



Submission No 9

Inquiry into Australia's aid program in the Pacific

Organisation: Australian Red Cross

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SUBMISSION OF AUSTRALIAN RED CROSS TO THE INQUIRY
INTO AUSTRALIAN AID TO THE PACIFIC OF THE HUMAN
RIGHTS SUB-COMMITTEE OF THE JOINT STANDING
COMMITTEE ON FOREIGN AFFAIRS, DEFENCE AND TRADE

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A. Introduction and summary of recommendations

Australian Red Cross (ARC) welcomes the opportunity to provide this submission to the inquiry into Australian aid to the Pacific by the Human Rights Sub-Committee of the Joint Standing Committee on Foreign Affairs, Defence and Trade.

The inquiry is timely and significant, particularly given the recently published White Paper on the Australian Government's overseas aid program. The White Paper establishes the broad strategic framework for the next decade and significant areas remain to be elaborated. The Committee's recommendations will undoubtedly constitute a major source of guidance as to how the framework should be implemented in the Pacific region.

ARC supports the central objective of the White Paper as being commitment towards poverty reduction and sustainable development. As indicated in the body of this submission, ARC welcomes other key directions of the White Paper including the commitment to ensure that Australia's aid program contributes to achieving greater gender equality and increasing support to improve health and wellbeing.

ARC welcomes the Australian government's commitment in 2005 to double the amount of aid by 2010. This is projected to represent 0.36 per cent of Australia's Gross National Income (GNI). ARC notes that the majority of other OECD countries have committed to provide 0.5 per cent of GNI by 2010 and have made timing commitments beyond that to reach the long-standing objective set by developed countries of 0.7 per cent. The importance of this objective is emphasized by the UN Millennium Project: "If every developed country set and followed through on a timetable to reach 0.7% by 2015, the world could make dramatic progress in the fight against poverty and start on a path to achieve the Millennium Development Goals and end extreme poverty by 2015."¹

This submission draws upon the humanitarian work of the International Red Cross and Red Crescent Movement, of which ARC is a member, throughout the world and in the Pacific in particular. Accordingly, the submission is concerned in particular with two of the focal areas specified in the Committee's terms of reference:

- Maintaining access to basic services (especially health) and
- Supporting peace-building and community and civil society development.

A key theme of the submission is the linkage between the two areas. Community and civil society can be a significant protector of public health and effective providers of certain health services. Therefore, an integral element of strategies to promote health and ensure access to basic health services should be support for community and civil society as a partner.

¹ *Millennium Project Website* <http://www.unmillenniumproject.org/involved/action07.htm> United Nations Development Programme 2006

The concept of partnership between sectors is critical. In the view of the International Red Cross and Red Crescent Movement, ultimately it is the role of government to ensure that its health and social welfare systems are capable of meeting the needs of its population, and particularly the most vulnerable. The key role of the Red Cross and Red Crescent Movement and other civil society organisations is to complement governmental activities and contribute to social development and overall provision of services which protect and promote health and well-being.

To enable Red Cross/Crescent National Societies in developing countries to carry out their humanitarian mission and contribute to the building of civil society, ARC and other National Societies in developed countries have made a long-term commitment to provide financial and other forms of assistance. ARC submits that the Australian aid program must make a similar long-term commitment to support the development of community and civil society in Pacific nations, as well as that of their governments.

The Australian Red Cross is supportive of Australian initiatives to increase human security in the Pacific. For example the Australian Government supports training and education in International Humanitarian Law in the region through the International Committee of the Red Cross. Likewise the Australian Government has taken a strong regional approach to weapons control. ARC believes that the Australian Government should take a stronger stance in relation to restricting civilian possession of small arms.

The geographic focus of this submission is the Pacific Island countries with which ARC has close partnerships with Red Cross National Societies and a strategic focus, particularly the Melanesian countries of Solomon Islands, Papua New Guinea, Fiji and Vanuatu, as well as the Cook Islands, Federated States of Micronesia, Kiribati, Palau, Samoa, Tonga, Tuvalu and Marshall Islands.

Summary of recommendations

- 1. The Australian aid program should explicitly recognize and strengthen the role of civil society as a partner in delivering health and HIV/AIDS services.**
- 2. Australia's support to Pacific civil society should be governed by realistic expectations about constraints and the timeframes required for development and funding commitments made accordingly.**
- 3. Aid programs implemented in the Pacific, including health, HIV/AIDS, and capacity building programs are most effective when the following elements are incorporated:**
 - Flexible, long-term (multi-year) funding arrangements.**
 - A variety of funding and assistance mechanisms to support organizational and program development.**
 - Promotion of donor coordination.**

- 4. In responding to HIV/AIDS, Australian aid will be most effective if the following elements are incorporated:**
 - **Support for the development of national strategies which are comprehensive and integrated – providing treatment, prevention and anti-discrimination activities. As part of this, the development of national strategies should engage:**
 - **People Living with HIV/AIDS.**
 - **Civil society and all sectors of the wider community, in particular national, regional and local leaders.**
- 5. The provision of aid for community and civil society development should provide a mechanism for addressing pervasive gender inequality within those settings and more generally. Australian aid should be directed to:**
 - **Supporting gender analysis and research initiatives in the Pacific, and the sharing of best practices models amongst the aid community in Australia and the region.**
 - **Allocating a significant proportion of funds to organizations that provide services specifically for women and which actively promote and protect women's human rights.**
- 6. Recognizing the rapidly growing young population in many Pacific countries, Australia aid should aim to actively engage and target young people.**
- 7. The Australian Government should increase support towards initiatives that ensure restrictions on the civilian possession of small arms in the region.**

B. The International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement (Movement) is the largest humanitarian network in the world with a presence in almost every country, over 97 million volunteers and a global staff of 300, 000 people.

The Movement consists of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (Federation) and 183 National Societies (as national Red Cross and Red Crescent organisations are called).

The Movement is the only independent, neutral, humanitarian organisation covering the entire Pacific region.

The following sections provide an overview of the Movement and its major activities that are pertinent to the issues being considered by the Committee.

The International Committee of the Red Cross

The mission of the ICRC is to protect the lives and dignity of victims of war and violence and to provide them with assistance. The ICRC directs and coordinates international relief activities conducted by the Movement in situations of conflict and endeavours to prevent suffering by promoting and strengthening international humanitarian law and universal humanitarian principles.

The ICRC has a Pacific regional delegation based in Fiji and offices in the Solomon Islands and Australia. Timor-Leste is included in the countries covered by the regional delegation.

The ICRC regional delegation for the Pacific is engaged in a number of activities that reflect the ICRC mandate to assist and protect victims of armed conflict or unrest and the Institution's promotion of International Humanitarian Law. These include:

- Provision of assistance to National Societies with regards to their activities relating to conflict preparedness and response and the dissemination of International Humanitarian Law.
- Provision of material and medical support to victims of internal violence in close cooperation with relevant National Societies.
- Detainees held due to civil unrest and tensions are visited by ICRC delegates, who undertake these duties on a strictly confidential basis and with the full agreement of the detaining authorities.
- Courses for military, police and security forces throughout the region in IHL and human rights law. The aim of this programme is to familiarize these organisations with their responsibilities in time of armed conflict or unrest. Countries involved in this training have included Papua New Guinea, the Solomon Islands, Vanuatu, Fiji, Tonga, Samoa, New Zealand and Australia.

- The regional delegation also works with governments within the Pacific to assist them in ratifying various international conventions and treaties. These include the Additional Protocols to the Geneva Conventions and the Rome statute concerning the establishment of the International Criminal Court.

The ICRC supported the Solomon Islands Red Cross relief program following the outbreak of violence in 2002 and again in 2006. The ICRC also promotes the integration of conflict preparedness and response in the emergency management concept of the region's National Societies.

In recognition of the ICRC's vital role, the Australian Government increased its annual contribution to the ICRC by \$2 million to \$9 million for 2006-2007.

