should support communities to care for people living with HIV/AIDS and thereby embody the principle of humanity.

¹² UNAIDS, Summary Booklet of Best Practices, Issue 1, 1999 and UNESCAP, Youth Participation Manual, 1999 and UNAIDS Best Practice Case Study (in preparation)

National Societies should work closely together with their governments in coordinating prevention and care efforts made by various government departments and NGOs.

The RCSC is active in all 34 Administrative Units in promoting non-remunerative blood donations and in motivating the public to donate blood through the Ministry of Public Health blood centres.

The RCSC has recently started to include HIV/AIDS knowledge in its first aid training curriculum, however this is not yet being implemented nationally. Other National Societies working bi-laterally in China, primarily Norwegian Red Cross, Netherlands Red Cross and Swiss Red Cross also incorporate an HIV/AIDS element in their primary health care programmes.

Other Key Players in HIV/AIDS in China

- The *Joint United Nations Programme on HIV/AIDS* (UNAIDS) has had an office in China since early 1996. The seven co-sponsoring agencies of UNAIDS (UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, and World Bank) are all involved in AIDS activities in China. In particular, WHO, UNDP, UNICEF and World Bank have collaborated with the Chinese programmes on a number of initiatives including surveillance, advocacy and training. UNAIDS initiatives in China focus on strengthening national capacities to take action on HIV/AIDS and to ensure a long-term sustainable response.
- Australian Agency for International Development (Xinjiang, Tibet, Yunnan and Guanzhi)
- Australian-Chinese AIDS/STD/Safer-Sex Peer Education Programme (Beijing and Shanghai)
- DFID (Yunnan and Sichuan)
- EU-China Training Programme on STD and HIV AIDS (China wide)
- Medecins Sans frontieres (Shanghai and Chengdu)
- Save the Children - UK (Yunnan)
- Ford Foundation (Beijing, Hangzhou, Guangxi, Shenzhen, Yunnan)
- Salvation Army (Yunnan, Guanzhi and Sichuan)

Goal

To strengthen the capacity of RCSC at national level, and in four provinces to implement HIV/AIDS prevention, care and advocacy related to the dignity of PLWHA

Objectives and activities

- I. To map RCSC capacities and vulnerabilities in implementation of HIV/AIDS interventions in China.
- II. To develop a RCSC five year Strategic Plan to scale up HIV/AIDS activities and build nationwide on the Yunnan Model.
- III. To support youth peer education programmes in Hainan, Fujian and Guangxi provinces drawing on Red Cross lessons learnt in Yunnan and Xinjiang.
- IV. To design and implement a community based prevention and care and support programme in two pilot locations Henan Province.
- V. To effectively monitor and evaluate programme objectives, outputs, inputs and processes.

Activities to achieve objective 1

- Identification of key Federation/other agency documents and literature review.
- List of key HIV AIDS documents/materials/resources available in Mandarin, distributed to RC provinces involved in HIV/AIDS.
- Translation of Federation HIV/AIDS policy and guidelines and other key documents into Mandarin.
- Stakeholders in HIV/AIDS in China mapped and consultation and assessment process planned and undertaken.
- Draft report produced, distributed for feedback and revised based on feedback.

Indicators

- Job description and mission instruction for RCSC Project Manager and Federation Delegate are linked to expected outputs of the Programme
- List of HIV/AIDS documents/resources easily accessible for RCSC HQ and provincial staff by mid 2002

- Translation of RC/RC position on HIV/AIDS, policies, strategic plan, youth manual by end of 2002.
- By June 2002, RCSC has collected baseline information on: areas of competence and weaknesses of the NS; opportunities (eg. matching gvt funds, partnerships) and threats in the external environment; possible integration of HIV/AIDS activities with other RCSC core programmes (First Aid, Disaster Preparedness, Organisational Development)

Activities to achieve objective 2

- Strategic planning workshop involving cross section of stakeholders.
- Draft plan developed and distributed for comment.
- Plan revised based on feedback.
- 2003-04 China HIV AIDS Appeal based on HIV/AIDS strategic plan.

Indicators

- By July 2002, RCSC has a draft strategic plan for HIV AIDS prevention, care and advocacy to fight discrimination and plan is in logframe format (goal, objectives, outputs, inputs, measurable indicators, means of verification, assumptions, risks).
- Plan includes schedule of implementation, budget, funding plan, coordination mechanisms for external inputs.

Activities to achieve objective 3

- Technical Support Team (TST) established and TST travels to 3 provinces twice per year to conduct initial facilitator training, provide support to RC staff and to monitor project activities.
- Facilitator training manuals, and IEC materials for YPE developed, tested, revised and finalised.
- 20 young male and female facilitators trained in each of the three provinces.
- 25 YPE workshops for 500 young people in each of the three provinces
- Monthly support and management of young facilitators in each of the three provinces and regular monitoring of workshops by provincial RC staff to support facilitators and to ensure quality.
- HIV AIDS awareness campaigns planned and implemented on RC day (May 8th) and World AIDS Day (December 1st).
- Provincial project managers attend RCSC national conferences/meetings.

Indicators

- Technical Support Team established by March 2002 and comprises experienced staff and YPE facilitators from Yunnan and Xinjiang projects.
- Training and IEC materials for three provinces are based on those materials developed in Yunnan and are completed by end of 2002 based on experience and knowledge gathered throughout the year in YPE workshops.
- 80% of the 60 male and female facilitators active for at least 12 months following facilitator training.
- Provincial RC arranges monthly meetings with all facilitators and documents problems encountered and solutions.
- Provincial RC staff attend at least 20 out of 25 YPE workshops and document their observations.
- Awareness campaigns based on local context and reflect UNAIDS and Federation themes
- 80% of facilitators participate in World Aids Day
- At least three provincial RC staff meet with staff from other provinces and HQ at least once per year and share lessons learnt.

Activities to achieve objective 4

- Henan advisory committee established by February 2002 to guide project design, implementation and monitoring.
- Technical Support Team (TST) established and TST travels to Henan twice per year to conduct initial facilitator training, provide support to RC staff and to monitor project activities.
- PRA conducted in two pilot sites to inform the design of the project.
- TST and Henan RC adapt elements of Yunnan YPE curriculum for prevention and care activities in Henan.
- 20 local health workers from two pilot areas attend skills upgrade workshop in diagnosis and treatment of common conditions and conditions related to HIV.

- 40 Community Health Educator Volunteers (CHEV) from two pilot locations trained in HIV information, facilitation and educational techniques, prevention and transmission.
- 40 support volunteers (SUV) from two pilot locations trained in home visits, home care, self care, common presentations of HIV, how to help/provide practical support to PLWHA and their families.
- Monthly support and management of CHEV and SUV by provincial RC staff.
- HIV AIDS awareness campaigns planned and implemented on RC day (May 8th) and World AIDS Day (December 1st).
- Provincial project manager attends RCSC national conferences/meetings.

Indicators

- Government representatives, RCSC HQ staff, Henan RC staff, PLWHA, Federation representative and Technical Support Team represented on advisory committee.
- Advisory committee meets at least every six months.
- Technical Support Team comprises experienced staff and YPE facilitators from Yunnan and Xinjiang HIV AIDS projects.
- PRA conducted by April 2002 by Henan RC staff from provincial and local level, TST members and RCSC HQ staff.
- Curriculum is adapted to local context based on findings of the PRA by May 2002
- Curriculum continually revised based on experience and lessons learnt.
- 20 health workers receive training by June 2002.
- Number of PLWHA and family members who go to the clinic for care.
- 40 Community Health Educator Volunteers trained by August 2002.
- 40 support volunteers trained by end of 2002.
- PLWHA and their family members are recruited as support volunteers.
- Provincial RC arranges monthly meetings with educators and support volunteers and documents problems encountered and solutions.
- Awareness campaigns based on local context and reflect UNAIDS and Federation themes
- Project manager meet with staff from other provinces and HQ at least once per year and share lessons learnt.

Activities to achieve objective 5

- Partnership meeting feedback assessed and integrated into English and Mandarin Logframe.
- Weekly RCSC staff meeting and monthly Federation/RCSC meetings.
- Federation and RCSC staff receive training in logframe development and use of logframe as a management, M&E and reporting tool (before March 2002).
- Internal quarterly project reports and six monthly standard Federation Programme Updates posted on the web.
- End of year 1 participatory evaluation and training on aims and process for evaluation for Federation and RCSC staff.

