



NEW ZEALAND  
**RED CROSS**

# COMMUNITY HEALTH

A PACIFIC PARTNERSHIP



Ma te huruhuru  
te manu Ka rere  
Feathers enable  
the bird to fly

The inverted triangle is symbolic of our approach to improved health outcomes in the Pacific – the apex representing the decision makers, while the base represents the flax roots of the community. Who better to give direction than the flax roots?

E sili le puipua  
nai lo le togafitia  
Prevention is  
better than cure

# COMMUNITY HEALTH OR THE COMMUNITY'S HEALTH?

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**Emergency rehabilitation development**

**Millennium  
development  
goals**

**International Federation  
Strategy 2010**

**National  
Societies**

**Social  
mobilization**

HIV/AIDS

**Advocacy**

Mother  
and child  
health (MCH)

**Partnerships**

Public  
health in  
emergencies

**Volunteers**

**Community  
participation**

First aid  
services and  
training

Tuberculosis  
Malaria  
Measles, Polio  
epidemic control

Water  
and Sanitation

Psychological  
support programme

Voluntary  
blood donation

# The International Federation's Global Agenda

Over the next five years, the collective focus of the Federation will be on achieving the following goals and priorities:

## Our goals

- Goal 1:** Reduce the number of deaths, injuries and impact from disasters.
- Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

## Our priorities

- > Improving our local, regional and international capacity to respond to disasters and public health emergencies.
- > Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.
- > Increasing significantly our HIV/AIDS programming and advocacy.
- > Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

# Increasing the impact of our global network

## 1 Global Agenda goals and priorities

- Aligning our programming around the four Global Agenda goals.
- Committing to scaling up and increasing quality and reach of programming.
- Contributing to global initiatives such as the Millennium Development Goals to reduce vulnerability.

## 2 Operational alliances new approaches to cooperation

- Mobilizing resources and capacities to target specific programming needs.
- Developing new and innovative alliances with other partners.
- Focusing on maximizing efficiency and results through effective coordination.

## 3 Performance and accountability framework

- Committing to improving performance management for increased impact.
- Promoting accountability amongst all stakeholders.
- Focusing on continuous learning and improvement in the network.



# Implementing Strategy 2010

What do we do?



**Strategic direction 1:  
Responsive and focused**

What do we want to achieve?



**Global Agenda**

**Scaling up quality,  
reach and impact  
for vulnerable people**

What capacities do we need?



**Strategic direction 2:  
Well-functioning  
National Societies**

What do we need for  
a well-functioning Federation?



**Framework for Action**

**Ten areas for improvement  
to build the capacity  
and performance  
of our network**

Mobilizing support  
and resources



**Strategic direction 3:  
Working together effectively**

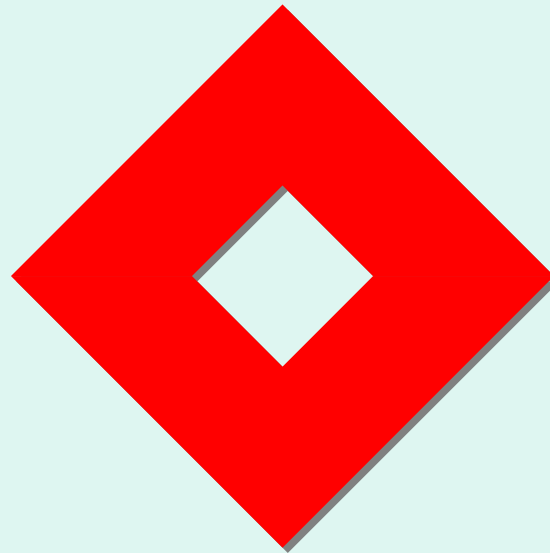
How do we improve  
cooperation and coordination?



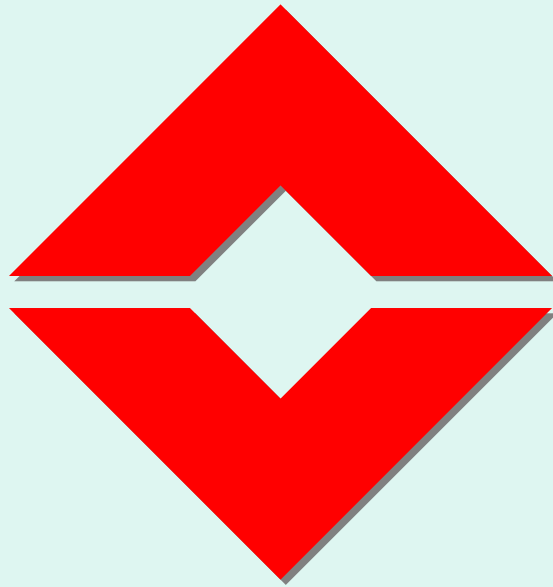
**New Operating Model**

**Operational alliances  
and membership services  
to best use of all resources  
through improved  
cooperation**

Just a new symbol or a new  
operating model?