The International Federation of Red Cross and Red Crescent Societies

The Federation facilitates and promotes humanitarian activities carried out by member National Societies to improve the situation of the most vulnerable people.

The Federation supports National Societies globally to develop and implement programs to achieve four goals:

- reduce the number of deaths and people affected by natural disasters;
- reduce the number of deaths and illnesses from communicable diseases;
- strengthen local community capacity to reduce vulnerability and improve the quality of lives and livelihoods of the world's most vulnerable; and
- promote respect, tolerance and non-discrimination.

The Federation's specific priorities within the Pacific region are to support National Societies in the areas of

- health and care e.g. first aid programs and HIV/AIDS prevention;
- disaster management e.g. community based programs in disaster awareness, early warning and risk reduction);
- organisational development e.g. strategic planning; good governance; volunteer management;
- advocating respect for humanitarian values e.g. by mainstreaming issues such as diversity and gender within existing programs such as first aid.

To support these priorities, regional technical working groups have been formed in areas such as health and disaster management.

The Federation has identified climate change as critical issue for disaster management in the Pacific region. The International Federation Climate Centre works with the Pacific Delegation in Suva to support National Red Cross Societies address climate change and consider the impact of extreme weather events in disaster preparedness and planning.

National Societies

Red Cross Red Crescent National Societies act as auxiliaries to the public authorities of their own countries and provide services such as disaster relief, blood services, health and care services, first aid training and social programs. In times of conflict they assist the affected civilian population and support the medical services of the defence forces.

Twelve Pacific Island countries have Red Cross National Societies: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Palau, Samoa, Solomon Islands, Papua New Guinea, Tonga, Tuvalu, Vanuatu and Marshall Islands (in formation).

A profile of these National Societies is provided in the Appendix. As it shows, the National Societies reflect the diversity and differing economic levels in the region. They range from long-established and well-structured organisations to very small bodies less than a decade old. All draw on a volunteer base with strong community linkages.

Australian Red Cross

ARC has a history of engagement with the Pacific that can be traced back to 1938. ARC has identified the Pacific as a key region for its International Operations Department, and a strategic focus for the organisation. ARC has a strong and long-term commitment to working in partnership with other Red Cross National Societies in the Pacific.

From the *ARC Pacific Strategic Plan 2002-2005*, ARC identified its Pacific geographic focus as the sub-region of Melanesia, comprising the Solomon Islands, Papua New Guinea, Vanuatu and Fiji. These countries are in close proximity to Australia, have high and growing populations, and face significant development challenges.

Melanesia has seen the emergence of failed and fragile states. Conflict has been fuelled by social, economic and ethnic divisions. Corruption, poor governance and weak leadership are contributing factors towards poverty and impede development in many areas.

ARC aims to strengthen civil society in these countries through partnership and ongoing capacity building support to Red Cross National Societies. ARC provides support to organisational development and training, as well as technical advice through the provision of delegates to National Societies and the regional work of the Federation and ICRC.

As part of promoting human security and the protection of human rights, the Australian Red Cross is likewise committed to the dissemination of International Humanitarian Law (IHL) throughout the region. This is achieved through support to initiatives of dissemination of IHL through Red Cross National Societies, the International Committee of the Red Cross, and through ARC training and education of key groups engaged in the Pacific such as the armed forces.

A key goal of ARC stated in the *Australian Red Cross Strategy 2010* is to 'assist and empower vulnerable people, especially those most in need in Australia and in the Asia-Pacific region, in their everyday lives and in times of crisis'. In Melanesia, many of the most vulnerable sections of the population, including women and young people, live in rural and often isolated communities. ARC is supporting initiatives to improve access to basic health HIV/AIDS and water and sanitation services for vulnerable communities.

Issues of environmental sustainability are pertinent to the fragile ecosystems of the Pacific. PNG and Solomon Islands are heavily reliant on income from logging. Many urban and rural communities lack basic waste disposal systems and sanitation. ARC supports communities to improve understanding of the relationship between health and environment, and seek local solutions.

The *ARC Strategy 2010* also highlights the importance of 'putting in arrangements for identifying, preparing for and responding to emerging issues arising from our increased understanding of vulnerability, its changing nature, and the expected increase in extreme weather events in our region'. The impact of climate change will be strongly felt in Pacific, a region already vulnerable to natural disasters, for example earthquakes, volcanic eruptions and landslides.

Disaster management remains a key focus for ARC and National Societies in the Pacific, to reduce the risk and impact of disasters and improve preparedness and response mechanisms.

AusAID is a key donor of ARC programs in the Pacific. ARC's work is also generously supported by donations from the Australian public.

C. Health

Health concerns in the Pacific region

As acknowledged by AusAID in *Pacific 2020*, a growing health burden is one of the key challenges Pacific Island countries will face in the next decade.²

Investment in health is key to economic development and poverty alleviation in many poorer countries, in particular Solomon Islands and PNG. However addressing the health challenges is complex. The region is physically, demographically and economically diverse; good quality data on prevalence rates of disease is not uniformly available; social, cultural, environmental and other factors impact on health and the provision of and access to health services.

Some of the critical health concerns in the region are:

- Lack of knowledge of basic hygiene and sanitation practices is reflected in a significant incidence of diarrhoea and skin diseases among children.
- Malaria outbreaks are common. The Solomon Islands has one of the highest rates of malaria in the world, in 2000 there were 15,172 cases per 100,000 people.³
- The incidence of tuberculosis is high in some areas, in particular PNG, where in 2003 there were 527 cases per 100,000 people.⁴
- In many countries, including Fiji, obesity and unhealthy lifestyles are contributing to an alarming rise in preventable heart disease and diabetes.
- Lack of knowledge of family planning results in an array of social, economic and health problems including teenage pregnancies and poverty stricken families with large numbers of children.
- Low life expectancy in many areas. In PNG, the average life expectancy at birth is 55.3 years and the infant mortality rate is thought to be the worst in the Pacific at 69 /1000.⁵

The prevalence of a number of communicable and non-communicable illnesses identified above could be reduced through health education and prevention. However, the spread of populations throughout a myriad of islands compounds the

² *Pacific 2020 – Challenges and Opportunities for Growth*
<http://www.ausaid.gov.au/publications/pdf/pacific2020.pdf> AusAID 2006

³ *Human Development Report* <http://hdr.undp.org/statistics/data/countries.cfm> United Nations Development Programme 2005

⁴ *Ibid.*

⁵ *Ibid.*

difficulty of access to health services for communities in rural and isolated areas. In PNG, Solomon Islands and Vanuatu, three quarters or more of the populations live in rural areas.⁶ In poorer countries in particular, rural areas lack infrastructure such as roads, electricity, telecommunications, sea and land transport, assured clean water sources and sanitation. In PNG, only 22% of households have access to adequate sanitation.

There is a growing rural to urban trend. Without a commensurate increase in expenditure on health services including provision of clean water and waste disposal, the risk of outbreaks of disease is greatly increased.