Indicators

- Logframe is used as guide for discussion in meetings and minutes of meeting are formatted to report against logframe indicators.
- Logframe is used as a project management tool by Federation and DPRK RC.
- Project reports are in logframe format and provide information against indicators.
- Evaluation terms of reference are developed by RCSC in consultation with the Federation.

Expected Results

- RCSC has improved understanding of HIV/ AIDS policies, programmes, and approaches of RC/RC, GOC, community based orgs, NGOs, international orgs.
- RCSC has a better understanding of its own capacities and vulnerabilities for implementation of prevention, care and advocacy programmes.
- RCSC's role in HIV/AIDS prevention, care and advocacy in China is clear and documented.
- RCSC has a five year strategic plan for HIV/AIDS prevention, care and promotion of dignity for people living with HIV/AIDS.

- 1500 young men and women have increased awareness of HIV transmission, prevention and increased skills for protecting themselves including refusing peer pressure to engage in risk behaviour, condom use and negotiation. harm reduction including use of sterilised needles, blood safety.
- At least 50 percent of surveyed YPE participants state that had at least five discussions with peers about HIV AIDS.
- At least 20 per cent state of surveyed YPE participants state that they were involved in at least one community awareness raising activity.
- At least five PLWHA resource persons are developed and involved in workshops in each province by end of 2002.
- In each pilot area, community health educators provide a minimum of 50 HIV/AIDS contact sessions (HIV discussion must last more than 10 minutes for this is considered “a contact”).
- In the two Henan pilot areas, support volunteers will provide care and support to at least 50% of families known to be affected by HIV/AIDS within two months after their training.
- Lessons learnt and resources developed in Yunnan and Xinjiang HIV AIDS projects are utilised in Hainan, Fu Jian, Guangxi and Henan.
- Increased capacity of provincial RC staff/ programme managers in four provinces in designing, implementing and monitoring HIV/AIDS activities by end of 2002.
- Provincial RC staff and key government representatives in the four provinces demonstrate increased commitment to HIV/AIDS prevention and YPE by end of 2002 through increased financial and human resources committed to YPE and care activities.

Indicators

(refer to indicators under each objective)

Monitoring and Evaluation Arrangements

Monitoring and evaluation will be an important activity for:

- collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future HIV/AIDS activities and for recommending changes in policy;
- providing PNS and donors reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation.

A participatory evaluation has been scheduled at the end of Year 1.

Training for Federation and RCSC staff in use of logframe, M&E and reporting has been included in the Programme design (refer to objective 5).

Critical Assumptions

- Donors interested in supporting RCSC HIV AIDS activities.
- Government of China continues to make resources available for HIV/AIDS.
- Yunnan RC/Australian RC experience will be used as a model of excellence.
- Access to grass roots information.
- Provincial branches, RC partners and non RC agencies are interested in cooperating with RCSC.
- Continued social and political support for HIV interventions.
- Stigma and sensitivity relating to HIV/AIDS in China will not affect project activities.
- Able to access PLWHA and people at risk of HIV/AIDS.
- Law enforcement agencies support project.

Confidentiality is not breached.

[click here to return to the top](#)

Tibet Disaster Preparedness and Health and Care Programme

Background and achievements/lessons to date

As part of the East Asia regional appeal, there is a special focus on disaster preparedness and health and care in the Tibet Autonomous Region (TAR) in China.

TAR is one of the most sparsely populated areas of the country with a population of more than 2.5 million spread over 1.25 million square kilometers. It is the homeland of an ancient population and one where religion is a unifying and powerful theme. Tibetan Buddhism is form of Buddhism sometimes called Lamaism, from the name of the Tibetan masters, the *lamas*.

Tibet has been a Chinese autonomous region since 1951. It is bordered on the south by Myanmar, India, Bhutan, and Nepal, on the west by India on the north by Xinjiang Uygur Autonomous Region and Qinghai province and on the east by Sichuan and Yunnan provinces. Almost completely surrounded by mountain ranges (including the Himalayas in the south and the Kunlun in the north), Tibet is largely a plateau averaging c.16, 000 ft (4,880 m) in height. Many of the large rivers of East Asia, especially the Yellow river, the Chang (Yangtze), the Mekong, and the Salween, begin in Tibet.

Range lands of the Tibetan Plateau and the Himalayas are unique, as they are the highest elevation grazing lands in the world. Some nomads maintain permanent camps at elevations as high as 5,100m. Temperatures of minus 30 Celsius are often reached in the winter and snowstorms are common even in the summer. As such, these grazing lands are one of the world's most extreme environments and, undoubtedly, the harshest pastoral areas on earth - still used extensively by nomads.

In this land of scant rainfall and a short growing season, the only extensive agricultural region is the Yarlung Zangbo valley, where barley, wheat, potatoes, millet, and turnips are grown. This is the valley in which nearly all the large cities are located including Lhasa, Shigatse, and Gyantse. Most other areas of Tibet are suited only for grazing for yaks, which can withstand the intense cold. Yaks are the principal domestic animals. Other livestock also includes large herds of goats and sheep. Much of the population is engaged in a pastoral life, but the advances made by irrigation and the growing of forage crops is decreasing the amount of nomads.

Women play a very important role in pastoral society. Since they bear and rear children, women directly influence future human resources. As managers of the household and tent, pastoral women make vital decisions about the use of natural resources (fuel and water). As herders, women are responsible for many of the activities regarding livestock production. Their decisions and actions have effects on resources and livestock.

General Health Situation in Tibet

China has made impressive gains in raising people's socio-economic status since 1949, as demonstrated by increased life expectancy and decreased maternal and infant mortality rates. However, in Tibet major challenges remain, in terms of health: high Maternal Mortality Rates and Children Mortality Rates, the preventable burden of infectious diseases (Hepatitis B and tuberculosis), and Sexually Transmitted Diseases and HIV and injuries.

A 1998 baseline household survey undertaken by Australian Red Cross and funded by AusAID in Tibet in Shigatse Prefecture reported the following:

- High diarrhoeal disease incidence and absence of ORS.
- ARI is the commonest significant form of childhood morbidity and the assessment of children with cough is one of the most frequent rural health worker activities.

- A low level of community knowledge regarding ARI and diarrhoeal disease, the two most common causes of childhood morbidity.
- Overall rates of immunisation for childhood illness are good but many children are being vaccinated much later than the recommended schedule, and some were being vaccinated before the minimum age.
- High prevalence of wasting in children under 2 years of age and very high rates of stunting among children, found in each age group over 12 months.
- Relatively prolonged breastfeeding duration and early introduction of supplemental feeds.
- The number of mothers who had ever bottle fed was surprisingly high. There was an association between use of bottle feeding and an increased risk of previous infant death.
- Very few pregnancies and deliveries are attended by a trained health worker, which is now known to be one of the few interventions truly effective in lowering maternal mortality.
- Less than one third of women were willing to have a trained health worker attend their next delivery. The overwhelming majority of those who would be willing required that the health worker be female.
- The questions on illness and referral during pregnancy gave only a partial estimate of pregnancy related morbidity and require improved definition prior to use in subsequent studies.
- The survey gave some indication of the patterns of adult morbidity, indicating that health priorities may include chronic respiratory disorders (including tuberculosis), mental health, liver disease (perhaps nonA viral hepatitis), chronic & acute gastrointestinal infections and back/joint disorders.
- Health workers in Shigatse City were consulted as or more often than rural health advisors. However, both VHWs and township clinic doctors were consulted relatively often. The fact that traditional Tibetan doctors were consulted with equal frequency is also important to bear in mind when planning community health education.
- Despite a significant amount of time being spent in surveyor training, it was very difficult to gain accurate infant or maternal mortality information. The results gained, indicating an infant mortality rate that is seven to ten times the Australian rate, almost certainly underestimate true mortality by a significant degree.

These findings are supported by other assessment and ongoing observation by Tibet Red Cross in cooperation with Netherlands Red Cross and Swiss Red Cross. Both these National Societies are currently implementing health and care programmes in cooperation with Tibet Red Cross.

Tibet Red Cross Branch of the Red Cross Society of China

The Tibetan Red Cross (TRC), was established in 1986 to provide assistance to the poor and vulnerable. The headquarters of the TRC is located in Lhasa and Branch offices are located in Lhasa, Shigatse, Nakchu, Ngari, Chando, Lhoka and Nyingtri.

