

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

CHINA

Appeal No. MAACN001

3 April 2008

This report covers the period of 01/01/06 to 31/12/07 of a two-year planning and appeal process.



The RCSC has stepped up efforts to fundraise for its life-saving efforts, and the public has responded positively, just as this donor is participating in an HIV awareness and fundraising activity in Shandong. The Federation

In brief

Programmes summary: Through support of the International Federation of the Red Cross and Red Crescent's (The Federation) appeal, the programmes set forth by the Red Cross Society of China (RCSC) in disaster management, health and organizational development are in line with the Global Agenda Goals and contribute towards the Millennium Development Goals. In 2006, the RCSC was well positioned to respond to over 42 different disasters with relief efforts totalling in value over CHF 7 million in 2006, serving hundreds of thousands of beneficiaries. In 2007, the RCSC allocated more than CNY 1.4 billion (CHF 200 million) in disaster management efforts, benefiting over 15 million people throughout China.

At the same time, the RCSC, with support of the Federation, has continued its outreach to vulnerable communities to prevent the spread of HIV and avian influenza. After many years of valuable HIV prevention work, the RCSC has agreed to scale up efforts through the establishment of an HIV alliance that will establish HIV prevention programmes in all provinces and municipalities by 2010.

As diverse as China is in size, scope and economic variances, the RCSC also faces challenges with wide gaps in capacities amongst its branches. Through specialized trainings to develop leadership, financial management, volunteer management and other skills, the RCSC is striving towards strengthening all levels of the organization. With support from the Federation, branch independence from the ministry of health has also taken a great leap forward over these past two years, with new founded recognition from government and society coming forth at all levels.

Financial situation: The total 2006-2007 budget was CHF 2,081,481 (USD 1,861,789 or EUR 1,261,503), revised from CHF 4,247,359, of which 55 percent was covered. Overall expenditure against income for the period was 45 percent.

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[report 2006/2007](#)

No. of people we help: It can be estimated that the Red Cross Society of China programmes supported by the Federation have reached millions of beneficiaries in China in 2006 and 2007. Information in health programmes such as HIV/AIDS and avian influenza prevention have each been estimated to reach hundreds of thousands of direct and indirect beneficiaries throughout China. Community-based disaster preparedness programmes have reached thousands of individuals, and the operational development has impacted the RCSC both in public recognition through financial support and branch independence.

Our partners: The RCSC and the Federation have close working relations with many government agencies, at the national, provincial and local levels. The national society's work also involves many other community and national level agencies and organizations, including those within the United Nations system. In these two years, the RCSC collaborated with a total of ten partner national societies on bilateral projects, and the two branches of Hong Kong and Macau continued to support programmes in various provinces.

Current context

Development in China over the past two years has been rapid, with a very high 11.4 percent GDP growth rate in 2007, up from 10.7 percent in 2006. At the same time, the population has faced high inflation, especially in food prices, which have brought additional hardships to the poorest populations. While the country readies itself to host the 2008 Olympics, many social problems have continued to surface or deepen, resulting in an ever-increasing need for civil society organizations to take the lead in serving the country's most vulnerable. With the ensuing economic instability and a lack of adequate social systems in place, mass populations have been migrating from rural to urban areas, creating new social issues in medical treatment, sanitation, education, social security and so on. Moreover, frequent episodes of natural disasters, resulting from weather changes and environmental pollution, and the presence of infectious disease and risks of epidemics remain a threat to the people's lives. The Red Cross Society of China, as the largest civil society organization in the country, has prioritized its work to meet the needs of the most vulnerable and scale up its efforts in areas of health and disaster management.

The past two years saw particularly heavy impact from natural disasters throughout China. Typhoons and flooding in 2006 brought the most serious natural disasters to China since 1998, and in 2007, natural disasters in China affected about 400 million people and caused 2,325 deaths.¹ As in past years, the worst and most deadly disasters, accounting for at least 60 percent, were from flooding and mud-rock flows. Wind storms also caused serious losses. Most of the fatalities resulted from floods and lightning strikes, or from landslides or construction collapses. In 2007 alone, more than 1.46 million houses collapsed and 48.67 million hectares of farmland were affected, leaving China's poorest populations without means of income generation or shelter and food supplies.

With inflation on the rise in even the most necessary commodities such as food items, the cost of living in China is increasing rapidly. Yet, the government continues to set the poverty line at CNY 683 (CHF 99 or USD 96) per person per year, according to the *Report on China Development, 2007*. Based on this standard, it is officially estimated that 48 million people live below the poverty line, which accounts for 3.7 percent of the total population. While according to international standards of living on less than USD 1 per day, 135 million, or ten percent of the population, are living in poverty.²

Those most severely affected by natural disasters are those living in rural areas, where poverty levels are at their highest. Those with limited financial means, repair the damage to their homes caused by weather year after year with mud bricks and other unsustainable materials. And because arable land is limited and often sectioned off to farmers in small allotments, it is frequently the case that a family will lose not only their means for income generation, but their own personal food supply when disaster strikes. This increases the vulnerabilities of these populations, and emphasizes the need for immediate relief that the Red Cross can provide in times of disasters.

While sustained levels of economic growth in the past years has led to a gradual increase in public spending in the health and social sectors, time needed for building health infrastructure at lower levels in a large country like China means that a significant proportion of people living in the country's remote and under-

¹ China's Ministry of Civil Affairs

² Report of the Development of an Overall Well-off Society (2006)

developed provinces do not have access to quality and affordable health care. In 2007, China was estimated to have spent USD 144.43 billion (CHF 146 billion) in healthcare, accounting for 4.82 percent of the GDP.

Currently, China's HIV epidemic remains one of the lowest in prevalence overall (HIV infection rate of 0.05 percent), but with pockets of high infections among specific sub-populations and in some localities. It is estimated that by the end of 2007, China had approximately 700,000 (range 550,000-850,000) HIV positive individuals. The epidemic continues to expand, and sexual transmission is now the main mode for the spread of HIV.