Although poverty is not as extreme as in a number of African countries, it is evident and impacts on health. As indicated above, the budgetary weakness of governments is reflected in a lack of investment in health services and services which affect health, such as water and sanitation. For example, the Solomon Islands investment in health per capita was US\$ 83 in 2002.⁷

There is also debate about how the limited budgets for health services are allocated and the extent to which vulnerable communities are reached. For example, the World Bank in March 2006 commented that “the (Solomon Islands) hospital sector appears to take up a disproportionate amount of total expenditures. Improving health outcomes will require better targeting of resources to key priority areas and outcomes, especially for poor and vulnerable populations.”⁸

The burden and vulnerability of disease falls mainly on women and children. Mothers are adversely affected in having to care for their sick relatives, whilst still undertaking other duties. Access to maternal health services and health care for children is generally limited. As previously mentioned, a trend in the Pacific is of large families. Melanesia has higher population growth rates than in other developing countries and currently 30-40% of the population is under the age of 14.⁹

Women and children’s health are also negatively impacted through entrenched gender inequality and violence. Surveys have reported, for example:

- 66% of wives interviewed in 16 Provinces and Port Moresby reported having been hit by their husbands;
- 60% of men interviewed in a PNG study had participated in gang rape;
- 80% of women surveyed in Fiji had at sometime in their life witnessed violence within the home;

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Project Information Document SB Health Sector Support Program Report No: AB2236* http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2006/05/03/000104615_20060503123041/Rendered/PDF/PID0Concept0St1Islands0HSSP0P097671.pdf World Bank 2006

⁹ *Human Development Report* <http://hdr.undp.org/statistics/data/countries.cfm> United Nations Development Programme 2005

- 46% of women interviewed in Samoa had experienced some form of partner abuse of which 38% was physical abuse and 20% sexual abuse.¹⁰

Sexual and physical violence against women as a weapon has featured in conflicts in the Solomon Islands and PNG. Research by Amnesty International found that gender-based violence against women's and girls was an 'entrenched feature in a five year armed conflict in Solomon Islands between 1998 and 2003, and that perpetrators were rarely brought to justice'.¹¹ Through these human rights violations, women and children are vulnerable to physical injury, trauma, sexually transmitted infections, HIV/AIDS and pregnancies.

Natural and man-made emergencies also pose considerable dangers to health. The Pacific is highly vulnerable to natural disasters, including earthquakes, cyclones, land slides and volcanoes, increasing the risk of a number of health problems including water borne diseases. During times of conflict and/or civil unrest, for example in the Solomon Islands, the trend has been that Pacific nations are severely economically impacted, further limiting the self-reliance of countries to deliver health services. Health programs provided through international aid donors have at times been interrupted.

The role of civil society in the delivery of health programs in the Pacific

ARC welcomes the Australian Government's increased focus on health in aid policy frameworks such as the White Paper. ARC agrees that the three core areas the White Paper specifies for support are appropriate priorities with respect to the region: addressing the needs of women and children; strengthening health systems; and targeting country-specific health priorities by providing assistance to tackle diseases that have the highest current or projected burden and are not already addressed.

The White Paper indicates that Australia will try to increase the role of the non-government sector, especially in fragile states, as an implementing agent for the delivery of the program in health and other sectors.¹² ARC strongly supports this approach.

The perspective that civil society has a key role in health is widely shared. For example, the Bangkok Charter for Health Promotion in a Globalized World, adopted by participants at the 2005 Global Conference on Health Promotion, states:

Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained.

¹⁰ *Ending Violence Against Women and Girls: Pacific Regional Scan*
<http://pacific.unifem.org/documents/aevwreport.doc> United Nations Development Fund for Women (UNIFEM) 2002

¹¹ *Solomon Islands Women Confronting Violence*
<http://web.amnesty.org/library/print/ENGASA430012004> Amnesty International 2004

¹² *Australian Aid: Promoting Growth and Stability - A White Paper on the Australian Government's Overseas Aid Program* AusAID 2006 (66)

In less developed communities, support for capacity building is particularly important.

Well organized and empowered communities are highly effective in determining their own health, and are capable of making governments and the private sector accountable for the health consequences of their policies and practices.¹³

WHO's Commission on Social Determinants of Health, has identified that 'the engagement of civil society is vital to its success.'¹⁴ VicHealth, the world's first health promotion foundation now replicated elsewhere in Australia and internationally, supports, fosters and collaborates with hundreds of groups and organisations from many sectors.

ARC believes that the role of civil society as a partner in the Pacific is crucial, particularly in the promotion of health awareness and the provision of basic services to rural and remote communities.

To support this contention, the following sections describe some of the significant health activities of the Red Cross in the region. Further evidence of the key role of civil society is provided in the next part of the submission, on HIV/AIDS.

In the Pacific, Red Cross works primarily in the areas of first aid, blood donor recruitment, HIV/AIDS, community based self reliance, and health promotion. In this work, Red Cross National Societies draw on a large volunteer base with strong community links.

ARC supports Red Cross National Societies in the Pacific in voluntary blood donor recruitment and related activities. For example, the Blood Donor Recruitment Program of PNG has an associated component of increasing community awareness about safe blood. There are increasing concerns in some Pacific countries of decreasing numbers of blood donors, and a lack of awareness on 'safe' blood that has implications with for example the emerging HIV/AIDS epidemic in PNG and the transmission of sexually transmitted infections.

Pacific Red Cross National Societies are also engaged in First Aid education in rural communities, urban centres, schools, Red Cross branches and other contexts. For example, the Fiji Red Cross conducts public first-aid and CPR classes, and the society is recognised nationally through the National Training Council. First aid kits are sold to the general public. First aid volunteers are visible in various public events, for example at sporting venues.

For all Pacific Red Cross National Societies, the use of volunteers and maintaining community linkages are core principles in a variety of health programs. Volunteers are trained to undertake a range of responsibilities. For example, in the Solomon

¹³ *Bangkok Charter for Health Promotion in a Globalized World*
http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/index.html World Health Organisation 2005

¹⁴ *Commission on Social Determinants of Health Website* http://www.who.int/social_determinants/en/ World Health Organisation 2006

Islands Health Awareness Project which is described in detail below, community based volunteers assist in health promotion workshops and serve as points of contact in their communities for health information and dissemination. The system of Red Cross branch networks is an important part of the ability of Red Cross to reach vulnerable groups and in the volunteer recruitment process.

While Pacific Red Cross National Societies have strong community and volunteer base, a number struggle to secure adequate resources to maintain and expand their programs to meet the health needs of their nations. These constraints are not unique to the Red Cross but affect the capacities of both government and civil society generally. For example, the evaluation of the Solomon Islands Capacity Building Program found that, “Implementing activities in rural Solomon Islands is extremely difficult, costly and time-consuming because of underdeveloped communications and transport infrastructure.”¹⁵

Case study: Solomon Islands Health Awareness Project

The Solomon Island Health Awareness Project (HAP) offers a model which ARC believes demonstrates how civil society can be engaged as a partner to address the challenge of reaching vulnerable populations in rural areas which are not readily accessible to mainstream services.

The HAP is being undertaken by ARC and the Solomon Islands Red Cross with financial support from AusAID, in rural and isolated communities on the Weathercoast and northern Malaita. The Red Cross is working closely with the Ministry of Health on a number of aspects of the project.

The methodology of reaching vulnerable communities includes mobile Red Cross trainers undertaking basic health education within communities, with workshops that are participatory in style, and assisted by local Red Cross community volunteers.

Community representatives attending the education program are asked to undertake a health issues identification exercise, and discuss health topics including basic Hygiene and Sanitation, malaria, family planning and HIV/AIDS. The project also includes a First Aid education component. Workshop materials are picture based and are thus suitably tailored to a largely illiterate population.

The workshop separates women and men into groups, in order that participants are comfortable to discuss health topics seen to be private or embarrassing, and women can participate within their group if they are not willing to speak in front of men. There is one female and one male Red Cross trainer to facilitate discussion. Local Red Cross volunteers are used to assist during group work. Community leaders are invited to attend, and participants are asked to pass information to other community members who did not attend the workshop. Participants are also asked to develop health and action plans for their communities.

¹⁵ Australian Red Cross - Solomon Islands Red Cross Capacity Building Project Evaluation Report Following Phase 3 Matrix International Consulting 2005

HAP was also designed to reduce communal tensions by inviting representatives from groups which have been in conflict to participate in joint health education workshops.

Initial indications suggest that HAP is highly effective in reaching vulnerable communities with limited or no basic health knowledge, and effecting change on health practices eg. basic hygiene and sanitation. In some cases, the workshop represents the first time communities have received any health education. The Ministry of Health and local and international non governmental organisations in the Solomon Islands have shown a high level of interest in the model. The project will be externally reviewed in late 2006.