Can we use it for new  
opportunities?

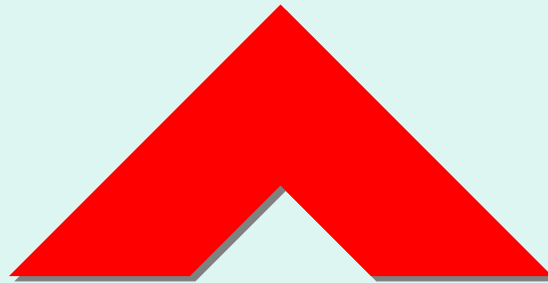




# Our operating checklist

- Who sets the agenda?
- Who sets the priorities?
- Who does the work?
- Who will benefit?
- Who decides what=success?
- Who evaluates?

- The Federation
- Major donors
- “PNS”(participating National Societies
- Government(s)



# Or is it the other way round?

- People in their communities
- People in their RCRC chapters/branches
- People in their National Societies

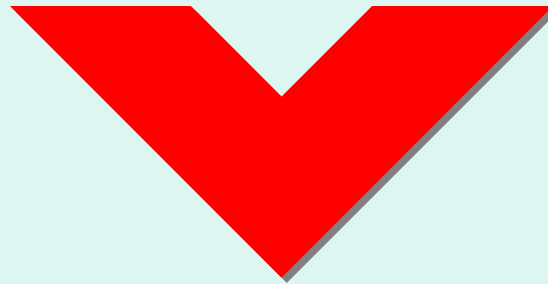
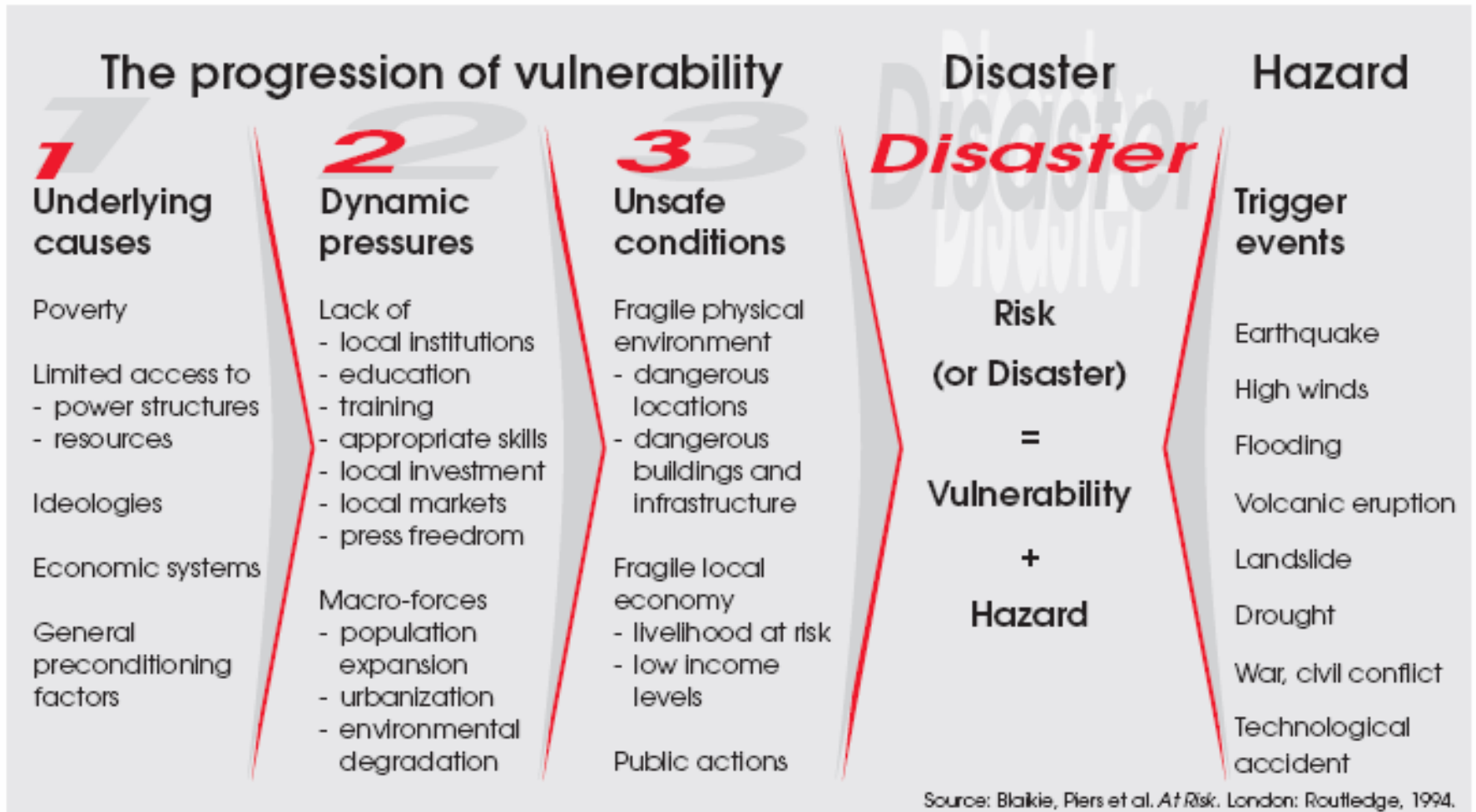