The TRC works semi-independently from the Public Health Bureau (PHB). The Branch manages its own activities, however, staff salaries are paid by the PHB. The TRC board comprises a Director, seven Vice Directors, one Secretary General, one Deputy Secretary General and 30 Board members. Eleven permanent staff work in six departments in Headquarters: Liaison department, Relief department, Finance department, Dissemination department, Secretary Department and the Medical department.

The legal provision of the *Red Cross Law of the People's Republic of China* was adopted for TAR by the local government on November 29th, 2000. This law allows the TRC to work independently in the fields of disaster preparedness, first aid training and disaster response.

Since 1986, the TRC has been involved in various disaster response and health care programmes. Disaster response programmes have included food and medical assistance, as well as rehabilitation programmes for the victims of snowstorms, floods and earthquake. In Tibet, disaster response programmes are implemented in joint cooperation with the Civil Affairs Department.

The long-term TRC health programme includes primary health care, primary eye care and training of Tibetan doctors, ophthalmologists and rural health workers. Over the last 14 years Swiss Red Cross, Netherlands Red Cross, Norwegian Red Cross, Hong Kong Red Cross, Caritas Hong Kong, the International Federation of Red Cross and Red Crescent Societies and ECHO, have supported these programmes.

The ongoing joint TRC/Swiss Red Cross activities focus on primary health care, primary eye care and training of traditional Tibetan doctors in Shigatse prefecture. The joint TRC/Netherlands Red Cross

activities focus on primary health care and eye care in Nakchu prefecture and on organisational development of the TRC headquarters.

TRC's 2002-2004 Strategic Plan foresees an expansion of health care and disaster preparedness activities in order to better address the needs in the Region. Together with its bilateral partners, Swiss Red Cross and Netherlands Red Cross, Tibet Red Cross has undertaken various needs assessments in the prefectures Shigatse and Nakchu. Assessments have involved: interviews with health workers and Red Cross staff and volunteers, focus group discussions with communities, visiting health facilities, reviewing local statistical data, meetings with local health officials, and observation. In addition, information has been compiled through regular monitoring visits to the programme areas and through coordination meetings with local authorities and other NGOs.

Health and Care Program

A large percentage of the population in Nakchu prefecture consists of Nomad households. The main prevalent diseases among the children are acute respiratory infections and diarrheal diseases, which could be better treated through the services of Xiang clinics. As a part of the general goal to improve the basic health infrastructure at community level, within the rural areas, the aim of the health and care program is to encourage more pregnant women from remote rural areas to deliver their babies in the Xiang (Township) clinics.

Township clinics in Tibet act as second line referral centres for the cluster of villages that are administered from the township - populations of 2,000 to 6,000. They are designed to handle some obstetric complications, occasional inpatient stays of minor nature as well as a full range of outpatient primary health care functions. Each township clinic is staffed by a primary health care worker ('township doctor') and a midwife.

The previous training of most township doctors has been carried out many years previously, was formal in nature and not specifically targeted to primary health care issues. Township clinic midwives¹³ have usually been trained at an urban hospitals. VHWs' training varies in duration and site but also tends to be more than ten years previously and formal rather than PHC oriented in nature.

Township clinic doctors have skills in diagnosis, medical prescribing, minor surgery and performing injections. Township clinic midwives have skills in antenatal care, which is well organised and documented in many cases, performing normal deliveries and some skills in handling labour complications. Village doctors have skills in case management and performing injections.

Both village and township clinic staff are expected to manage a far wider variety of drugs than would be expected at a similar level in the primary health care network in other countries. Assessments of drug usage suggest that inappropriate prescribing practices are likely. Inappropriate usage of injectable medication also seems likely, a problem compounded by inadequate sterilisation techniques due to deficiencies in both equipment and technique.

Case management approaches to some common childhood conditions are satisfactory in some cases and needing improvement in others. Midwives lack some basic knowledge and skills related to the management of complications of pregnancy and assessment of labour. Coverage at village level of safe motherhood knowledge and skills is extremely variable.

Involvement in the child immunisation program seems informed and relatively comprehensive. However community education and other strategies for disease prevention do not appear to be well integrated into routine clinic practice.

Township clinic staff are well integrated into a reporting system for vital events however VHWs are less so. At neither level are systems for evaluation of local health priorities well developed.

The priorities for training emerging from ongoing assessments include:

- Appropriate and safe drug use;
- Safe injection practices;

¹³ *There are no midwives at township level clinics in Nakchu.*

- Standard case management of common childhood illness;
- Techniques for assessment of progress in pregnancy and labour;
- Management of obstetric complications at both township and village level;
- Management of endemic infectious diseases following appropriate investigation;
- Community education and disease prevention at clinic level; and
- Community evaluation of health priorities.

The Health and Care Program outlined in this appeal will involve the construction of township clinics and the training of health staff in some of the priority areas identified above.

TRC has been involved in the construction of township clinics since 1997. Since this time, a total of 25 clinics have been constructed in Shigatse, Nakchu, Chamdo and Nyingtri prefectures.

In 2001, seven more clinics were constructed within the Nakchu and Shigatse prefectures. In addition to construction, TRC is involved in the provision of basic medical equipment and furniture and liaising with local authorities on issues relating to the employment of health staff and the ongoing operation of the clinics

In close coordination with the Public Health Bureaus at county level, the TRC and its partners have designed and implemented training programmes for clinic staff. Health training was implemented in 2000 and 2001, in Nakchu prefecture. This training focused on the management of acute respiratory infections and diarrheal diseases.

In 2002, TRC and Netherlands Red Cross plan to continue this programme and to also provide training in midwifery.

Until 2000, all clinics built through the TRC were designed according to traditional Tibetan style-mud bricks walls and rock stone. In 2001, adjustments in the design were made for the clinics in Nakchu due to the harsh weather conditions in this prefecture. As a result, the physical quality of the new clinics can be improved and that future maintenance costs will be reduced. The 'traditional Tibetan look' has remained unchanged in the new designs.

Disaster Preparedness

Tibet is prone to a variety of natural disasters such as floods, earthquakes, snowstorms, wind storms, drought and landslides. Geologists have forecasted a possible severe earthquake in the Himalayan region within the next 5 years.

Since 1986, the TRC has been actively involved in providing relief assistance to thousands of men, women and children affected by natural disasters. In 1987 and 1995, the counties Nyalam and Bachin were hit by heavy snow storms. In 1988 and 1993, the counties Rimpung, Lhatse and Ngabring were affected by earthquakes. In 1997, all seven prefectures in TAR were seriously affected by catastrophic snowstorms and in 2000, six counties in Shigatse prefecture were seriously flooded. As result of its role in disaster response the Government and international agencies increasingly recognize the TRC as a key player in disaster preparedness and response. The recently adopted disaster response law states that the TRC has the responsibility for providing relief assistance during disasters and for implementation of first aid training.

The TRC has identified the need to improve the knowledge and skills of its staff and volunteers in . TRC staff needs to be trained in e.g. vulnerability and capacity assessments, DP planning, establishment of community response and mitigation mechanisms and strategies, mapping of key threats, community education, advocacy with policy makers, community-based disaster preparedness etc. Also, First Aid trained volunteers in disaster prone areas need to receive additional training focussing on treating victims for medical first aid. in potential disasters in their respective regions.

It is planned that in 2002, the TRC DP/DR coordinator will receive a Disaster Management training recognized by the International Federation, which will allow him to prepare a DP planning for TRC in coordination with the TAR authorities and to adapt DP training materials to the situation in Tibet. For 2003

and 2004, it is planned to organize DP training for the TRC Branches and First Aid trained volunteers in Lhasa prefecture and in the disaster prone areas of the Shigatse and Nakchu prefectures.

The TRC has also identified as a priority the strategic positioning of resources in warehouses in Lhasa, Shigatse and Nakchu to respond more efficiently to the needs of affected persons. These resources will mainly consist of blankets and/or winter clothing.

First Aid

Rural Tibet poses many challenges for emergency first aid. Tour guides, construction workers and road workers are rated among the highest groups at risk for accidents and requiring emergency first aid. In addition long distance drivers are also at risk as road and vehicle conditions are such that road traffic accidents are common in those areas serviced by roads. Most villages and village clinics are long distances away from health facilities, which can handle severe medical conditions. Thus a good knowledge of emergency first aid, especially when followed up with prompt referral can play a major part in reducing death and serious sequel of accidents and medical emergencies.¹⁴

In 1992, The TRC and its Lhasa Branch commenced its First Aid training programmes for drivers, in cooperation with the Traffic Bureau. Between 1996 to 1998, the First Aid training activities were expanded to include Nyingtri and Shigatse prefectures. In November 1999, the TRC organized together with the Swiss Red Cross a First Aid training of trainers. The same 25 trainees, most of them county hospital surgeons, attended a refresher course in 2000. Each trainee received two training mannequins (safe lateral position and CPR) and 100 triangular bandages.