Henan province, where the Federation has been supporting an HIV programme over the past years, has the highest prevalence in the country with more than 38,186 reported cases and 8,000 deaths, 900 of which occurred in the last half of 2007 alone.³

China is one of six countries in the world where continued transmission of avian influenza (H5N1) occurs and the virus is considered to be enzootic (or entrenched) and this is an ongoing concern for the world. As of the 8 December 2007, China has reported 27 cases of H5N1 in humans, from which 17 have resulted in death. Many rural farmers continue to live with their poultry in their homes or yards and surveys continue to show that many do not use proper hygiene or hand washing methods, even after handling sick or dead poultry.

The Red Cross Society of China's 2005-2009 development plan commits the national society to stronger contributions towards China's overall social and economic development. The national society sees its challenges in building the capacity of each branch and adjusting its role to better meet the changing global situation.

Achievement of objectives

Disaster Management

Disaster response objective: The capacity of the RCSC to provide quality response to common disasters facing in the country is strengthened.

Community-based disaster preparedness objective: Increased knowledge, awareness and practice (at the community level) of locally appropriate disaster preparedness, protection and mitigation methodologies have improved community resilience, protected livelihoods and reduced the incidence of preventable life threatening and debilitating injuries.

Achievements: The Red Cross Society of China plays a critical role in China in regards to disaster management, especially in its auxiliary role to the government in times of disasters. Over the past two years, with the support of the Federation, the RCSC has responded to 46 disasters in the country, and the headquarters has been able to send 21 assessment teams to disaster affected areas to support local Red Cross branches in their response to the disasters.

In 2006 and 2007, over 2.5 million disaster affected people benefited from RCSC interventions. Some of the worst flooding in years affected the nation during the summers of 2006 and 2007. In both cases, national appeals and international emergency appeals were launched to support RCSC emergency response activities. The RCSC was able to raise over CHF 60 million in 2006 and over CHF 73 million in 2007 in funds



Floods in both 2006 and 2007 devastated entire villages throughout China leaving thousands homeless, as seen in this 2006 photo from Hunan Province. The RCSC has a mandate to respond to disasters and help those left most vulnerable. The Federation

³ Statistics from Henan Red Cross

and materials in response to disasters. These funds were used to provide immediate relief supplies, such as food, blankets, water purification supplies, reconstruction of destroyed structures, and community-based activities for prevention and mitigation.

The RCSC's timely and effective response during these disasters has built the national society's credibility, not only with the local people who recognize the Red Cross as a first responder to their needs, but also with the government, which has invited the RCSC to participate on the national disaster reduction committee. This illustrates that the RCSC's reputation in disaster management also goes beyond immediate relief efforts, and is moving more and more towards setting an example in China for building capacities at the community level to reduce risk.



After the floods in 2007, the local Red Cross branches were supported by the Federation's emergency appeal to deliver quilts and rice to affected populations in five provinces. The Federation.

The RCSC recognizes the ongoing need to strengthen its human resource capacity in disaster response and management, and has been taking opportunities where possible to develop this capacity. During these two years, the RCSC has sent staff to participate in international trainings on disaster management. Two staff from the RCSC have participated in field and coordination team (FACT) and emergency response unit (ERU) trainings, and four staff were sent to general disaster management trainings at the Asia disaster preparedness centre in Thailand. These staff have been able to return and share that knowledge with others, applying the skills to the situations they have been facing in RCSC relief activities since.

The RCSC has established an emergency response team to build their national and international disaster response capacity. A study tour was organized to Norway to learn from their ERU activities and the national society is preparing to position itself to take on this challenge, meeting the standards set by the Federation, for future use both at home and abroad.

Considering the size of the country and scope of the disasters that occur frequently in China, the RCSC has recognized the need to improve its information and communications systems in times of disasters. In order to do this, a disaster management information system has been developed within the RCSC, and the system is now being piloted with the intention of being fully functioning in 2008.

To continue developing the capacities and skills of the branches, the RCSC headquarters organized a nationwide disaster management training, targeting the response capacity of the Red Cross at the grassroots level. Through this and subsequent trainings, over 200 disaster management managers from branches have received updated disaster management training.

In addition to this, in 2007, the Federation supported a vulnerability and capacity assessment (VCA) training of trainers workshop that used a learning-by-doing approach. In this workshop, 21 staff members from RCSC headquarters and branches received updated and valuable experiences in VCA that is currently being shared around the country.

Over the past few years, China has had the opportunity, with support from the Federation and other partners, especially the Hong Kong Red Cross branch, to develop more community based disaster preparedness (CBDP) activities. These CBDP programmes have been implemented in the nine most disaster prone provinces supported by the Federation and the Hong Kong Red Cross branch. Through a timely workshop bringing together the RCSC and its partners, with funding support from Danish Red Cross, a CBDP model has been developed and will be used to expand the programme to other areas. ([See Annex 1: China's CBDP model](#)).

Constraints and challenges: The main constraint that the RCSC experiences in the Federation supported disaster management programme is a lack of funding. While the RCSC is often able to fundraise locally for immediate disaster response, long term programmes and funding for capacity building is always lacking adequate support. The Federation's support in building capacities of both the Red Cross branches and local

communities has been an important component of the RCSC's development, yet faces constraints due to insufficient funding.

Furthermore, in 2007, the emergency appeal was only 25 percent covered, although the need was great. The numbers of severely affected people served by the RCSC in these areas far exceeded the appeal amount, but the RCSC had to be selective in its distribution of funds and areas of focus. This affected the ability of the national society and the Federation to fulfil their original objectives and commitment to reach the most vulnerable in times of disasters.

Lessons learnt: The CBDP exchange visit between the Democratic People's Republic of Korea Red Cross Society and the RCSC has proven very effective in improving knowledge sharing between the two national societies. This visit provided a platform for each national society to exchange their experiences during the project implementation, which lead to further cooperation within each disaster management programme. This will continue to be an area of focus for the RCSC, as they seek opportunities to build cooperation in the region.



Villagers in Zhang Jia Jie, Hunan province, vote on mitigation measures as part of their CBDP activities, supported by the British Red Cross, in 2006. RCSC.

Overall, the RCSC's disaster response capacity has improved during the last two years. With the establishment of the new disaster information system, the emergency response team and need assessment skill improved through the training supported from federation disaster management programme. The national society's Hunan provincial branch has established their own response team to improve their capacity for disaster response. Although this is the first provincial Red Cross to establish a response team; other provincial Red Cross branches have shown interest on the development.