Conclusion and recommendations

ARC's primary recommendation is that the Australian aid program should explicitly recognise and strengthen the role of civil society as a partner in the delivery of health services.

There are two bases for the recommendation. One is that, for the foreseeable future, governmental capacity to provide services to populations in remote and isolated areas will be limited. Enhancing the capacity of local communities to help themselves when services are not accessible in a timely manner is important: first aid is often the only form of non-traditional medical assistance readily available to rural populations.

The second is that civil society is a highly effective means of delivering certain services such as health promotion, due to its community links and understanding. Community based projects strengthen participation and ownership, and increase the likelihood of positive and sustainable outcomes.

To be effective, the provision of aid to civil society as a partner in health must recognise that the sector faces similar environmental, social and economic difficulties to those affecting the capacity of governments to provide services. Australian aid must take realistic account of the constraints and commitments must be long term and flexible, as detailed in the section below on civil society capacity-building.

Where aid is directed to civil society for health related activities, the issue of gender inequality must be addressed as must be when other sectors are engaged. Where projects are implemented in which strongly entrenched patriarchal attitudes may restrict or inhibit women's participation, positive efforts must be made to ensure their involvement and that issues specifically affecting women are dealt with.

D. HIV/AIDS

HIV/AIDS in the Pacific

Information on the extent and impact of HIV/AIDS across the Pacific is variable, and particularly in Melanesia. However, it is evident that Papua New Guinea has the highest prevalence rate – at least 1.8 per cent of the adult population - and now fits the criteria for a *generalised HIV and AIDS epidemic*.¹⁶ The first reported case of HIV infection in PNG was in 1987. There are now at least 57,000 people living with HIV/AIDS in PNG, unofficial estimates have this figure much higher at 100,000 people.¹⁷

PNG has a number of contributing risk factors for the spread of the disease. PNG shares its main border with one of Indonesia's worst HIV/AIDS affected provinces. Available data suggests the epidemic has a centre on commercial and casual sex and is heterosexual. Sexual activity commences at an early age. There is widespread violence against women, including rape, sexual aggression and domestic violence. Compounding this, PNG experiences a high level of drug usage and alcohol abuse, resulting in behaviours that place individuals at higher risk of transmission. The potential severity and contributing factors of the epidemic has been likened to a number of southern African countries and poses considerable risks to PNG's prospects for development and its political stability.

Elsewhere in the region, HIV infections have been reported in every country or territory apart from two small islands states. Overall a range of factors fuelling the spread of the disease include social and cultural taboos around sex, gender inequality, a highly mobile population, high alcohol and drug abuse, tourism and increasing unemployment contribute to the vulnerability of Pacific Island countries to the rapid spread of HIV/AIDS.

The burden of the epidemic is falling increasingly upon women. As indicated, gender-based violence is a significant issue in transmission, especially in PNG. As well, women overwhelmingly have primary responsibility for the care of people living with HIV/AIDS. Isolation and the lack of transportation and communication infrastructure impede the delivery of basic health services, HIV/AIDS education and information, affecting women and girls who are less mobile than men.

The efficacy of HIV/AIDS programs is seriously weakened by discrimination in health services and the community at large against vulnerable groups or those engaged in vulnerable behaviour e.g. People Living with HIV/AIDS (PLWHA), injecting drug users, sex workers, prisoners and men who have sex with men. In many countries, responses promoted by governments do not focus on these high vulnerability groups. Stigma and discrimination remain impediments for PLWHA to seek voluntary counseling and testing (VCT), treatment, and care.

¹⁶ 2006 Report on the Global AIDS Epidemic http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp
UNAIDS 2006

¹⁷ *Ibid.*

ARC endorses the proposal to develop a much larger response to the disease in PNG as outlined in the White Paper. However, it notes that some HIV/AIDS projects have floundered because PNG's capacity to absorb and employ substantial flows of aid effectively is limited. This will have to be factored into future aid flows.

ARC Pacific HIV/AIDS Programs

Responding to the incidence and potential spread of HIV/AIDS in the Pacific region is a key priority of National Societies, of ARC and of the International Federation of Red Cross and Red Crescent Societies.

At least five National Societies which have worked with ARC now have structured programs for HIV/AIDS prevention – Papua New Guinea, Kiribati, Cook Islands, Fiji and Micronesia. This includes anti stigma campaigns; advocacy workshops; life skills and peer education; workshops to share information; and HIV/AIDS dissemination activities have occurred on World AIDS Day and World Red Cross Day. Young people are particularly targeted through these initiatives.

ARC also supports a number of HIV/AIDS activities on a regional basis including advocacy and dissemination of information. In addition, ARC supports representatives from Pacific island states to attend meetings on HIV in the region. ARC's programs have been delivered in partnership with the local National Societies and in collaboration with other agencies and networks, especially emerging communities of PLWHA. AusAID has been a major funder of ARC's HIV/AIDS activities.

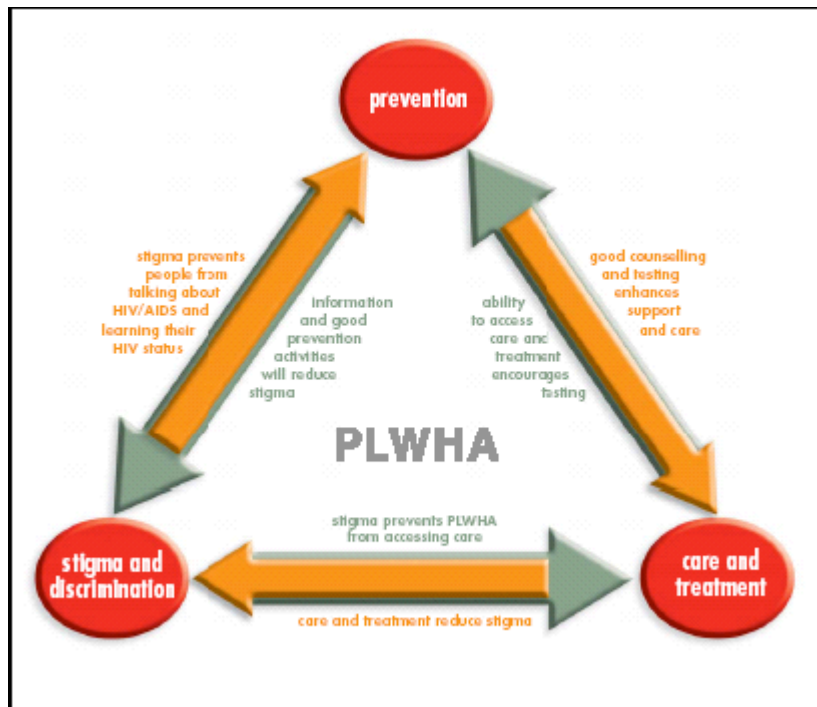
ARC is supporting a comprehensive country program in Papua New Guinea that includes the placement of a technical advisor in Port Moresby to assist the PNG Red Cross expand its range of programs. The current HIV/AIDS Program includes community dissemination activities and implementing awareness workshops for key community groups, including teachers, women's groups, health workers, police and community leaders.

The following section outlines what ARC considers are key lessons for working on the issues effectively and which should be incorporated into the design of the future aid program.

The importance of community and civil society response

Australian Red Cross believes that a real and sustainable impact on the HIV epidemic can only be made through comprehensive, integrated strategies which combine treatment, prevention and anti-discrimination activities and are underpinned by strong civil society engagement, including People Living with HIV/AIDS (PLWHA). Such civil partnerships are a key towards sustainability in HIV/AIDS programming.

ARC's approach, which is that of the Red Cross Red Crescent globally, is portrayed captured in this diagram:



The role of community organisations has been particularly important with respect to HIV/AIDS. These organisations often have greater credibility than official agencies in the dissemination of prevention and care/support messages, and they have been more effective in targeting vulnerable groups.