In 2001, a new course was conducted based on the model developed by Australian Red Cross. The course is designed for training of first aid instructors who will train village health workers and community volunteers in rural Tibet. Core trainers who use this course to train instructors themselves have had previous training in emergency first aid, using this course or similar. Training is as practical as possible using real materials and training mannequins, and is conducted in Tibetan. Participants in the course are supplied with 100 copies of the Tibetan language Emergency First Aid Handbook (developed by the Australian Red Cross). In December 2001, the same 25 First Aid trainers will be retrained by the Swiss Red Cross in cooperation with the Shigatse Red Cross Branch and will receive an additional training on HIV/AIDS awareness. These trainers have trained 500 rural health workers and 750 persons in other categories, such as truck drivers and schoolchildren.

With the exception of the First Aid activities in Shigatse prefecture, the first aid activities have to been scaled down since 1999, due to lack of funding and the lack of qualified health staff at TRC headquarters level. However, since 2000, the TRC has employed a medical coordinator in Lhasa, which will allow the TRC to reactivate its medical health programmes, including the First Aid programme. Consequently, it is planned to expand the first aid activities to all seven prefectures and to use the newly developed training materials. The First Aid programme in 2002 will be based on the experiences acquired with the First Aid activities in Shigatse. In 2003, it is planned to provide disaster preparedness training for first aid trained rural health workers in the disaster prone areas., focussing on the potential disasters in their respective geographic areas.

Goal

To strengthen the capacity of TRC to design, implement, monitor and evaluate disaster preparedness and health and care programs in Nakchu and Shigatse Prefectures.

Objectives and activities

1. To reduce the impact of small and large scale disasters in Tibet by strengthening the capacities of TRC in disaster preparedness and post-disaster response.
2. To improve the health status of men, women and children in Nakchu prefecture through increase access to health services and improved health knowledge of health staff and rural health workers.
3. To provide first aid training for at least 400 health workers, drivers, travel guides and teachers.
4. To effectively monitor and evaluate program objectives, outputs, inputs and processes.

¹⁴ *Australian Red Cross Emergency First Aid in Rural Tibet, December 1999, AusAID-funded Tibet Primary Health Care and Water Supply Project*

Activities to achieve objective 1

- TRC DP/DR coordinator attends Federation approved training in 2002.
- DP/DR Plan revised by end of 2002 following training of TRC coordinator
- Training strategy for DP-DR developed for training of TRC staff, government municipal officials and FA trained rural health workers by end of 2002.
- Links developed with the provincial level Civil Affairs to advocate for development of coordinated plans to reduce the impact of disasters on vulnerable communities.
- Winter relief non food items (blankets and/or clothing) for 3500 men, women and children procured and distributed by the TRC to warehouses in Lhasa, Shigatse and Nakchu in the fourth quarter of 2002.
- 4x4 Toyota Land Cruiser procured and handed over to Headquarters and old 4x4 Toyota Land Cruiser transferred to the Nakchu Branch in the second quarter of 2002.

Objective 1 verifiable indicators

- TRC DP/DR coordinator has increased competencies in Vulnerability and Capacity Assessment, development of mechanisms with communities aimed at reducing vulnerability and improving their ability to cope with the effects of disasters, DP planning and development of operating procedures, pre-positioning of resources, mapping key threats and educating communities about threats, and instituting adequate monitoring and early warning systems, and advocating with policy makers.
- Revised DP plan, in conjunction with Regional DP Delegate. Plan is in logframe format (goal, objectives, outputs, inputs, measurable indicators, means of verification, assumptions, risks) and also includes schedule of implementation, budget, funding plan, coordination mechanisms for external inputs.
- Revision of TRC plan includes exploration of possibility of implementing a vulnerability and capacity assessment.
- TRC DP training strategy takes into account national RCSC DP-DR training programme. Strategy includes clear objectives of training, how many people will be trained, schedule of training, training subjects and training methodologies (eg. participatory/interactive).
- 100% of Federation/other NS DP training curricula and materials adapted to Tibet context and piloted prior to finalisation.
- Biannual round tables between TRC and Civil Affairs at provincial level have been established by mid 2003.
- 100% of relief goods purchased in TAR and/or other provinces of China by the TRC headquarters by fourth quarter of 2002 in line with Federation procurement procedures.
- 100% of relief items signed over to the branch offices by the TRC Headquarters on arrival at three warehouses November 2002.
- Storage of DP supplies registered with stock and BIN cards according to Federation standards by the TRC Branches.
- Prior to handover drivers receive training in Federation vehicle management guidelines.

Activities to achieve objective 2

- Clinic needs assessment conducted by health and construction delegates.
- Two township clinics designed, constructed and handed over by end of 2002 in Amdo County (Nakchu Prefecture).
- Basic medical equipment and furniture procured and delivered to two Amdo clinics by the end of 2002.
- Registration system established in six township clinics in coordination with the PHB by end of 2002.
- Clinic health staff for two new clinics employed by October 2002.
- At least 160 health staff trained by end of 2003.
- TRC and PHB jointly provide follow up support to the Xiang clinic doctors, midwives and RHW

Objective 2 verifiable indicators

- Location of clinic identified based on size of population, access to existing services, support from local authorities by first quarter of 2002.
- Building plans have been designed to meet building regulations and safety codes.
- Basic furniture and equipment, selected to ensure good hygiene, safe injections, improved services for pregnancy and delivery and better care of common illnesses. 100% of procurements undertaken in line with Federation guidelines.
- Training for 80 health staff includes training in health information systems.

- Medical records established for 100% of patients attending the clinic after training conducted.
- At least 4 of the 6 target clinics report using data collected for their own health service planning by end of 2002.
- Australian Red Cross/AusAID and Swiss Red Cross training materials are used and adapted where required.
- By end of 2003 at least 80% of health workers in six township clinics have demonstrated improved knowledge and practice in key areas including: fewer and safer injections, better antenatal checkups, improved management of delivery, better treatment of childhood illness, skills in counselling about hygiene and nutrition, eye care, more rational use of drugs, and better management of sexually transmitted diseases. Health training curriculum incorporates components on Red Cross humanitarian values and principles and HIV/AIDS awareness.
- Health staff support to be provided by TRC documented by mid 2002. Monitors visit health staff at least every 2 months. Identification of refresher training needs by end of 2002.

Activities to achieve objective 3

- 15 trainers trained in emergency first aid.
- 60 RHW receive first aid training by end of 2002.
- 375 road workers, drivers, teachers, construction workers and travel guides will receive first aid training in the second part of 2002.

Objective 3 verifiable indicators

- Federation, Australian Red Cross/AusAID and Swiss Red Cross training materials are used and adapted where required.
- 100% of trainers have improved competencies in training methodologies and first aid core areas.
- 100% of trainers receive a copy of the Tibetan language Emergency First Aid Handbook and training Manual developed by Australian Red Cross.
- FA training curriculum incorporates components on Red Cross humanitarian values and principles and HIV/AIDS awareness.
- training curriculum incorporates components on Red Cross humanitarian values and principles and HIV/AIDS awareness.
- 85% of trainees pass basic FA test and receive a Red Cross certificate.

Activities to achieve objective 4

- Quarterly TRC/ Federation meetings.
- At least two visits from East Asia Regional Office to Tibet Red Cross.
- Internal quarterly project reports.
- Logframe and needs assessment training for TRC HQ staff.
- 6 monthly standard Federation Program Updates posted on the web.
- Participatory Review mid 2002 and participatory evaluation at end of 2002/beginning of 2003.

Objective 4 verifiable indicators

- Job description and mission instructions of Regional Federation delegate, bilateral SRC delegate and NRCS delegates are linked to expected outputs of program.
- The objectives, activities and verifiable indicators outlined in the logframe will provide a base for monitoring, reviewing, reporting and evaluation.
- Linkages identified between Tibet DP and Health and Care programmes and other programmes in China/East Asia and beyond.
- TRC programmes are linked to needs in community.