Health and Care

HIV programme objectives: By the end of 2007, people at risk of HIV/AIDS in at least four provinces will have knowledge and skills to prevent HIV/AIDS; people living with HIV/AIDS (PLWHA) and their families will express improved quality of life; and communities will demonstrate reduced discrimination towards PLWHA and those at risk.

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

Total number of beneficiaries:

- HIV: Direct – 9,500 youth in schools and at risk groups, indirect – 98,000 youth (due to incomplete data, beneficiaries of mass events and public dissemination materials are not included).
- Avian influenza: Direct – 17,500 individuals; indirect – 55,500 individuals (due to incomplete data and to avoid overlap, the beneficiary numbers of mass media activities and IEC material dissemination are not included).

Achievements: With the funding support of the Swedish Red Cross and Swedish government, the Red Cross Society of China has successfully implemented HIV projects in two provinces in central China (Henan and Shandong). This project targeted the youth in schools, and men who have sex with men (MSM) and other at-risk groups. During the reporting period, the project directly trained over 9,500 youth in schools in HIV prevention, and in training and communication skills, and it is estimated that those youth, in turn, reached over 98,000 young people with HIV prevention messages through a peer to peer approach. The project also built the capacity of the implementing Red Cross branches to design, implement and manage HIV interventions at the community level and, as an example of this increased capacity, the project has achieved a high retention rate of Red Cross HIV volunteers. The project also worked closely with local MSM groups



Over the past two years, the Federation supported HIV prevention programme in Shandong and Henan has resulted in thousands of individuals participating in peer education. The Federation.

and carried out two large surveys among the local MSM communities and also, among youth in schools that benefited from the project.

With the support of the American Red Cross and later the Federation's global avian influenza appeal funds, the Red Cross Society of China has successfully implemented the community-based avian influenza projects targeting the rural population and owners of bird-breeding farms in seven provinces in China. Throughout these two years, the RCSC has been one of the first and one of very few civil society organizations in China that is working on avian influenza and it illustrates the high degree of responsiveness of the RCSC health programmes to rapidly changing health vulnerabilities and future public health trends.

Thanks to the project, the RCSC headquarters and selected branches have increased their programme capacity to implement such interventions and became capable to conduct surveys to regularly monitor effectiveness of their project activities. The project helped to raise the awareness of all other Red Cross provincial/city branches about this new public health threat and over the two year period, it disseminated over one million pieces of information, education and communication materials nationwide.

Constraints and challenges: Given the very recent emergence of avian influenza, one of the key challenges during this reporting period was unpredictability of international funding for RCSC community-based avian influenza prevention activities. This resulted in disrupted implementation of avian influenza project activities in targeted provinces.

Lessons learnt: Although the RCSC HIV interventions have been in place for many years, the projects were scattered and fragmented, and mostly supported by a handful of international partners. Often, the projects were of limited timeframes and scale to have a meaningful impact and their targeting was not necessarily relevant to the evolving HIV epidemic context in China and its neighbouring countries. Learning from such critical analysis and in the spirit of the global HIV alliance, the national society now has created a one unified and coherent national HIV programme.



Avian Influenza prevention materials originally designed with support from the American Red Cross have been successfully used in the Federation supported programme in seven provinces in 2006 and 2007. The Federation.

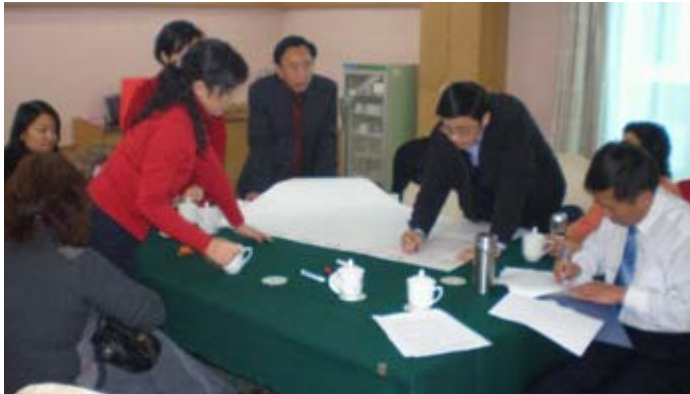
Organizational Development

Objectives: RCSC leaders and staff at provincial branch levels have improved their capacity to develop and manage high quality programmes that can attract support from national and international partners.

Achievements: Over the past two years, the RCSC has made good progress in its organizational development goals, as set out in the RCSC's five year development plan. By the end of this two year cycle, the RCSC has achieved its goal of separating 85 percent of prefecture and county level branches from the ministry of health. In addition, membership and volunteer numbers reached an all time high, exceeding ahead of time the goal of having one million volunteers within five years with a total number of 1.132 million volunteers in mid-2007.

In 2007, the RCSC prioritized the development of nationwide volunteer guidelines and policies which were released towards the end of 2007, to be implemented in 2008 and beyond. The Federation provided specific

expertise support through the volunteer development delegate in Kuala Lumpur, from the Asia Pacific zone office, who visited the RCSC on a number of occasions in 2007.



The RCSC headquarters works with branches to build their capacities and skills development. At the end of 2007, a workshop in Henan outlined what OD support would be needed in order to scale up HIV activities in the coming years. The Federation

the RCSC has stepped up its fundraising activities and skills over these past two years. In joint efforts of the headquarters, branches and the affiliated China Red Cross Foundation, the RCSC has achieved good results in fund raising, bringing in more than CNY 2 billion (CHF 291 million) in cash and in-kind donations in 2007 alone. The Federation and other partners, such as the American Red Cross, worked closely with the RCSC to build their capacity and network. In addition, several publicity campaigns and have also helped to raise the profile of the RCSC, bringing in funds in creative ways, such as through mobile phone donations.

As RCSC enters 2008, it turns its focus onto one of its major goals to increase the organizational development and capacities at the grassroots level Red Cross branches. The RCSC was short-listed, and eventually granted, an intensified capacity building grant for the coming three years. In the process of preparing the application for the ICB grant, the RCSC headquarters and branches undertook an integrated and participatory approach to planning the programme. This exercise was very fruitful in identifying some key obstacles and involving all layers of the national society in the planning phase of an important project.