Chart 1: The progression of vulnerability



# Red Cross/Red Crescent role

Case finding

Clinical care

Follow-up

Health education

Identifying  
vulnerable groups

Diagnosis  
and  
treatment

Compliance  
monitoring

Social/nutritional  
support

Education families +  
patients

Authorities

+

Red Cross/Red Crescent

M.O.H

+

WHO  
Medical NGO

Authorities

+

Red Cross/Red Crescent

And we have some powerful tools  
to work with- some old, some new.

# Capacity building

- Strengthen the volunteer base of National Societies to increase their operational capacity, improve quality and performance, and ensure the effective response and preparedness in disaster management as well as in health and care.



# Social mobilisation

- Increase community involvement in health and care activities and campaigns through the network of volunteers.

# Partnerships

- Engage as a key partner in critical operational alliances and networks in health and care at global, regional, national and local levels.

# Advocacy

- Advocate for health and care of the most vulnerable at all levels – local, national, regional and international.

# Community empowerment

- Support community empowerment through health promotion, disaster preparedness, water and sanitation and community development work.

# Samoa Red Cross

- Capacity building: *first aid as a vehicle for health promotion*
- Social mobilisation: *train the trainers*
- Partnerships: *churches, women's committees, and Government*
- Health in emergencies: *first aid teams, Disaster Advisory, Public Health*
- Advocacy: *blood policy, HIV/Aids*
- Community empowerment: *belief systems*

# Pakistan Red Crescent

Capacity building: The special focus on women's health is to be applauded.

Social mobilisation: Increased use of volunteers in HIV/Aids work.

Partnerships: Desperate need for long-term commitment to sustain programmes.

Health in emergencies: Provide immediate care to survivors of natural disasters

Advocacy: Promote awareness/understanding of Primary Health Care among health professionals.

Community empowerment: Revitalising pre-earthquake health programmes.

# Indian Red Cross

- Capacity building: Reorganised “vertical” CBFA, replaced with one with ownership/supervision
- Social mobilisation: Volunteers in malaria/polio awareness programmes.
- Partnerships: With IFRC to develop more appropriate CBFA programme.
- Health in emergencies: Established post-graduate programme in disaster management with health perspective.
- Advocacy:
- Community empowerment: Assisting Branches to handle large volunteer-based projects.

































# Hong Kong Red Cross

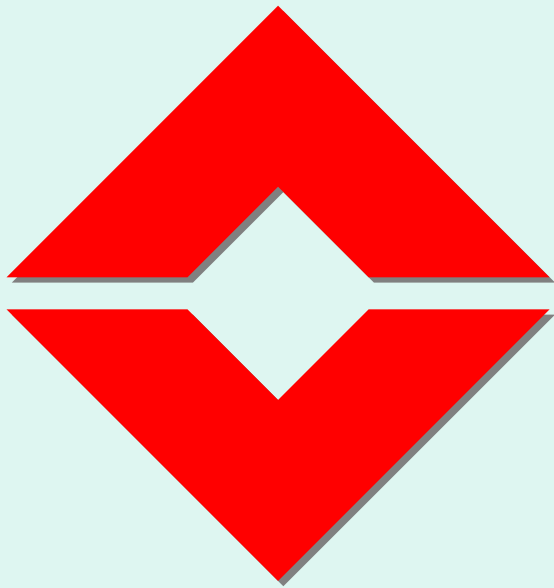
- Capacity building: Talk with them about their District Health Ambassadors.
- Social mobilisation: And about their 5-Star Health, 5-Star Home project.
- Partnerships: With ICA survey of comparative advantage of cooperatives promoting health/creating jobs.
- Health in emergencies:
- Advocacy: With Safe&Healthy City Steering Committee.
- Community empowerment:

# DPRK Red Cross

Capacity building:	Combine first aid with h.promotion,seasonal awareness/vaccination/WATSAN programmes
Social mobilisation:	Volunteers are ‘ eyes,ears,arms and legs of RC work’.
Partnerships:	Essential drugs/medical supplies project with IFRC
Health in emergencies:	2,500 first aid posts in remote communities =bridge with Government health services
Advocacy:	Re integration CBFA into community disaster preparedness plans/curricula.
Community empowerment:	Assist Branches with unified health.promotion reporting guidelines.