Expected Results

- At least 60% of households surveyed in evaluation, report having increased access to health services.
- At least 20% increase in number of pregnant women receiving ante natal care by end of project.
- Role and mandate of TRC in DP/DR documented and agreed by Government of TAR.
- TRC HQ will have a Federation trained DP coordinator by end of 2002.
- Regional Federation DP Delegate will visit Tibet at least twice in 2002 and 2003 to provide advice on DP plans and approaches.
- Pilot vulnerability and capacity assessment conducted before end of 2002.

- At least two community disaster mitigation initiatives being implemented in target areas as result of TRC DP program by end of 2003.
- FA programme based on vulnerability assessments in community by end of 2002.
- TRC FA plans linked to national RCSC plan.
- At least 300 people are certified and competent in administering first aid treatment including First aid principles and key first aid treatment resuscitation, wounds, bleeding, choking, fractures, lifting, burns
- Better quality reports as a result of improved planning, monitoring and evaluation mechanisms and skills.

Indicators (*refer to indicators under each objective*)

Monitoring and Evaluation Arrangements

Monitoring and evaluation will be conducted by:

- Collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future DP and Health activities and for recommending changes in policy;
- Providing PNS and donors reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation.

A participatory evaluation of the health and DP programmes have been scheduled for end 2002/early 2003.

8. Critical Assumptions

- Donors are interested in funding the programme.
- Natural disasters do not impede the progress of the Programme.
- Political climate in Tibet will remain stable.
- Local institutions collaborate in planning, implementation and evaluation of activities.
- Relief items are available in China.
- Warehouse space can be secured in Nakchu.

[click here to return to the top](#)

3. Humanitarian values

Background and achievements/lessons to date

The Federation has been supporting the RCSC in the running of relief operations for five years and during this time there has been no dissemination element incorporated into these programmes.

Following the establishment of the regional office in Beijing it has been agreed with the RCSC and the ICRC that the Federation regional office will participate in the regular seminars and workshops on international humanitarian law and dissemination run jointly by the RCSC and the ICRC in China.

The Federation's input into these events has to date been limited to a presentation on the Federation's role and function internationally and in China. Through 2000/2001 the Federation has made four such presentations, done by the head of the regional office. In 2002/2003 this function will be carried out by an information delegate (yet to be recruited).

No agreement has yet been reached with the RCSC or the ICRC on expanding this role to include dissemination of humanitarian values, but discussions are ongoing.

Goal

To make presentations on the role and function of the Federation in China and if possible to expand this role to include the dissemination of humanitarian values.

Activities

Participation in workshops and seminars run jointly by the RCSC.

Continue discussions with the RCSC and the ICRC with a view to expanding participation to include humanitarian values.

[click here to return to the top](#)

4. Organizational development

Red Cross Society of China Programme Background and achievements/lessons to date

Federation cooperation with the Red Cross Society of China (RCSC) has in the past been predominantly in response to natural disasters. More recently however there has been increasing cooperation in organisational development programmes including finance systems development and training and disaster preparedness information networking.

The establishment of the Regional Office in Beijing in February 1999 and the clearly expressed intention of the RCSC to become a more active and influential member of the Federation has resulted in an agreement to expand and intensify cooperation in organisational development programmes.

China is the most populous nation in the world and the world's second largest economy: growing at a rate of 7.8 percent per annum. The country is becoming increasingly engaged internationally. By the end of 2001 China is likely to be admitted to the World Trade Organization (WTO) and in 2008 Beijing will host the Olympic Games. As China becomes economically stronger and more influential in world affairs then so should the National Society become increasingly strong, effective and influential. The need for a strong and effective RCSC with focussed and relevant programmes is of interest not only to the people of China but to the Movement as a whole.

National Society programmes should focus primarily on the four core areas as S2010 states: Promotion of the Movement's Fundamental Principles and humanitarian values, disaster preparedness, disaster response, and health and care in the community. In order to develop and effectively manage these programmes National Societies require a set of abilities that allow individuals to function as an organization. These supplementary organizational requirements and skills include strategic planning, organisational structure and operating systems, and human resource management.

Given the general opening up witnessed within China and the importance placed by the RCSC in establishing itself as a independent entity, it is vitally important that the Society is supported during this period of transition to enable it to develop its own institutional capacities.

Following the internal restructuring that is taking place within the Society, there is a general consensus within its Executive Board, that steps need to be taken to further engage with the international community. Following discussion with the RCSC, the Federation have identified a number of key areas in which the Society requires assistance.

Over the next three years the RCSC in cooperation with the Federation, will be focusing on the:

- development of its human resources through leadership, resource development, financial management and English language training;
- extension of RCSC computerised accounting system to all 31 provinces; and
- development of a strategic plan for fundraising and revenue generation.

Leadership Training

In 1999 the leadership of the RCSC changed substantially, and since this time the Society at headquarters and provincial level has been undergoing an internal restructuring and a 'separation' from the Ministry of Public Health leading to an increased institutional independence. These changes necessitate Leadership training at both headquarters and provincial level.

Resource Development Project

This is a new project developed by RCSC based on the Society's aim to develop its fund raising capacities. In light of the gradual but obvious separation of the RCSC from the Ministry of Health, the Society is currently engaged in assessing the opportunities, which up to recently have not been possible, to raise funds outside disaster operations.

The RCSC is at present almost entirely dependent on the Government for financial support. It is in the interests of both of the RCSC and the Government that the Society broadens its funding base. Given current economic growth, an overall increase in wealth of individuals and the establishment of more and more businesses throughout China, the opportunities for resource development are considerable. In addition the RCSC's increased institutional independence will raise the profile of the Society which has positive implications for dissemination and resource development.

During 2001, the Federation helped facilitate a visit to European Red Cross societies for both staff from the headquarters and counterparts in the Government. Following this visit, the management of the RCSC has asked the Regional office for financial assistance to initiate a series of training seminars, which will increase the knowledge and skills of headquarters staff and branch managers about the various options open to them to raise funds locally.

Finance Development

In 1999, the Federation and RCSC initiated a feasibility study to investigate the most appropriate interventions for strengthening the accounting and reporting capacity of the National Society. Following the study, a Finance Development project was designed with the aim of strengthening the capacity of the RCSC through the development of manual and computerized accounting systems for the production of standardised financial accounts and staff training. The revised accounting system will enable financial information to be presented in a form acceptable to external donors and will also facilitate the process of consolidating financial information received from the branches.

The three main objectives of the current project are:

1. To establish an accounting system in the national headquarters and 21 provinces.
2. To establish an integration system for financial reports in the headquarters and provincial branches.
3. To provide training to financial staff and management in headquarters and provincial branches.

The Project commenced in July 2000. The design and testing of the financial system has been completed and the system has been established in 21 provincial branches. A series of basic training courses have been implemented for headquarters financial staff and staff from the 21 branches.

At the end of 2001, the Federation and RCSC headquarters will carry out an assessment to evaluate the effectiveness and user friendliness of the system.

The aim of the Finance Development project in 2002 and 2003 will be to respond to the recommendations of the assessment mentioned above and to extend the system to the remaining 10 provincial branches. Fifteen prefecture branches, in locations prone to disasters, will also be supported through the project.

English Language Training (ELT)

For partnerships to be effective and for learning to empower people, managing communications in the right language is essential.

The quality of the outcomes of RCSC programmes will reflect the quality of communication and in turn the quality of the communication will depend upon participants having a command of the relevant languages. Poor communications result in misunderstandings, resentment, inefficiency, loss of time and goodwill, and soured relations.

Globalisation has brought vastly increased use of English, not least through the Internet where 94 percent of communications are in English.

The ability of the RCSC at an international level to access information, to communicate and to form partnerships is severely constrained by the very small proportion of staff and volunteers with English language skills. This lack of capacity in English language is constraining information flows, full participation and ownership, and ultimately the sustainability of key programmes.

Furthermore, transferable skills and experience gained by RCSC staff in disaster operations within China, especially flood responses, cannot be employed in other Federation operations due to lack of English skills.

This proposed English Language Training (ELT) project will develop RCSC ability to communicate in English and hence its capacity to establish effective dialogue and partnerships with its partners.

The ELT Project comprises basic ELT for Headquarter and Provincial Branch employees and advanced ELT for staff with key roles in External Relations at national level.

Goal

To build the capacity of RCSC to make a positive difference in the lives of vulnerable people through more relevant programmes and services.