UNAIDS recently highlighted the key role of civil society in response to the epidemic:

...It is civil society which remains at the forefront of prevention, care and support programmes, particularly among the most vulnerable and hard-to-reach populations.¹⁸

ARC's experience in HIV/AIDS programs has likewise been based on successful civil society partnerships with National Societies and community groups. In particular, ARC has been actively ensuring that PLWHA involvement occurs at all levels in program design and implementation amongst its partners. At a regional level, ARC has partnered directly with the Asia-Pacific Network of People Living with HIV/AIDS (APN+), including developing common projects and congruent strategies. ARC has also found that effective HIV/AIDS programs engage and work closely with local leadership or authorities (such as village or community leaders and local military commanders).

¹⁸ *Ibid.*

However, the capacity of Red Cross National Societies and other community groups remains limited in tackling the enormous problems posed by the spread of the disease. They find it difficult to secure adequate funds that are assured for the period of time required to implement effective programs, and lack sufficient resources to build the necessary technical and organisational skills. Aid programs should include capacity building components.

Whole of government coherence

Programs which are supported and coordinated across the whole of government have significantly greater impact than those run by health and welfare ministries alone. Police, military, transport and financial ministries, for example, have a key role in ensuring HIV interventions are successful. HIV/AIDS is a multisectoral issue which must be acknowledged and managed by a range of health and non-health sectors.

Adopting an integrated approach should also alert governments and funders that categorising projects as either “prevention” or “care/treatment” is an unhelpful dichotomy. Treatment is an effective form of prevention. Drug treatments reduce viral load and treatment services provide an entry point for educating people with HIV/AIDS about preventative behaviours.

A key area where HIV issues have yet to be adequately considered is the work being done by governments to mitigate the impact of natural and man-made emergencies. Disasters disrupt all basic services upon which people depend and emergency response plans do not as a matter of course take account of the particular needs of PLWHA. For example, a recent analysis by the IFRC of the Asian Tsunami on its effect on People Living with HIV/AIDS found that in the aftermath of the tsunami, ‘the support needs of PLWHA were not even considered by relief agencies’.¹⁹ Further, the analysis found that ‘safe sex practices are severely compromised in disaster settings’.²⁰ Such lessons need to be addressed by mainstreaming HIV issues into emergency response programs. Pacific Red Cross National Societies are starting to integrate HIV/AIDS as part of a health component of disaster management.

Numerous international donors have responded to the HIV/AIDS situation and that is certainly to be welcomed. However, ARC’s partners have encountered difficulties because HIV funding is provided through a variety of uncoordinated, short-term funding mechanisms via multiple donors who have different project cycles, submission and reporting requirements. Funding is often also tied to very specific outputs or outcomes, which do not allow organisations to buy in to a broader program strategy. The result is that ARC’s partners struggle to ensure that programs are tailored to local situations rather than to inappropriate donor specifications and are coherently related to other programs. Inordinate organisational effort is sometimes expended on meeting donor requirements rather than on implementation.

¹⁹ *The Asian Tsunami – An Analysis of its Effect on People Living with HIV/AIDS – Interim Report* International Federation of Red Cross and Red Cross Crescent Societies 2006

²⁰ *Ibid.*

Treatment and care

ARC strongly supports action to improve access to Anti Retro Viral Drugs (ARVs) on humanitarian grounds and because it is a highly efficient way to address the HIV epidemic. In low prevalence countries such as some of the Pacific Islands, universal ARV treatment is affordable. The availability of ARVs can also help break down stigma and discrimination.

Complementary measures will need to be put in place to ensure that greater access is in practice effective and to prevent the development of drug resistance. These include programs to prepare people for treatment and support adherence, and stringent quality monitoring of drugs – there have already been instances of inferior or out of date drugs being made available to communities.

Conclusion and recommendations

ARC highly commends the Government for its commitment to a strong leadership role in HIV/AIDS as stated in the White Paper and demonstrated in various ways, such as the recent creation of the position of HIV/AIDS Ambassador; advocacy with other Governments; and support for the Asia Pacific Leadership Forum.

The organisation also welcomes the White Paper's recognition of the important role of Australian and Pacific island civil society organisations in responding to the challenges of HIV/AIDS.

Based on ARC's experience of working on HIV/AIDS in the region and elsewhere, it considers that Australian aid will be most effective if the following elements are incorporated:

- Support for the development of national strategies which are comprehensive and integrated - providing for treatment, prevention and anti-discrimination activities. As part of this, the development of national strategies should engage:
 - People Living with HIV/AIDS.
 - Civil society and all sectors of the wider community, in particularly national, regional and local leaders.
- Provide flexible, long term (multi-year) grants for both governmental and non-governmental organisations;
- Support capacity building for civil society; and
- Promote greater coordination between donors.

E. Supporting peace-building and community and civil society development

(i) Supporting peace-building

Human security is a key prerequisite for building the capacity and resilience of local communities. It is equally important for those humanitarian workers the Australian Government and community entrust to provide humanitarian assistance in times of conflict, civil unrest or natural disaster.

In this regard, education about humanitarian principles and basic rights and responsibilities is of fundamental importance for regional government agencies, defence forces and police services and the wider community. Training such groups promotes an awareness of and respect for fundamental rights and protections. For this reason, the Australian Red Cross, and all other members of the Red Cross and Red Crescent Movement engage in a comprehensive education programs in their own States and regions.

While such training is important, promoting regional action in relation to the access and availability of small arms is equally important. Notwithstanding the focus on weapons of mass destruction, 44 of the 49 conflicts since the end of the Second World War have been fought with small arms and light weapons, and as a result, the majority of combat and civilian deaths come from their use.

The Pacific has not experienced large-scale trafficking in small arms, however the Small Arms Survey Research Project found that the region is very sensitive to the effects of small arms:

Conflicts in Fiji and the Solomon Islands have shown how even a small number of firearms can facilitate the downfall of a democratically elected government.²¹

Australia can and should be justifiably proud of its reputation in relation to the control of small arms. Domestic initiatives such as the guns buyback and other domestic programs and policies are universally lauded as strong and effective measures that have limited unjustified civilian possession of small arms. Similarly, Australia's role in promoting common regional approach to weapons control (the Nadi Framework), are well known and respected.

However, Australia could do more to promote restrictions on the civilian possession of small arms, such as through greater support for such limitations in the proposed Arms Trade Treaty, to be discussed at the UN Small Arms Review Conference in New York this year. Such initiatives are of fundamental importance to Australia and to development in our region. The destabilising effects of access to small arms and light weapons have been clearly seen in Bougainville, Solomon Islands and East Timor. Equally, Australian stabilisation operations, based on the removal of small

²¹ *Small Arms in the Pacific – Occasional Paper No.8* A Publication of the Small Arms Survey <http://www.smallarmssurvey.org/OPs/OP08Pacifics.pdf> Philip Alpers and Conor Twyford 2003

arms, proved particularly successful in addressing the deteriorating security situation and facilitated the provision of aid and rebuilding of communities.

(ii) Community development

Gender equality

ARC welcomes the White Paper's commitment to promoting gender equality across all aspects of the strategic framework as well as in relation to specific services.

The extent of gender inequality varies considerably across the Pacific region but in many parts it is entrenched and profound. The widespread and serious incidence of violence was noted above. Other instances include:

- There is a lack of women in decision making and leadership at all levels due to deeply patriarchal societies that consider women as second class citizens.
- Women are adversely affected by the limited access to health services and health education, especially in rural areas.
- There is a general trend for poverty stricken families of preferential treatment for sons to attend school.
- Some countries have human rights laws specifically for women's interests, though in practice are rarely enforced nor understood, especially in rural areas where local justice systems are in contrast with national laws.

The Red Cross Movement is committed to promoting gender equality. This is expressed through the International Red Cross Federation Gender policy, which provides gender mainstreaming guidelines and outlines the need for technical support to Pacific Red Cross National Societies.