	Samoa	Pakistan	India	Hong Kong	DPRK
<b>Capacity building</b>	Samoa Red Cross is the agency mandated by their Government to provide First aid throughout Samoa and it is clear that they use first aid as a vehicle for health promotion in the widest sense.	The special focus on women's health must be applauded	Have totally reorganized their "vertical" CBFA which failed when PNS withdrew support and have replaced it with one where they have ownership and inbuilt supervision	Do talk with them about the District Health Ambassadors.	Have taken a participatory approach in combining first aid with health promotion, seasonal health awareness campaigns, vaccination campaigns and water and sanitation activities.
<b>Social mobilisation</b>	Their "train the trainers" approach extends their reach.	Increased use of volunteers especially in their HIV/Aids work.	Use of volunteers in awareness of malaria and polio.	And about their 5-Star Health, 5-Star Home project	Volunteers are "the eyes, ears, arms and legs for RC activities".
<b>Partnerships</b>	With the churches, the women's committees, and with Government especially in the field of HIV/Aids.	They emphasise their desperate need for long-term donor commitment if they are to sustain any programmes.	Working closely with IFRC to develop a more appropriate CBFA programme.	Are working within the International Co-operative Alliance survey to provide evidence of the comparative advantage cooperatives have in promoting health and creating jobs. At home, they work closely with the Safe and Healthy City Steering Committee.	Initiated essential drug and medical supplies' project with IFRC.
<b>Health in emergencies</b>	The use of first aid teams especially in rural areas has reduced hospital admission. They are a member of the National Disaster Advisory Committee and a technical member of the Public Health Emergency Team.	A real feature is the provision of immediate health care to survivors of their all too frequent natural disasters.	Have instituted a post-graduate diploma in disaster management using a health perspective and are giving this work high priority.		Have 2,500 first aid posts in remote communities, establishing a bridge between those communities and Government health services.
<b>Advocacy</b>	Promoting a national blood policy Promoting HIV/Aids awareness.	Promoting awareness and understanding of the Primary Health Care concept with health professionals.			Re integration of CBFA into community disaster preparedness plans and curricula.
<b>Community empowerment</b>	Among the challenges they list are: the cost of traditional welcome processes & the difficulties of working with communities with particular belief systems e.g. the influence of the Jehovah Witnesses on the extension of blood services.	Efforts to revitalize their pre-earthquake health programmes.	Realised that their Branches had not been prepared to handle large volunteer-based projects so taking a range of steps to assist and develop them.		Have developed unified evaluation guidelines on health promotion to assist better reporting by Branches.

	Capacity building	Social mobilisation	Partnerships	Health in emergencies	Advocacy	Community empowerment
Samoa						
Pakistan						
India						
Hong Kong						
Korea						



**Humanity**

**Impartiality**

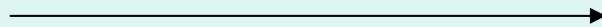
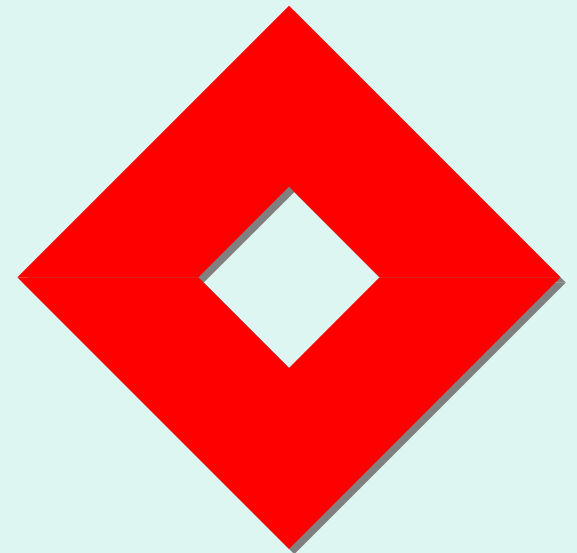
**Neutrality**

**Independence**

**Voluntary Service**

**Unity**

**Universality**





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