Constraints and challenges: During the past two years, there have been long periods without a finance delegate/manager positioned at the regional Federation office. This affected the support and training opportunities the Federation could provide to the RCSC during this time period.

Lessons learnt: The efforts made over these two years in capacity building and organizational development were very helpful for branches and headquarters in gaining recognition from government offices, corporations and increased membership. This has been especially apparent in the response from publicity campaigns and fundraising activities that have increased over the past two years.

Working in partnership

The RCSC works closely with the Federation and a total of ten partner national societies on an array of projects which address critical issues such as HIV/AIDS, water and sanitation, cataract surgery, blood donation, clinic and health support, community-based disaster preparedness and other disaster preparedness issues, as well as support in capacity building and organizational development. The RCSC's Hong Kong and Macau Red Cross branches also provide special support to both the headquarters and various branches in China.

In disaster management, the RCSC is working in partnership with disaster prone communities to support their community mitigation plans to reduce the impact of the disasters. The RCSC headquarters works closely in partnership with the national government on disaster management and is part of the national emergency committee and participates in emergency response meetings. The RCSC is now a key member on the national disaster reduction committee and has also participated in important emergency assessments with the government and other organizations.

The RCSC HIV projects in Shandong and Henan have collaborated well with partner communities such as men who have sex with men groups, organizations of people living with HIV and others. Relationships with UN agencies and other organizations, such as UNAIDS and the WHO, have improved with the support of the Federation. Through initial discussions with the Federation and the American Red Cross, the RCSC has established a partnership with the Gates Foundation.

In anticipation of the upcoming Olympics, the RCSC also joined many partners in hosting a forum on HIV prevention through sports, sponsored by the International Olympic Committee and the Beijing Olympic Committee.

Over the past two years, the Federation's East Asia office continued to host the Netherlands Red Cross and the American Red Cross regional offices. These partners have successful bilateral programmes with the RCSC in HIV and water and sanitation.

The Federation's East Asia office also continues to host the Global Road Safety Partnership (GRSP) office (<http://www.grsproadsafety.org>). Over the past year, GRSP has successfully completed most of the construction at six intersections in Beijing for improved safety, and has commenced phase II of the drinking and driving intervention project, which will entail public education/social marketing and enforcement. GRSP will be discussing the integration of road safety education in first aid trainings with the RCSC in the coming year.

Implementation and coordination

Management of the delegation: Programme support for the RCSC is managed through the East Asia regional office in Beijing. Health programmes are managed by the regional health delegate with further support in Shandong and Henan through the efforts of an HIV delegate and project officer supported by the Federation. The structure of the disaster management programme in the delegation includes a regional disaster management delegate and a regional disaster management officer, whom are responsible to support the disaster management programmes for all the national societies in the region. During the emergency period, the delegation contracted a short term relief delegate to support the relief operation, which was supported by the Japanese Red Cross.

The delegation also provides support to the programmes through the planning, evaluation, monitoring and reporting (PMER) and finance manager, as well as four full-time local staff and a staff on loan from the RCSC. Media and information dissemination support has been provided through the work of an information delegate or contracted information officer for much of 2006 and 2007. Support in organizational development has been provided as needed from both the regional office and the zone office in Kuala Lumpur.

Further support in specific capacity building guidance and trainings, through the PMER and finance managers, as well as continued support from the zone office, has strengthened the RCSC in its efforts to achieve goals set out in the Federation of the Future. Financial management continues to improve at all levels of the RCSC, and the management of human resources has been enhanced through volunteer and organizational development technical support from the Federation.

Coordination, cooperation and strategic partnerships: The East Asia regional office annually hosts the East Asia partnership meeting, in which the region's five national societies and other Red Cross Movement partners gather to discuss critical issues for the current year. Likewise, the delegation has hosted the DPRK CAS meeting annually/biannually in Beijing. In 2007, the delegation worked closely with both the RCSC and the Mongolian Red Cross Society to set up HIV operational alliances in both countries. This entailed an intensive workshop bringing together many partners, as well as providing technical support throughout the process. The British Red Cross further supported the RCSC's process by providing a technical delegate in the fall of 2007. The support on the HIV alliance will enable the RCSC to scale-up its HIV activities contributing to both the Global Agenda Goals and the Millennium Development Goals.

The delegation's health programme staff has actively participated in different regional and national level health coordination and information sharing meetings, organized by the UN and international organizations in the region. The regional delegation closely coordinated its work with other Red Cross partners working in China by organizing regular HIV programme meetings.

In disaster management, the delegation coordinates with the RCSC during a disaster response period, supporting the RCSC to release disaster information to the public media, receive interviews from international media and provide updated information to the public. In both 2006 and 2007, the delegation supported the RCSC in developing and launching an emergency appeal for floods, and coordinated with partner national societies and other donors on funding issues. In the annual disaster management programme, the disaster management programme is working on building partnerships with other partner national societies to provide technical and financial support to the RCSC on disaster management policies, contingency plans, response tools and community-based programmes.

Contributing to longer-term impact

Quality and accountability: In relief operations and distribution, the RCSC has closely followed the code of conduct and Sphere standards. The RCSC is able to mobilise community volunteers to support the people affected by disasters, and relief items have been able to reach the most vulnerable communities affected by disasters on time. In addition, the RCSC has developed monitoring tools for following up on relief distribution to assure quality and accountability at all levels. The continued development of CBDP programmes in the DM programme have contributed to the strengthening of community capacities, and reduced vulnerabilities. This has been particularly appreciated by the government, and the new CBDP model developed with support of the Federation and other partners, positions the RCSC to promote its experiences nationwide.



Participants at the 2007 East Asia partnership meeting are able to hear from all the national societies in the region, as well as dialogue with key partners. The Federation.

In health programmes, the scale up and improved capacity of the RCSC HIV programme will contribute to the concerted national effort to reach the HIV related Millennium Development Goal target by the end of 2015. Having an HIV delegate in the field built confidence in the branches and increased the impact on the lives of people, especially high risk groups that might otherwise not have been reached.

Although of limited scope, the RCSC avian influenza prevention and control efforts will in the long run contribute to the reduced level of transmission of the virus from animals to humans in the targeted communities. In addition, although the focus of this project is on AI prevention, it is hoped that the project's target branches will be able to apply the skills obtained through AI activities to other health programme areas.