ARC supports National Red Cross Societies to mainstream gender into their programs. In 2004/ 2005, ARC undertook the first stage of the 'Gender Mapping Project' for Red Cross programs in South East Asia and the Pacific Region. The project involved undertaking gender analysis in relation to the strategic focal thematic areas of the ARC, including HIV/AIDS, WATSAN, and disaster management. From this exercise, ARC, in partnership with Pacific Red Cross National Societies, aims to pilot appropriate initiatives that begin to address the challenging issues of gender equality and women's empowerment in the region.

Youth

ARC believes that particular efforts are required to ensure that Pacific civil society involves and cares for the youth of the region.

As the White Paper acknowledges, "many of the less economically successful countries in Australia's region have the highest population growth rates and are experiencing 'youth bulges.'"²² That is certainly the case in the Pacific. In the Solomon Islands for example, more than 40% of the population is below 15. The

²² *Australian Aid: Promoting Growth and Stability – A White Paper on the Australian Government's Overseas Aid Program AusAID 2006 (12)*

combination of a growing young adult population, rural to urban shift, with high unemployment rates, has resulted in disenfranchisement and increasing crime and some observers consider the alienation of youth to be a contributing factor to the April 2006 civil unrest in Honiara.

Red Cross National Societies in the Pacific have developed special programs to target and involve young people, the following are examples. The Papua New Guinea Red Cross Society have focused on disenfranchised youth from marginalized settlements as part of their First Aid program.

ARC supported Solomon Islands Red Cross in their strategic planning process in 2005, which found that youth as a key target group require increased attention and the development of youth targeted programs and activities within and outside the education system. SIRC has involved youth through their community care program in activities such as hospital visits to the sick, and visiting people in their homes with disabilities. SIRC aims to further involve and target youth as part of their volunteer strategy, and as beneficiaries in programs.

The Fiji Red Cross National Society is one Red Cross National Society in the Pacific that is seeking to have a strong youth focus in their programs. A Strategic Business Analyst from the Australian Red Cross Youth Program is currently assisting Fiji Red Cross further develop their youth program as part of a strategic planning process. Fiji Red Cross National Society youth programs include health education in schools, promoting youth volunteerism, and skills development in areas such as first aid. Ultimately the youth program aims to enhance cooperation between young people and the adult population, and promotes community awareness of youth capacity.

Community empowerment

ARC in partnership with local Red Cross National Societies, aims to reach and empower vulnerable communities. ARC's international development philosophy is that solutions will be most effective and sustainable when those who are vulnerable shape and participate in implementing the response to the circumstances affecting them, whether arising from poverty, structural barriers or disasters.

One means to which ARC has promoted community empowerment is through the use of a tool developed by the International Federation of the Red Cross, called the Vulnerability and Capacity Assessment (VCA). In the Pacific, VCAs and the resulting community projects, have successfully been carried out in the Solomon Islands and Australian Red Cross recommends that this approach be adopted more widely in the region

VCA works on the basis that knowledge and awareness are the starting points for community development. The VCA is a community-focused, grass roots-based diagnostic and planning mechanism for local communities to identify the hazards affecting them and the action needed to address them. Through this means, communities' intimate knowledge of needs and issues affecting their capacity to respond are tapped. A wide range of issues, including health, education, water supply and food security can be discussed alongside and as part of disaster management.

In 2003-2004 the Solomon Islands Red Cross Society conducted a VCA in the Radefasu community in Malaita. An evaluation of the project identified very positive outcomes for the communities involved as well as identifying the significant time and organisational resources required for effective implementation. A Case Study document on the VCA pilot project was produced in 2005 by IFRC, entitled 'Solomon Islands – From Risk Assessment to Community Actions', and is attached to this submission.

As occurs with the Health Awareness Project (above) the VCA tool is also used as an opportunity to promote peace-building. For example, in the piloted VCA project, there were two cultural groups within the community (Rade Tolo and Rade Asi) involved in serious land disputes. The VCA process was the first time since their conflict that the groups collaborated, participating in joint planning and the building of a drainage system.

ARC plans to implement VCA processes in PNG, Vanuatu and Fiji under the Strategic Engagement Program, aiming to enhance the capacities of communities to assess their own vulnerabilities and to determine where they can mitigate these vulnerabilities.

(iii) Civil society development

The previous sections highlighted the role of civil society in health and HIV/AIDS. Internationally, the contribution of strong civil society institutions to economic, social and political development, including democratic accountability and good governance, has been noted. The Australian government has done so as well, for example in a recent paper on approaches to supporting governance.²³

Strengthening the capacity of civil society has been a focus of Australian aid programs for some years. The outcomes have been mixed but sufficient evidence of the value of the strategy is apparent for this to continue to be a central element of the aid program. ARC therefore welcomes the commitment of the White Paper to increase Australian engagement with civil society in countries which receive aid and supports the initiatives in the White Paper to:

- Make increased use of the non-government community in developing countries, as a delivery mechanism for Australian aid; and
- Developing a second tier of funding for small community-based organisations that lack the formal arrangements needed to meet AusAID's accreditation standards.²⁴

However, it is important to acknowledge the nature and extent of the challenges which many community organisations face. These include not only lack of funds – raising funds from domestic sources in poor societies is extremely

²³ *Australian Aid: Approaches to Supporting Governance*
<http://www.aisaid.gov.au/publications/pdf/governance.pdf> AusAID 2006

²⁴ *Australian Aid: Promoting Growth and Stability – A White Paper on the Australian Government's Overseas Aid Program* AusAID 2006 (64-65)

difficult – but also difficulties in obtaining and retaining members and staff with technical and formal organisational skills.

The International Federation of Red Cross and Red Crescent Societies and ARC are similarly committed to building the capacities of Pacific Red Cross National Societies, which are particularly significant members of the civil societies of the fourteen nations in which they are located.

As indicated in the profiles in the appendix, the Red Cross Societies of the Pacific differ in size and activities. They also differ significantly in organisational strength, facing constraints that other civil society actors in the region experience.

Currently, Australian aid is provided to Red Cross National Societies as part of the regional Strategic Engagement Project and separate projects through ANCP, the AusAID Bilateral Aid Program, and the Humanitarian Emergency Scheme.

The Solomon Islands Red Cross Capacity Building Project which is described in detail below demonstrates what aid can achieve and draws attention to constraints which must be addressed for civil society development aid to be effective. In particular, long term commitment is essential.

Case Study: Solomon Islands Capacity Building Project

The Solomon Islands Red Cross (SIRC) was originally founded as a branch of the British Red Cross and became a member of the International Red Cross and Red Crescent Movement in its own right in 1983. SIRC aims to reach the most vulnerable through its branch system, currently in Malaita, Gizo, Guadalcanal and Temotu.

SIRC has programs of disaster management, health education, blood donor recruitment, youth and welfare and runs a special development centre for children.

In the delivery of its programs, SIRC disseminates information about international humanitarian law and the fundamental principles of Red Cross Red Crescent so that it is recognised as a neutral humanitarian organisation which can assist in times of conflict and disaster and contribute to reducing tension between communities experiencing conflict.

During the conflict that erupted in 2002, SIRC and the ICRC were the only organisations that could cross militant checkpoints freely. SIRC facilitated the passage of thousands of displaced Malaitans back to the Malaitan province. SIRC also assisted internally displaced people in centres throughout Honiara, implemented relief, maintained emergency blood supply services to the national hospital and organised medical evacuations for Guales requiring hospitalisation.

During the unrest in April 2006, SIRC assisted the provision of basic needs for 1000 Chinese people and local displaced people who were held at the Rove Police Club. SIRC drew on its extensive volunteer network and well developed community links to provide the assistance.

The effectiveness of SIRC's response is directly attributable to the capacity building support which has been provided by AusAID and the Red Cross Movement. AusAID has supported the Solomon Islands Red Cross Capacity Building Project since 2000, which has included training in finance and fundraising, disaster preparedness and response, and the support of an ARC Technical Advisor in organisational development.