Objectives and activities

Objectives

1. To develop the leadership skills of 186 RCSC staff in the 31 provincial branches.
2. To develop a RCSC resource development strategic and operational plan and to strengthen the resource development skills and knowledge of 120 RCSC staff in headquarters and 31 provincial branches.
3. To continue strengthening the finance management capacity in 21 branches and to expand the new finance management system to an additional 10 branches.
4. To increase the effectiveness of RCSC communications, learning and co-operation through developing the English Language skills of RCSC staff at headquarters and provincial level.
5. To effectively monitor and evaluate institutional development/resource development programme objectives, outputs, inputs and processes.

Activities to achieve objective 1

- Key components of Federation Leadership Development concept paper and training modules translated into Mandarin.
- Training needs assessment conducted.
- RCSC leadership training curriculum and modules developed.
- Selection criteria for participation in training developed.
- Identification of trainers and training of trainers in participatory processes and adult learning methodologies.
- Pilot training planned and implemented.
- Finalisation of curriculum and modules.
- Six leadership training workshops implemented, monitored and evaluated.

Indicators

- Federation Leadership Development documents translated by April 2001.
- RCSC leadership training is based on Federation modules and tailored to needs and organizational culture of the NS.
- Cooperation with Federation, ICRC and other Movement partners on development of training curriculum.
- Revision of curriculum and modules is based on the outcomes of pilot training.
- Revision of curriculum and modules after each training based on experience and knowledge gained in training workshops.

Activities to achieve objective 2

- Key components of Federation Resource Development Handbook and Income Generation Project Guidelines translated into Mandarin by April 2001.
- Assessment of current resource development practice in RCSC, strengths, weaknesses, opportunities and threats, at national and provincial level.
- Resource Development Strategic and Operational Plan drafted, distributed, revised and finalised.
- Resource development training needs assessment completed.
- RCSC Resource Development training curriculum and modules developed.
- Selection criteria for participation in training developed.
- Identification of trainers and training of trainers in Participatory Processes and Adult Learning Methodologies.
- Pilot training planned and implemented.
- Two training workshops implemented, monitored and evaluated.
- Feasibility of establishment of resource development database undertaken.

Indicators

- Key components of Federation Resource Development Handbook and Income Generation Project guidelines translated by April 2001.
- Resource Development Operational plan drafted by May 2002 and is in logframe framework format (goal, objectives, outputs, inputs, measurable indicators, means of verification, assumptions, risks) and includes schedule of implementation, budget, and funding plan.
- Curriculum and modules are based on Federation training programme and tailored to Chinese context.
- Revision of curriculum and modules is based on the outcomes of pilot training.
- Revision of curriculum and modules after each training based on experience and knowledge gained in training workshops.
- Feasibility of resource development database report prepared by end of 2002

Activities to achieve objective 3

- Advanced training for 21 provinces and headquarters staff who received basic training in 2001 and are currently operating the computerised accounting system.
- Computerised accounting system and training programme extended to 10 provinces.
- Financial accounting system integrated with other computerized info systems (e.g. DP information system)
- Computerised accounting system and training programme extended to three prefectures in Hunan, Hubei, Inner Mongolia, Sichuan and Yunnan provinces

Indicators

- By May 2002 advanced training completed in 21 provinces targeted in first phase of project (2001).
- By mid 2003 evidence that users in 21 branches are effectively utilising 70 percent of software functions.
- By mid 2003 basic training completed in 10 additional provinces.
- By mid 2003 hardware and software installed in 10 additional provinces.
- By end of 2003 evidence that users in 10 target provinces are effectively utilizing 50 percent of software functions.
- By end of 2003 basic training completed in 15 prefectures.
- By end of 2003 hardware and software installed in 15 prefectures.
- By mid 2004 evidence that users in 15 prefectures are effectively utilizing 50 percent of software functions.
- By end of 2003 headquarters management has access to on line consolidated financial information.

Activities to achieve objective 4

- 45 staff complete 12 month basic English Language Training (ELT).
 - 30 RCSC headquarters staff with the highest level of proficiency will proceed to a second year of study (Intermediate ELT).
 - 15 RCSC headquarters staff with the highest level of proficiency will proceed to a third year of study (Advanced ELT).

- Two External Relations employees complete two six month advanced ELT courses (2001 and 2002).
- 4 x 3 groups of employees (General Administrative Office, Domestic Operations Department I and II, and External Relations Department) complete a six month basic ELT course over duration of 2001-2003.
- 12 x 3 groups of provincial level employees complete a six months full time basic ELT course (2002-2004).

Indicators

- By end of 2002, 45 headquarters male and female employees complete basic ELT and achieve required competencies (Level 1).
- By end of 2002, 30 headquarters male and female employees complete intermediate ELT and achieve required competencies (Level 2).
- By end of 2003, 15 headquarters male and female employees complete advanced ELT and achieve required competencies (Level 3/4).
- By mid 2003 two external trainees have: (i) completed advanced ELT and achieve required competencies (Level 6) (ii) skill to translate range of English language documents (iii) ability to administer cooperation projects with Partners using English Language.
- By end of 2002, 4 participants (group 1) achieve intermediate English Language competencies (Level 6) (ii) By mid 2003, 4 participants (Group 2) achieve intermediate English Language competencies (Level 6) (iii) By end of 2003, 4 participants (Group 3) achieve intermediate English Language competencies (Level 6).
- By end of 2002, 12 participants achieve intermediate English Language competencies (Level 6)
- By end of 2001, another 12 participants achieve intermediate English Language competencies (Level 6) (iii) By end of 2001, an additional 12 participants achieve intermediate English Language competencies (Level 6).

Activities to achieve objective 5

- Partnership meeting feedback assessed and integrated into English and Mandarin Logframe.
- Weekly RCSC staff meeting and monthly Federation/RCSC meetings.
- Federation and RCSC staff receive training in logframe development and use of logframe as a management, M&E and reporting tool (before March 2002).
- Internal quarterly project reports and at least six monthly Federation Programme updates.
- 2002 and 2003 participatory evaluations planned and conducted.

Indicators

- Logframe is used as guide for discussion in meetings and minutes of meeting are formatted to report against logframe indicators.
- Logframe is used as a project management tool by Federation and DPRK RC.
- Project reports are in logframe format and provide information against indicators.
- Evaluation terms of reference are developed by RCSC in cooperation with the Federation and are linked to programme objective and verifiable indicators.

Expected Results by end of 2004

- 186 RCSC Provincial leaders with improved knowledge/understanding of RC/RC principles, values and policies and improved management, leadership and public relations skills.
- By end of five percent increase in funds raised nationally and at provincial level.
- More detailed information available about RCSC resource development practice, strengths, weaknesses, opportunities and threats by end of 2002.
- 120 RCSC staff with improved skills in resource development planning and budgeting, volunteer leadership, staffing, and image and public relations.
- Improved public image of RCSC and relationship with donors in China and internationally.
- Improved quality of project proposals from provinces.
- RCSC headquarters management better informed to make management decisions as result of operational accounting system in 31 provinces.
- 140 RCSC staff complete English language training by end of 2004.

- Movement Partners witness and comment on improved communications as a result of the improved English language skills of RCSC.
- RCSC witnesses increased and smoother dialogue with Movement partners and external partners.

Indicators

(refer to indicators under each objective)

Monitoring and Evaluation Arrangements

Monitoring and evaluation will be an important activity for:

- collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future HIV/AIDS activities and for recommending changes in policy;
- providing PNS and donors reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation.

Training for Federation and RCSC staff in use of logframe, M&E and reporting has been included in the Programme design (refer to objective 5).

Yearly evaluations of the OD Programme are planned for the end of 2002 and 2003.

Critical Assumptions

- Political conditions remain favourable for governmental support to project
- Donors interested in supporting ID/RD programmes in China
- All provinces interested in participating in training activities
- Branches responsible for purchasing virus software (training will cover this issue)
- Availability of well equipped (computer and software) venue for training
- Risk - Lack of internal (RCSC) communication and coordination
- Risk - Different competency levels between provinces
- Risk - Computer system crashes
- Risk - Insufficient funding for prefecture level activities
- Risk - Accounting system reform or restructure from Chinese Government
- Risk - Staff turnover
- Risk - Complex disaster operation
- Risk - Economic downturn
- Risk - Misreporting

[click here to return to the top](#)

5. Regional cooperation

Background and achievements/lessons to date

This regional cooperation programme is predominantly based on the priorities identified by the participants in the East Asia partnership meeting, which was held in Beijing between 17 and 21 September 2001. This meeting brought together 53 representatives from 13 national societies from East Asia and beyond, Asia-based Federation delegates, Secretariat staff, ICRC, and several external organisations.