Also, through the support of the Federation in volunteer and organizational development, the RCSC has been able to tackle ambitious goals in volunteer management and commence grassroots organizational development. This has further strengthened RCSC's capacities at all levels and across programmes.

Contribution to strategic priorities: The RCSC is the biggest civil society organization in the country, and is mandated by the national government to support disaster relief. Each year millions of disaster affected people have received support from the RCSC.

Likewise, the RCSC has prioritized HIV work in the coming years, and the foundation laid in 2006 and 2007 towards establishing an operational alliance and scaling up efforts will help RCSC achieve its goals of becoming a leader in HIV prevention work in the country.

Looking ahead

In the coming two years the regional disaster management programme will continue to work with the RCSC closely to build up their disaster management capacity in the areas of disaster management policy and contingency plans, and will continue to develop disaster risk reduction programmes, by building up community-based programme activities.

The HIV alliance will be launched in early 2008 with activities commencing throughout the nation shortly thereafter. The regional office will abolish the position of HIV delegate for Henan and Shandong HIV projects and instead, recruit one HIV delegate to support the capacity building of the RCSC national headquarters in HIV programming. Due to funding constraints, in the first half of 2008, the RCSC will focus its avian influenza project activities only in two provinces, instead of seven branches that have been previously targeted.

For 2008, the RCSC has also prioritized further strengthening of management and skills training, along with the development of the grassroots level capacities and volunteer network.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information on this Appeal, contact:

- Red Cross Society of China: Mr. Wang Xiaohua (director of external relations department), email: rcsc@chineseredcross.org; phone: +86.10.6404-8366, fax: +86.10.64029928.
- Federation regional office in China: Mr. Carl Naucler (head of East Asia regional office); carl.naucler@ifrc.org; phone: +86.10.65327162, fax: +86.10.65327166.
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Annex 1

RCSC CBDP Model

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Acknowledgements

The RCSC CBDP model is based on the cumulative learning from the CBDP projects in different areas of China in recent years. As such, we would like to express our sincere gratitude to those who have contributed towards building this knowledge and have made great efforts for implementing the projects as well as Red Cross volunteers and villagers from the disaster prone communities.

Acronyms

CBDP	Community-based disaster preparedness
CVR	Community vulnerability reduction
DM	Disaster management
DP	Disaster preparedness
ECHO	European commission of humanitarian aid office
FA	First aid
HVCA	Hazard vulnerability capacity assessment
PRC	Provincial Red Cross
RC	Red Cross
RCSC	Red Cross Society of China
ToT	Training of trainers
VCA	Vulnerability capacity assessment
VDC	Village disaster committee
VDPP	Village disaster preparedness plan
PMO	Project management office

1. Introduction

The development of this model is primarily the result of cumulative learning generated through the implementation of on-going CDBP project in six provinces of China since 2003. As such, it makes sense to briefly summarize the context of Chinese natural disasters as well as the background of the CDBP projects before presenting the model.

At the outset it is important to clarify that *disaster(s)* in the model only refers to natural disasters and *community* refers to villages of rural China instead of communities with the urban context.

1.1 China natural disaster context

China is one of the countries most affected by natural disasters. Sudden and/or slow onset disasters of small, medium and large scale are annual phenomena claiming thousands of lives, affecting hundreds of millions of people and causing billions of US dollars in economic losses each year. According to statistics, natural disasters in China affect on average 370 million people and cost more than CNY 100 billion (USD 12.05 billion) per year over last ten years.

In terms of frequency and severity, the main natural hazards that have impacted China in recent years are as following:

The most common disasters are drought and flood. Agricultural drought is throughout China, causing huge economic losses every year. Severe annual floods occur in summer from June to August. The worst year in recent memory was 1998, when nearly 3,500 people died. Landslides and mud-rock flows, together with heavy concentrated rains, strike many central and southern provinces every summer.

Year 2006 witnessed an unusually severe typhoon season in China. Typhoons Pearl, Saomai and Bilis ravaged southern and eastern coastal provinces and caused widespread flooding and landslides. Hailstorms also wreak havoc on the agricultural sector every year throughout China.

As of the 8 June 2007, China has reported 25 cases of avian influenza in humans with 16 of those cases resulting in death. SARS broke out in 2003 and is under control now.

The risk of earthquake and forest fire is not that great. Forest fires generally occur in less populated forests of northern China. Many small scale earthquakes take place every year across China.

It is noted that the type of disasters in current CDBP projects area of China focus on drought, flash floods, typhoons, landslides and mud-rock flows rather than health related disease epidemics. But activities like health education, HIV/AIDS prevention are not excluded when there are real needs within an individual community.

1.2 History of RCSC CDBP Projects

The context for increased attention to CDBP stems largely from the organisational changes within the RCSC. The focus has increasingly shifted from being exclusively health/first aid to more community based social relief operations. This has coincided with steps towards the organisational separation from the Chinese Ministry of Health. New strategies are also currently being adopted within the society, including disaster management, primary health care, water/sanitation and organisational development of sub-branches.

On the other hand, the Chinese government is quick to respond during the emergency phase; however, the government cannot come close to meeting the total needs of the reported 370 million people who are affected by natural disasters per year. As such, the government's

primary focus is on ensuring that the cities are protected from disasters and large scale infrastructure such as road networks, electrical and communication services and major health centres are operational during and post disaster. The gap between the input of government relief funds and the need of relief work has limited the ability of some regional governments to offer relief to victims of minor disasters and has caused some major disasters to be treated as minor ones, thus imposing further challenges to victims of natural disasters, and introducing more reasons for Red Cross support.

RCSC, in its role as auxiliary to the government in terms of disaster response, fills a critical gap in relief needs every year. However, it has been gradually recognized that the main focus of RCSC activities within disaster management –disaster relief and response preparedness- can not eliminate people’s suffering from disasters and the cost for relief operations is many times higher than that for the risk reduction.