In October 2005, an external evaluation found that as a result of the Capacity Building Project, SIRC "has made a successful transition from being small and run along community lines to becoming a professionally managed organization with capacity to play a significant ongoing role in humanitarian work within Solomon Islands and the Pacific Region".²⁵ SIRC's community relationships provided it with credibility in times of crisis and created a strong foundation for emergency work.

ARC's assessment is consistent with this. SIRC is widely trusted because of its record of assistance during periods of tension and adherence to the principles which it espouses and disseminates. Another reason SIRC is well respected in the wider community is that it remains the only civil society organisation in the Solomon Islands with an indigenous leader.

AusAID is currently supporting a regional disaster preparedness program which will allow SIRC to further build its capacity in the sector. However AusAID is in the process of determining whether to continue financial support towards the SIRC Capacity Building Project. Commensurate with comments made throughout this document, ARC believes that long-term institutional support to civil society is crucial. In line with this sentiment, ARC believes ongoing capacity building of SIRC is required to further develop sustainability.

Conclusion and recommendations

Ensuring human security is fundamental to building the capacity and resilience of local communities, as well as for humanitarian workers that are engaged in conflict, civil unrest or natural disaster. Whilst the Australian Government is supportive of a number of initiatives to promote security in the region, ARC has identified that more needs to be done to restrict civilian possession of small arms.

A theme of this submission is that community and civil society development can advance a range of objectives, including health, peace-building and disaster management.

The White Paper expresses the government's commitment to provide aid to the Pacific "within very long timeframes" and this is supported by ARC.²⁶ The White Paper relates this specifically to governments, stating that "Change will be slow and incremental, and Pacific partner governments will be set up to fail if demands for reform and progress are framed merely in the short term."

²⁵ *Australian Red Cross - Solomon Islands Red Cross Capacity Building Project Evaluation Following Phase 3 Matrix International Consulting 2005*

²⁶ *Australian Aid: Promoting Growth and Stability – A White Paper on the Australian Government's Overseas Aid Program AusAID 2006 (29)*

ARC asks the Committee to recommend that Australia's partnership with Pacific civil society should be governed by similarly realistic expectations and funding commitments made accordingly. At the time of writing, that does not appear to be the case.

Evaluations of the pilot VCA projects and of the SIRC Capacity Building Project indicate the necessity for long term commitment of financial and other forms of assistance, such as technical and organisational advice, infrastructure and communications support. Clearly, flexibility in funding mechanisms is required and different models can be used e.g. skills development both in country and in Australia, perhaps through the expanded Australian Scholarships Program.

ARC further proposes that, consistent with the approach of the White Paper, the Committee recommends that the provision of aid for community and civil society development provide a mechanism for addressing pervasive gender inequality within those settings and more generally. Australian aid should be directed to:

- Supporting gender analysis and research initiatives in the Pacific, and the sharing of best practice models amongst the aid community in Australia and the region;
- Allocating a significant proportion of funds to organizations providing services specifically for women and which actively promote and protect women's human rights.

Further, recognizing the rapidly growing young population in many Pacific countries, Australian aid should aim to engage young people as much as possible.

Appendix

Profile of Pacific Red Cross National Societies

Fiji Red Cross Society

Founded:	1954
No. Branches	15
Members/volunteers:	5000 (2005)
Staff:	30 (2005)
Expenditure:	US\$ 718,000 (2002)

Activities

Disaster preparedness/response: FRCS is the largest NGO in the field of disaster relief in Fiji and the society has an accepted role in the Fiji disaster management plan. The society has its own disaster plan, and can mobilize an emergency response team with vehicles and communications within an hour of any disaster.

Health and social services: FRCS provides support and training for the elderly, the disabled and people living with HIV/AIDS and their carers. It is active in promoting HIV/AIDS education and awareness and is involved in suicide prevention programming.

Blood-donor Recruitment: Under an agreement with the Ministry of Health, FRCS is responsible for all blood donor recruitment in the country.

First aid: FRCS conducts community-based first aid training and standby duties at sporting fixtures are a regular activity for volunteers.

Safety: FRCS runs water safety classes and occupational health and safety training. A representative sits on the national road safety council.

Youth: FRCS has approximately 150 youth volunteers and 40 youth leaders. Partly through the use of a puppet theatre, they are active in educating other young people on issues such as HIV/AIDS, STIs, teenage pregnancy and drug and alcohol abuse.

Papua New Guinea Red Cross Society

Founded:	1977
Members/volunteers:	300 (2002)
Staff:	27 (2002)
Expenditure:	US\$ 280,000 (2002)

Activities

Disaster preparedness: PNGRCS has conducted basic disaster management workshops for staff, members, volunteers, government officials, women's leaders,

community leaders, youth leaders and others. The PNGRCS has its own national disaster preparedness and response plan, and community mobilisation and community level activities have been undertaken.

HIV/AIDS: The HIV/AIDS programme is one of the leading programmes for the society and volunteers have been trained to become disseminators.

First aid: PNGRCS runs courses in basic first aid in the workplace and its community-based first aid is one of the components of the community-based self-reliance programme. The national health department has included the society's community based first-aid manual in their curriculum for training community health workers.

Blood transfusion service: In partnership with the government health authorities, the society runs the blood-transfusion services. Branches are involved with donor recruitment.

Youth: The PNGRCS youth programme run through schools was initiated in 2001.

Dissemination: With assistance from the ICRC, PNGRCS has conducted IHL training workshops with the military, police and university students. In 2001, PNGRCS and the ICRC launched the Red Cross emblem as a sign of protection programme.

Solomon Islands Red Cross

Founded:	1983
Members/volunteers:	1,000 (2002)
Staff:	19 (2002)
Expenditure:	US\$ 72,000 (2002)

Activities

Disaster preparedness and relief: As the only national relief organisation, the SIRC has played an important role in recent conflicts. It has organised evacuations, housed and facilitated the return of thousands of displaced people, implemented relief distributions, and maintained essential blood supply services to the national hospital.

Health services: The society's field officers conduct workshops in first aid and CPR, briefly dealing with HIV/AIDS prevention and education. The SIRC is involved in blood-donor recruitment and keeps a database of donors. It also provides post-donation refreshments.

Social welfare: The society is responsible for the management, funding and supervision of the Handicapped Children's Centre, providing the only services for children with disabilities in Honiara. During the Bougainville relief assistance programme, the society assisted over 1,000 people with welfare items.

Dissemination: An introduction to the Red Cross, the seven Fundamental Principles and IHL is included in all first-aid and disaster preparedness courses.

Youth: Youth are actively involved with the school for handicapped children.

Vanuatu Red Cross Society

Founded: 1982
Members/volunteers: 220 (2002)
Staff: 6 (2002)
Expenditure: US\$ 25,600

Vanuatu Red Cross Society recently restructured and central capacities in terms of governance, policy, systems and processes are still low. Most of the staff joined the organisation only recently.

Activities

Disaster preparedness and relief:

VRCS has a comprehensive disaster plan, and disaster preparedness training is included in all first-aid courses and branch development workshops. Furthermore, the government of Vanuatu has designated VRCS to be responsible for first aid in the event of an emergency. The infrastructure to support effective national response is not yet in place and capacity for community level response and mitigation is limited.

Health: VRCS is the only organisation in Vanuatu that provides first aid training. VRCS also provides advice and referral for community-based health care.

Social welfare: The society has a small food distribution programme for the elderly. It supplies wheelchairs and crutches and donates warm clothing to patients transferred to hospitals in New Zealand and Australia.

Dissemination: The society conducts IHL dissemination to the Vanuatu Mobile Force.

Youth: VCRS promotes the society through schools and has developed student targeted first aid projects.

Blood: VCRS runs a blood-donor programme authorised by the Ministry of Health.