The aims of the meeting were

- to align East Asia partners' thinking on the Strategy 2010 core areas of disaster preparedness and health;
- to better understand the programme priorities of RCSC, the Mongolian Red Cross and the DPRK Red Cross, especially in relation to disaster preparedness, health and organisational development;
- to enable partners to provide feedback on programme approaches in East Asia;
- to agree on how partners will cooperate in the implementation of programmes;
- to develop a more concrete framework for regional cooperation.

A range of participatory learning and action methodologies were used in the preparation and implementation of the meeting. These methodologies facilitated the dissolution of barriers between different groups (eg: participating national societies and national societies) and greatly encouraged open dialogue and true participation.

The participants of the meeting identified four priorities for regional initiatives:

- Promotion of linkages at all levels including increased integration between programmes (DP, health, OD), and increased cooperation between partners nationally, regionally and beyond;
- Increasing awareness and skill in the region about community based approaches;
- Better prioritising of the use of existing resources within the region;
- Promoting the identification, documentation and sharing of lessons learnt.

A series of action steps was also developed.

This regional cooperation programme elaborates on the priorities and action steps developed by the participants in the East Asia partnership meeting and other strategic issues identified by the regional delegation in Beijing in consultation with Movement partners.

Goal

To mobilise resources for East Asia national-level and regional priorities and to coordinate the development of partnerships within the Red Cross/Red Crescent and externally.

Objectives and activities

Objective 1

To promote linkages at all levels, including integration between programmes (DP/DR, health, OD, promotion of humanitarian values), and cooperation among partners nationally, regionally and beyond.

Activities to achieve objective 1

- Weekly Hot Gossip - East Asia Email network continued.
- China action team established.
- China action team teleconference every three months.
- China action team meets annually.
- Regional action team established.
- Regional action team teleconference every three months.
- Regional action team meets annually.
- Health, DP and OD integration models identified and promoted in the region through regional action team, China action team, and Federation.

- Exchange visits between national societies planned and implemented.
- East Asia regional planning meeting for preparation of Appeal 2003-04.
- Partnership meeting planned and implemented.

Objective 2

To increase awareness and skill in the region about community based approaches.

Activities to achieve objective 2

- Regional workshop on community based DP planned and implemented by July 2002.
- Ongoing sharing of information via email regional networks on community based approaches.

Objective 3

To effectively implement, monitor and evaluate regional cooperation programme objectives, outputs, inputs and processes.

Activities to achieve objective 3:

- Logframe developed for appeal and revised regularly to reflect changes in project implementation.
- Weekly delegation meetings to discuss progress of regional initiatives.
- Federation staff receive training in logframe development and use of logframe as a management, monitoring and evaluation and reporting tool (before March 2002).
- Bi-monthly internal reports and six monthly standard Federation Programme Updates posted on the web.
- Mid year internal review in mid 2002 and programme evaluation in early 2003.

Expected Results

- A 15% increase in the number of cooperation initiatives nationally, regional and beyond.
- At least 50% coverage of the Appeal by a variety of donors including 2 commitments beyond one year.
- More integration of programmes demonstrated in 2003-04 annual appeals and/or national societies' development plans.
- More integration between bilateral programmes and between bilateral programmes and Federation programmes demonstrated by shared visions, shared approaches and resources, and no duplication.
- 10 regional cooperation initiatives nationally, regionally and beyond which build on collective experience and reputation.
- At least two programme models documented, published and distributed to East Asia partners.
- Increase in number of Red Cross projects implemented by national societies in the region using community based approaches.
- Vulnerability capacity analysis (VCA) implemented in at least two countries in East Asia by end of 2003.

Indicators

Objective 1

- At least one Hot Gossip every two weeks and continued positive feedback from partners on usefulness of information.
- First China action team teleconference by first week of December 2001. Annual priorities set for China action team (CAT) and facilitator appointed at first teleconference. RCSC branch and headquarters staff, participating national societies and Federation delegates involved in teleconferences. RCSC Branch and headquarters staff, participating national societies and Federation delegates represented at CAT meeting. Meetings promotes sharing of lessons learnt, sharing of resources, sharing of approaches.
- Regional action team teleconference, begun end of October 2001, is maintained. Annual priorities set for action group and facilitator appointed. All members (DPRK, ARC, RCSC, MRCS, Federation) represented and output sent to all East Asia partners within two weeks of each teleconference.
- Two documented/published integration models from East Asia and beyond by end of 2002. Models discussed and distributed at regional workshops.
- At least five exchange visits between national societies undertaken by end of 2002.
- Aims and date for East Asia regional planning meeting agreed upon by March 2002. Meeting held no later than July 2002. Progress on regional strategy discussed and documented and revisions made. South East Asia Federation Delegation is represented.

- Consensus reached on date and location of next partnership meeting by July 2002.

Objective 2

- All members (DPRK, RCSC, MRCS, Federation) represented at workshop and output sent to all East Asia partners within two weeks of meeting.
- Increased awareness and knowledge about principles of community based approaches and methodologies; availability of the tools. Agenda for workshop includes components on health and integration between health and DP.
- CAT and regional action team priorities include sharing and advocating on community based approaches.

Objective 3

- East Asia regional logframe is used as guide for discussion in meetings and minutes of meeting are formatted to report against logframe indicators.
- Logframe is used as a project management tool by Federation.
- Project reports are in logframe format and provide information against indicators.
- Review of progress involving national societies, Federation regional office, Secretariat desk, country delegations and other partners in July 2002.
- Participatory evaluation of regional cooperation programme in 2003.

Critical assumptions

- Donors are willing to fund the cooperation programme.
- Funding from Secretariat Programme Support Budget (PSB) in 2002.

Monitoring and evaluation

Monitoring and evaluation will be an important activity for:

- collecting information about resource use and physical progress. This is required for the management of the project, for tracking the response of targeted groups and for ensuring accountability;
- learning the lessons from successes and failures to improve the design and delivery of ongoing or future regional co-operation activities and for recommending changes in policy;
- providing participating national societies and donors with reliable information by which to assess the effectiveness and impact of their financial assistance.

The logical framework will be the main reference tool for monitoring and evaluation. The objectives, activities and verifiable indicators outlined will provide a base for monitoring, reviewing, reporting and evaluation. Participatory reviews/evaluations have been scheduled for 2002 and 2003.

Training for Federation staff and national societies in East Asia in the use of logframe, monitoring and evaluation and reporting has been included in all East Asia Appeals.

[click here to return to the top](#)

6. Coordination and management

Background and achievements/lessons to date

In October 1999, the Federation and the Government of China (GoC) signed a status agreement, paving the way for the opening of the Beijing regional office (BRO) for the East Asia region. The regional office was formally opened by the Federation's Secretary General in February 2000. The regional office, initially situated in the headquarters of the Red Cross Society of China (RCSC) moved, at the request of the Government of China, into separate premises in January 2001 and became fully operational in March 2001.

A head of regional office started work in May 2000 and made familiarisation visits to DPRK, Japan, Mongolia and the Republic of Korea. Additional working visits were carried out in the region throughout 2000/2001 and since the establishment of the office 12 of the 34 Administrative Units in China have been visited, including Hong Kong.

Following the closing of the Federation's representative office in Mongolia in December 1999, the BRO manages support to the Mongolian Red Cross and the Federation's office in Ulaan Baatar in accordance with existing development plans and in support of ongoing relief operations. The BRO also continues to provide logistical support to the Federation's operations in the DPRK.

In addition to the regional office's direct programme support to the RCSC, it is also positioned to provide services and assistance to the participating national societies conducting programmes through bi-lateral co-operation in China.

The BRO is well placed to serve as a focal information point for embassies, media and international organisations in Beijing, many of which also cover Mongolia and DPRK. The priorities are to raise awareness of Red Cross activities in China and the region and to intensify contact following natural disasters and the launching of appeals. The regional office has been particularly successful in this regard in contacts with representatives of the international media networks.

The regional office maintains links with the Federation's regional delegation in Bangkok, particularly with the regional information, health and finance units (in Kuala Lumpur) who have provided support to the delegations and national societies within the East Asia region. The office also works closely with the ICRC regional delegation (Bangkok) in programmes run with the Red Cross Society of China.