Keenly aware of the need to support longer-term disaster reduction activities, RCSC initiated the community vulnerability reduction (CVR) programme with funds from ECHO in Guangxi, Hunan and Chongqing from 2003 to 2006 with the support of the Federation. Three components of community based health, water and sanitation were introduced. Later in 2004, the strategy was to expand the operational context to disaster preparedness as well. A CBDP approach would be followed to help disaster prone communities identify what measures can be taken to reduce their vulnerability to recurring disasters. Furthermore, there is a growing recognition of the importance and possibilities of promoting risk reduction at the community level. Drawing on the initial experience of community based health education and similar projects in other counties, CBDP projects were run in parallel in both Hunan and Guangxi with funds from the Danish Red Cross and Australian Red Cross respectively from 2005 to 2006 with support of the Federation. In 2007, this component has been extended to Hubei province and a new prefecture of Hunan with funding from the Finnish Red Cross and British Red Cross respectively.

In cooperation with the Hong Kong Red Cross branch, RCSC has introduced CBDP projects to another four provinces - Henan, Hebei, Jiangxi, and Yunan - since 2004 to the present date.

1.3 Context of the development of this model

As a result of four years of implementing community based vulnerability reduction activities and DP activities in China, the RCSC has strengthened its capacity to implement larger scale programmes focusing on community-based approaches with the aim of improving the resilience of local communities to China’s natural disasters.

The RCSC now encourages the development of CBDP, and wants to draw upon lessons learnt from above mentioned pilot projects to define the RCSC CBDP model for potential application in other provinces.

In the absence of a model, the CBDP project in China itself lacks overall direction and coherence especially when a project is initiated in newly involved provinces. The CBDP project and participatory approach and tools are still quite new for many RCSC branches. When such a project is initiated, the first thing that comes to people’s minds is *what is it* and *how can this be done in China*. At this stage, this practical model could be viewed as a practical guideline. Because current RCSC projects are being technically supported by different departments of RCSC headquarters as well as external sources, it could be useful to have a consolidated model based on all current projects.

The development of the model is based on, but not necessarily confined to, a two-day CBDP experience and knowledge sharing workshop that took place in Beijing in May 2007.

2. RCSC CBDP Model - Overall Summary

This model has compiled the experiences so far from all CBDP provinces rather than being based on just one example project of any province. As it is based on on-going CBDP activities within existing target communities, the model at present can only be considered a draft.

2.1 Stakeholders

Principle stakeholders in RCSC CBDP:

- *Disaster prone communities and vulnerable villagers*

This refers to most individuals and families living in villages at high risk in either severity or frequency of natural disasters. These individuals and families will be exposed to different hazards and different levels of risk. People in these villages may have different perceptions of risk and have differing abilities to recover from disaster strikes. In China, an administrative village covers a number of natural villages/sub-villages/village groups. As such, a community here can either be referred to as an administrative village or a natural village.

Poverty is one, but not the only important element that leads to vulnerability. Vulnerable villagers in this model refer to those exposed to the high risk of natural disasters and severely affected by the disasters impact. Although people in high risk villages are vulnerable, it does not mean that they are merely beneficiaries; their involvement and participation in the decision making process is central to the RCSC CBDP approach and they contribute to what the RC can learn from communities.

- *Village RC Volunteers and the Village Disaster Committee*

In each village, RCSC branch staff facilitate a community election process to select Red Cross volunteers based on the RCSC criteria as well as the *talents* people show in the VCA process. For the RCSC model, ideally, it is an aim to have one volunteer for each sub-village/village group, and they are expected to communicate information about Red Cross, DP and FA to villagers, mobilize the labor contribution for structural mitigation measures, coordinate township authority and community people, manage the project and provide primary response in times of disaster because they are the first on the scene.

Generally, 9-18 Red Cross volunteers form the VDC, and the exact number of people depends on the size of the village. In most cases, the village leader(s) is one of the members of the VDC. But it he/she is not required to be a member. There is no doubt his/her support can contribute to the project progress when his/her perception on community participation and decision making is in line with the project.

Gender balance is another element considered in VDC formation. It is difficult to guarantee having an equal number of men and women VDC members; but having at least 3-4 females represent the voice of woman is preferred.

- *Leaders within the township authority*

RCSC mirrors the government's administrative structure. However, there is no official RC branch in most townships which is under the county. It is called a grass-roots RC organization when there are few township leaders sparing part of their time to RC activities. The community is at the center in this model, but it was also noted during the previous project implementation that the township leaders are still playing an important role and should not be overlooked.

Their involvement is not meant to change the role of the community and decision making process. Their role is to know and support the project, facilitate community activities, hear the

voices of the villagers and communities and support the VDC and the community when RC financial input is complete.

▪*RC branches at provincial, prefecture, and county level*

These branches play the core role in both project management and operation. The primary responsibility of the branches is to provide necessary training to VDC members and township leaders, and facilitate VCA and other community activities where required. They also take the responsibility for mobilizing and monitoring the construction of structural mitigation measures.

In this model, it is proposed that the training for RC staff combines the subjects of project management and facilitation together, fully recognizing the challenges of both project staff turnover and the limited human resources in RC branches, especially in county and prefecture branches. It is suggested that two staff will be involved from each level, that is to say six people, who have expertise in both project management and participatory tools, and that these six will compose the core RC CBDP team in each province. This training is called *RC Staff Training* or *ToT* in the model.

Other stakeholders

Other stakeholders involved may include the local authorities and line departments/bureau/offices which provide technique and/or part of the financial support in terms of structural and non-structural mitigation measures. But in all CBDP projects, till present in China, the financial support from the local authority is just a supplement to the RC grand total. RCSC headquarters, which oversees the project and provides technical support wherever required, should be considered a stakeholder, and international or domestic donors who provide financial support.

2.2 Main Objectives and Target Area Selection

There are two main objectives in the current CBDP projects. They are:

- To improve the RC capacity on project management;
- To facilitate communities be able to better prepare for, cope with local disasters and recover from disasters' impact.

As mentioned before, the RCSC CBDP project is still in its beginning stages of development. The main objectives of the RCSC CBDP in this practical model should not be very much different with the ones of current projects. Just to be more specific, the goal is:

To enhance the capacity of Chinese vulnerable communities planning and implementing appropriate risk reduction initiatives to address their local hazards by increasing knowledge through participation, awareness and practice at the community level of disaster preparedness and prevention.

Direct objectives are:

- To improve RC capacity on the facilitation of a CBDP project and participatory approach.
- To establish a DP core group in the community and build its capacity.
- To improve villagers awareness and knowledge on disaster preparedness and relevant mechanisms.
- To implement small-scale structural & non-structural mitigation measures.