Cook Islands

Founded: 1989
Members/volunteers: 200 (2002)
Staff: 2 (2002)
Expenditure: US\$ 56,300 (2002)

Activities

Disaster Preparedness: A practical DP programme is operated through child welfare centres where safety kits and first aid kits are demonstrated to mothers. The mothers also receive a tracking map which includes information to be used during disasters.

Tree trimming is also regarded as important preparation. CIRC trainers are members of the national disaster management training team.

Relief: CIRC has worked with other national Red Cross Societies in cyclone relief operations.

First Aid: First aid training is the major function of the CIRC and includes dissemination about HIV/AIDS, non-communicable diseases and the promotion of healthy lifestyle.

Blood-donor Recruitment: CIRC is involved in blood-donor recruitment through the first aid training programme.

Social Welfare: CIRC provides assistance to the victims of house fires and other emergencies through the provision and sourcing of clothes and essential household items.

Youth: Through CIRC, youths are involved in caring for the elderly with gifts and companionship. The CIRC has organised a youth forum on the Convention on the Rights of the Child and provides first aid training to youth groups with the view to recruiting them for mass casualty response.

Dissemination: An introduction to the Movement, including the Fundamental Principles, is part of all first aid training sessions. World Red Cross and Red Crescent Day is celebrated every year.

Kiribati Red Cross Society

Founded:	1994
Members/volunteers:	70 (2002)
Staff:	3 (2002)
Expenditure:	US\$ 30,000 (2002)

Activities

Disaster preparedness and relief: KRCS is a member of the national disaster council and plans to conduct preparedness training for its volunteers.

First aid: KRCS teaches first aid at the police and marine training centres and at schools. In the outer islands, staff are assisted by qualified nurses and trainers to ensure continuity. The Fundamental Principles are promoted through courses to members and HIV/AIDS education is also briefly included in all courses.

Education for the disabled: KRCS is the only organisation that caters for the disabled population and its programmes include: two centres for children and adults with physical and mental disabilities; training of teachers for the centre; rehabilitation and integration; and the promotion of sport for the disabled.

Youth: KRCS is actively recruiting youth members, involving them in community activities in Tarawa and the outer islands.

Dissemination: Dissemination of the Fundamental Principles and IHL is carried out through training and awareness programmes.

Marshall Islands Red Cross

Society in formation

Micronesia Red Cross

Founded: 1998
Members/volunteers: 1,600 (2002)
Staff: 2 (2002)
Expenditure: \$US 72,000

Activities

Relief: The MRC participated in relief operations after mudslides in 1997 and distributed food items to drought-stricken atolls in 1999. On three occasions it has arranged care and paid for return fares for fishermen from other Pacific nations whose boats were lost at sea.

Disaster preparedness: MRC is officially acknowledged as having a role in emergency preparedness and response.

First aid: MRC is active in first aid training and now has a number of certified trainers. It has held courses in community first and CPR, and has run training sessions for US Peace Corp volunteers and teachers.

Blood: The MRC has a blood-donation registry which can be used by local hospitals to identify and source potential blood donors.

Social welfare: MRC provides support to citizens who are enlisted in the US military by contacting them during family emergencies such as illness or death. MRC has also conducted food delivery programmes to hospital patients.

Dissemination: The Fundamental Principles and mission of the Movement is discussed in annual meetings and information pamphlets are distributed to new members.

Palau Red Cross Society

Founded: 1996
Members/volunteers: 1,200 (2002)
Staff: 3 (2002)

Expenditure: US\$ 45,000

Activities

First-aid training: PRCS provides certification in community first aid and CPR to government employees, teachers, private-sector employees (especially those in tourism) and community residents.

Blood-donor database: PRCS runs a blood-donor database and is involved in recruitment.

Assistance to fire victims: PRCS gives immediate assistance to fire victims and their families through the provision of basic necessities such as food, clothing and other basic essentials.

Services for the armed forces: PRCS provides support to citizens who are enlisted in the US military by contacting them during family emergencies such as illness or death.

Disaster preparedness, response and recovery: PRCS assists in community disaster and emergency preparedness, response and relief, locally, nationally, regionally and internationally.

Samoa Red Cross Society

Founded: 1984
Members/volunteers: 500 (2002)
Staff: 5 (2002)
Expenditure: US\$ 68,000 (2002)

Activities

Disaster preparedness and relief: The SRCS has a strong and successful disaster programme and has gained practical experience in relief operations during a fire, a tornado, floods and cyclones. The society has a disaster plan aimed at mitigating the effects of disasters and improving the situation of the most vulnerable people. It runs a community-based disaster preparedness training course, prints and distributes pamphlets and posters, and has developed its own training manual. Two disaster containers are fully stocked and stored at the Red Cross headquarters and a third container is located on Savaii.

First aid: The society provides first aid training, including to first aid attendants for sporting and other events. Basic first aid and health awareness training, as related to disasters, is also an integral part of the village disaster preparedness programme. Volunteers participate in disaster first-aid drill exercises with government departments.

Blood: A blood-donor recruitment programme supplies donors when requested by the health department, delivering approximately 100 units annually.

Social welfare: The welfare programme provides food, clothes, temporary shelters and counselling to those in need, including single mothers and the disabled. In addition, tracing requests are received from families who have lost contact with relatives overseas.

Water safety: The society conducts a water safety awareness programme and installs safety equipment in specific beaches to help prevent drowning in these areas.

Dissemination: Active dissemination of the Fundamental Principles is given through all training and awareness programmes. IHL is informally disseminated.

Tonga Red Cross Society

Founded: 1972
Members/volunteers: 300 (2002)
Staff: 4 (2002)
Expenditure: \$US 55,000 (2002)

Activities

Disaster preparedness and response: TRCS is recognised by the government as a provider of relief and assistance in emergency and recovery tasks. The society also has its own disaster preparedness and response plan and has participated in the national response to recent disasters through distribution of relief supplies such as tarpaulins, hurricanes lamps, fuel, candles and chainsaws.

First aid: As one of its main tasks TRCS has conducted first-aid training throughout Tonga for organisations, the general public, youth and religious groups. TRCS first-aid teams are on hand at sports events and are ready to respond in case of man-made or natural disasters.

Blood-donor recruitment: TRCS is active in the promotion and recruitment of volunteers for blood donation at the hospital's blood bank.

Social welfare: TRCS operates centres which provide care, physical therapy, recreation, education and home-care services for adults and children with physical and mental disabilities. Volunteers are active in programmes which mend and sort clothes and blankets, and distribute crutches and milk powder for babies. TRCS responds to occasional tracing enquiries and has assisted families who have lost their homes to fires.

Dissemination: TRCS occasionally serves as a provider of basic information on IHL for the Tonga defence services. The dissemination of the Fundamental Principles is included in first-aid, disaster preparedness and leadership training courses. The principles have been translated into Tongan and are available as a poster.

Youth: TRCS youth activities include first-aid services, health and HIV/AIDS programmes and fund-raising.

Physiotherapist: There are only two physiotherapists in Tonga, one of whom works for the society.

Tuvalu Red Cross

Founded:	1981
Members/volunteers:	100 (2002)
Staff:	3 (2002)
Expenditure	US\$16,000 (2002)

Activities

Disaster Preparedness and Relief: TRC provides assistance in terms of volunteers and relief supplies in times of disaster.

First Aid: TRC has conducted community-based first aid courses and first aid training for seafarers.

HIV/AIDS: TRC has conducted workshops on HIV/AIDS for seafarers and youths.

Blood: TRC assists with the recruitment of blood donors on a needs basis as the hospital is unable to store blood.

Youth: Youth members participate in fund-raising and other activities of the society.

Dissemination: Information on the Red Cross/Red Crescent and the Fundamental Principles of the Movement are disseminated at the beginning of training courses and workshops.

Social Welfare: TRC is active in the provision of education for disabled and disadvantaged people.