In September 2001 the RCSC, supported by the regional office, hosted a partnership meeting followed by a secretary generals meeting for the 5 national societies in the East Asia region.

The regional office is currently staffed with a head of regional office, a regional relief co-ordinator, a finance delegate and an IT delegate (for China only) and four national support staff. In 2002 the regional office also aims to include capacities in information, institutional development, reporting and HIV/AIDS. All these additional positions will be regional.

Goal

To provide efficient and effective co-ordination, management and support to assist co-operation, partnership and the implementation of programmes which address vulnerability in the East Asia region and support national society development.

Objectives and activities

Objective 1

To provide efficient management and co-ordination of Federation and participating national societies' assistance to national society development and programmes.

Activities to achieve objective 1

- Oversee the management and co-ordination of Federation programmes in the region to ensure their coherence and consistency.
- Provide co-ordination and advice to participating national societies and other partners working in the region, either bilaterally or through the Federation.
- Provide supervision, advice and feedback to delegates and officers working on regional and country programmes.
- Provide technical advice to the country delegation in Mongolia and its full involvement in regional programmes.
- Provide logistical support to the Federation's delegation/operations in the DPRK.
- Development of agreement strategies, regional and country.
- Meetings with all visiting participating national societies and participating national society delegates.
- Training of Red Cross partners in Strategy 2010, project planning, CBDP, leadership.
- Sharing of materials with partners relating to efficient and effective planning, monitoring and evaluation.
- Organise East Asia regional planning meeting for Appeal 2003-04.
- Ensure partnership meeting planned and implemented in 2002.
- Organise regional workshop on planning, monitoring and evaluation for national societies and East Asia Federation delegates.

Objective 2

To provide the administrative, service and support functions necessary for efficient support to Federation offices and delegations, national societies and their programmes, to partner national societies and to donors.

Activities to achieve objective 2

- Provide financial and administrative support, which will include ensuring that expenses and reporting in the region concurs with Federation standards and procedures and is reported on in a timely manner.
- Provide a centralised welcome/administrative service for delegates, partner national societies and secretariat staff, including assistance with maintaining/obtaining diplomatic status, visa applications, customs clearance and briefings.

Objective 3

To raise and maintain the profile of East Asia in the Movement and of the Movement in East Asia.

Activities to achieve objective 3

- Hold events to raise the profile of the Movement.
- Maintain and develop links with the media.
- Develop links with other international organisations.
- Ensure the Federation makes an active contribution to inter-agency events as well as supporting national society activities in this area.
- Pay visits to donor national societies to promote awareness of the needs in East Asia and to discuss opportunities for partnership and co-operation.

Objective 4

To support knowledge sharing and the development of strong networks with key stakeholders in the region, as well as with all components of the Movement.

Activities to achieve objective 4

- Build up and maintain up-to-date knowledge and analysis of the political, social and economic situation in the region to share with partner national societies, secretariat and others. The office will also maintain close contacts with embassies, governments, NGOs and other sources of information and potential stakeholders with whom good relations are necessary to implement programmes successfully.
- Participate actively in inter-agency activities and support national society activity in such seminars, round tables, conferences and the sharing of information on Red Cross/Red Crescent with a wider civil society.

Objective 5

To mobilise resources from within and outside the region through coordinated mechanisms.

Activities to achieve objective 5

- Establish routine working mechanisms e.g. A monthly teleconference, to co-ordinate fund-raising initiatives to mobilise resources for the appeal.
- Establish and maintain contacts with embassies and potential donor organisations in the region.

Objective 6

To establish a sustainable regional delegation/office structure which maximises local resources and effectively complements Federation functions based in Geneva.

Activities to achieve objective 6

- Adapt the regional delegation structure to an increase in size and increase the role of regionally recruited staff. This should both reduce costs, increase the sustainability of the delegation and increase continuity by reducing reliance on internationally recruited delegates.
- Establish a locally-staffed finance capacity through training and development during 2002-03. Establish audit systems, visits and checks to ensure compliance with Federation regulations and procedures for financial management.
- Provide training and development opportunities to national and international staff. This will include formal training, in-house training and short-term placements in Geneva. The potential for short-term placements in partner national societies will also be investigated.

Expected results by the end of 2003

- Well functioning Federation regional delegation with good links between partner national societies, national societies and Federation offices and delegations of the region and Secretariat, with a clear division of functions between Geneva and the delegation.
- High level of awareness of East Asia activities in the Movement and of the Movement in the region.
- Sustainable delegation/regional office structure established.
- Federation and national societies seen and used as reliable sources of information, knowledge and expertise in core areas and regarding vulnerability in the region by partner national societies and other key actors in the humanitarian, academic and media sectors.

Indicators

- Level of interaction between parts of the Movement and presence of mechanisms to co-ordinate activity and assistance.
- Number of positions and types of functions in the regional delegation filled by staff recruited from East Asia.
- Feedback from partner national societies and societies in the region regarding level of satisfaction with regional delegation/office services.
- Speed and efficiency of logistic, administrative, reporting and welcome services.
- Delegation budget for management, administration and co-ordination.

Critical assumptions

- Core funding for delegation activities can be located.
- Suitable local staff can be identified and maintained to fill technical posts.
- Long-term contracts will be agreed by delegates.
- No major emergencies occur, necessitating redeployment or restructuring.

Monitoring and evaluation

Self-assessment will take place within the delegation with input from Geneva. Supervision will be provided by the Secretariat's Head of Asia and Pacific Department. Advice, support and feedback will be provided by the desk officer, Head of Asia and Pacific and technical officers in Geneva. Feedback will be requested from East Asia national societies and participating national societies to monitor satisfaction with regional co-ordination and management.

[click here to return to the top](#)

PROGRAMME BUDGETS - 2002								
Delegation CHINA								
PROGRAMME	Disaster Resp.	Disaster Prep.	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	0	80'000	0	0	0	0	80'000
Clothing & Textiles	0	0	0	0	0	0	0	0
Food & Seeds	0	0	0	0	0	0	0	0
Water	0	0	0	0	0	0	0	0
Medical & 1st Aid	0	0	0	0	0	0	0	0
Teaching Materials	0	0	8'400	0	0	0	0	8'400
Ustensils & Tools	0	0	0	0	0	0	0	0
Other Relief Supplies	0	50'000	0	0	0	0	0	50'000
Subtotal Supplies	0	50'000	88'400	0	0	0	0	138'400
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	50'000	0	0	0	0	30'000	80'000
Computer & Telecom	0	0	10'852	4'500	152'715	0	0	168'067
Medical Equipment	0	0	0	0	0	0	0	0
Other Capital Equipment	0	0	5'000	3'000	1'000	0	3'000	12'000
Subtotal Capital	0	50'000	15'852	7'500	153'715	0	33'000	260'067
Programme Management	0	33'379	44'650	12'031	47'719	6'224	27'419	171'422
Technical Services	0	9'992	13'366	3'602	14'285	1'863	8'208	51'315
Professional Services	0	11'081	14'823	3'994	15'841	2'066	9'102	56'908
Subtotal Programme Support	0	54'452	72'838	19'627	77'845	10'153	44'729	279'645
Warehousing/Inspection	0	5'000	0	0	0	0	0	5'000
Transport & Vehicles	0	0	0	0	0	0	10'800	10'800
Subtotal Transport & Storage	0	5'000	0	0	0	0	10'800	15'800
Delegates & Expatriates	0	128'400	122'100	122'100	122'100	0	157'500	652'200
National Societies and Local Staff	0	20'400	25'786	0	32'575	0	63'600	142'361
Subtotal Personnel	0	148'800	147'886	122'100	154'675	0	221'100	794'561
Travel & Related Expenses	0	19'982	32'609	12'000	26'610	0	17'200	108'402
Information	0	1'200	57'522	13'600	1'200	0	1'200	74'722
Consultants	0	0	0	0	0	0	0	0
General Expenses	0	5'555	4'659	3'600	4'200	1'500	78'600	98'114
Training Workshops & Seminars	0	160'032	242'397	0	289'437	80'650	0	772'516
Security	0	0	0	0	0	0	0	0
Subtotal Training, Information & General	0	186'769	337'187	29'200	321'447	82'150	97'000	1'053'753
TOTAL BUDGET	0	495'022	662'163	178'427	707'682	92'303	406'629	2'542'226