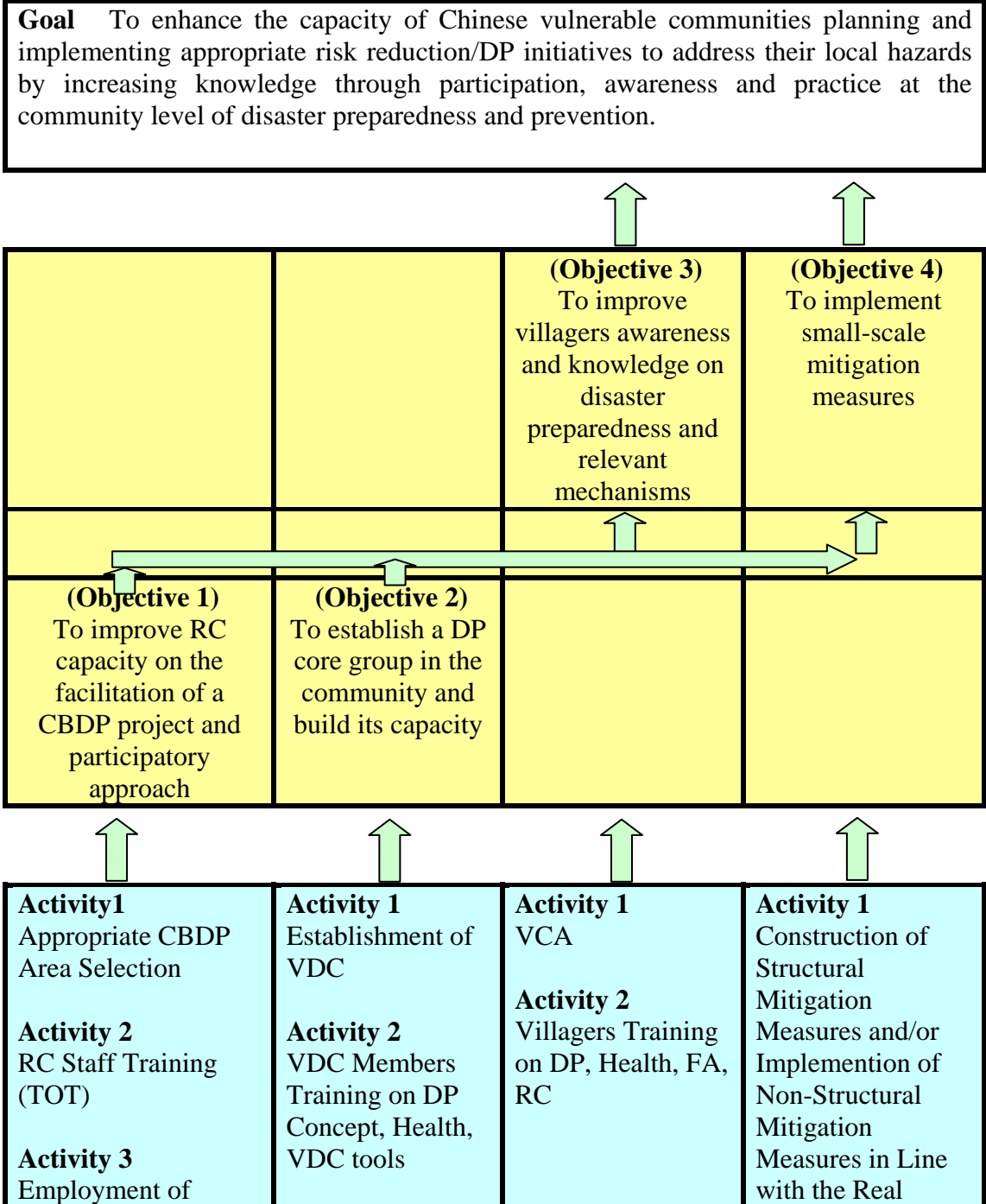
Target areas will primarily be selected in the project preparation stage based on previous disaster data and information collected during field trips. Communities, both vulnerable to and exposed to high risk from natural disasters are targeted in the RCSC CBDP model.

The strategy of the model is to focus on human resources and activities in the community by relying on the network of RC staffs and volunteers. Thus the agreed criteria for identifying the target areas include, but are not confine to:

- The community has been frequently affected by severe natural disasters in recent years.
- The community average income level is lower than the provincial average.
- Good collaboration and potential capacity of the RC branches.
- RC volunteers/villagers primarily showing interest and participation.

Vulnerability and the degree of risk varies amongst the villagers in any one community. Therefore, it is proposed to consider areas where most villagers are assessed to be highly vulnerable and at high risk from natural disasters.

2.3 Abridged Logical framework



Fulltime Project Staff(s)	Activity 3 Development & Practice of VDDP		Needs and Resources of the Community
Other activities	Other activities	Other activities	Other activities

2.4 Time Frame

In the current RCSC CBDP projects, the longest time period is three years and the shortest is 12 months. It is proposed in this model that a project in each village has 2 phases. The first phase, which lasts 12-15 months, should cover all activities in the workflow, i.e. RC staff training, VCA, to implementing mitigation measures; and the second phase should focus more on further trainings in the community, updating VDDP and putting it into action, and can last anywhere from a few months to one year depending on the financial support. Some of the budget from the first phase may be reallocated in the second phase to cover trainings and other software activities if there is no pledged funding. A completely self-sustaining structural mitigation project as well as more DP related activities will be in the hands of the local RC and community after the two phases.

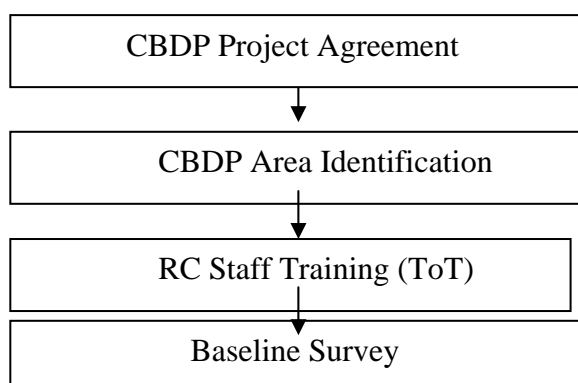
2.4 Workflow

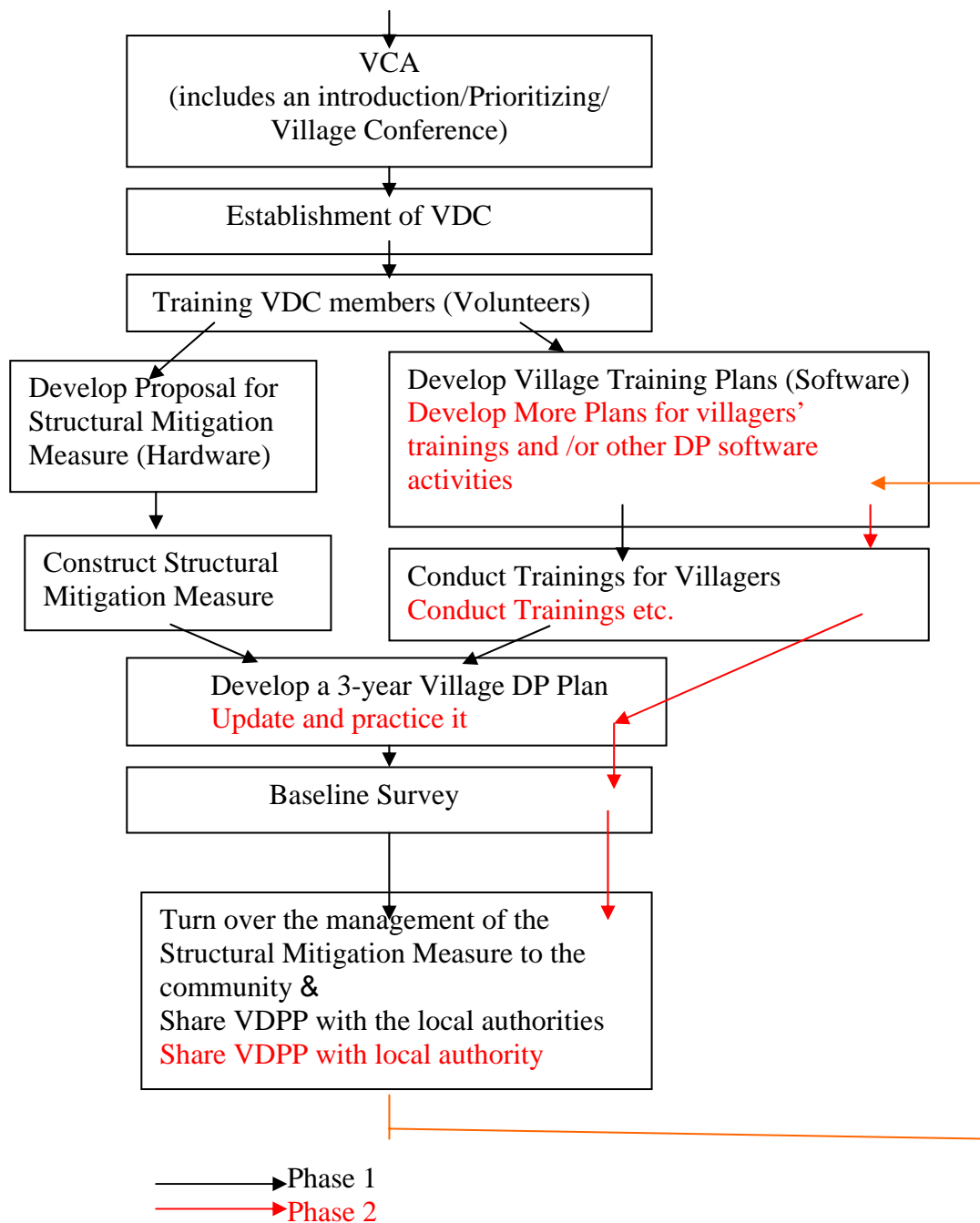
Generally, a CBDP project officially starts from a project proposal or agreement in current RCSC projects. But some project agreements/proposals are very general and leave the specific mitigation measures blank in the agreement, and finally identify them based on the actual needs of the community; while some are very specific to focus on one structural mitigation measure and trainings. It is very necessary to have a detailed proposal especially for a construction project.

However, there may be three concerns that could arise from creating such a proposal:

1. The detailed structural mitigation proposal could give an impression or misunderstanding to people who are not experts in community based projects that it is only a construction project, for example when working on water supply or road repair, especially when the structural mitigation does not directly appear relevant to disaster preparedness;
2. Trainings are often seen as a kind of supplement or accessory to the construction project. It is very common that villages prefer construction project rather than trainings;
3. The proposal preparation phase may be viewed as taking too long due to staff training, VCA process, and prioritizing tasks, which is not something that can be finished in a week or two. It takes about at least one or two months, or possibly even longer, if enough detailed information is to be collected.

To unify the practical model, it would be good to have a standardized project agreement in the beginning. Base on a proposed general project agreement, a unified workflow could be as following:





A five-day training for RC staff from provincial, prefecture and county level, covering the main subjects of disaster preparedness concepts, VCA, facilitation skills, training skills, project management, community work and management on VDC, should be organized once the project area is identified. Then the baseline survey and VCA process will be conducted in the target area jointly by the trained RC staff, before which a half day community campaign to introduce the project and VCA is proposed to be completed. The establishment of the VDC is after the VCA in this model. This allows an opportunity during the VCA process to know volunteers and also ensure potential VDC members recognized their role and responsibilities. An ideal result is identifying 9-18 RC volunteers to make up the VDC.

In the first phase, training for VDC members and township leaders will focus on DP, FA, VCA, RC knowledge, project management, training skills, responsibility /job description. The process of developing and implementing the plans on structural mitigation measures (hardware) and village trainings etc. (software) can follow thereafter.

The training to the whole community will only include DP, FA and RC Knowledge in the first phase. More training on specific subjects will be included in the second phase.

It is highly recommended that a VDDP for the first three years should be developed by the end of the first phase. It is expected that local authorities will take it into consideration when they make their DP strategies/plans and even social development plans; and the community itself can put the VDDP into action especially for those activities not costing much when there is no further external financial support.

Afterwards, the CBDP project is expected to be in the hands of VDC and the community.