

FURTHER INFORMATION ON WHY ICARE IS NECESSARY

ICARE's work is situated in the Gansu Province, one of the poorest and most poverty-stricken areas in NW China. <https://en.wikipedia.org/wiki/Gansu>. ("Despite recent growth in Gansu and the booming economy in the rest of China, Gansu is still considered to be one of the poorest provinces in China."). <http://blogs.worldbank.org/eastasiapacific/new-ppps-reveal-china-has-had-more-poverty-reduction-than-we-thought>.

Most of the population resides in villages and are from farming families who grow potatoes, wheat and corn. However, yields are low because of poor conditions; thus, they have a very low standard of living. Quality health care is not available in most rural areas and thus the people suffer a high infant mortality rate and lower life expectancy due to poor nutrition and insufficient water supply, and this contributes to the perpetuation of the cycle of poverty. ([Reliefweb.int. Asia and the Pacific: Weekly Regional Humanitarian Snapshot \(16-22 August 2016\)](#)). ("10 Million people have been affected by prolonged drought in six provinces [including Gansu]. Authorities estimate 1.5 Million people are in immediate need of assistance...."). [Poverty, Parental Ill Health, and Children's Access to Schooling in Rural Gansu China \(Provincial China, Vol 1, No. 2, 2009\) by Emily Hannum](#). (Infant, maternal, and under-five mortality rates in rural areas were three times those in the cities, and under-five mortality rates in the poorest rural areas actually increased in the early 2000's). www.womenofchina.com (March 18, 2016) ("Maternal and child health is a key indicator to assess the economic, social and human development of any country.").

In a recent case in the Gansu Province involving the suicide death of an entire family of six (with four small children), authorities deemed "poverty as the main suspect" and concluded that "this case serves as a warning to the public and government that while some enjoy a good life in cities, China is still a developing country with an unbalanced development.... most of us cannot imagine that millions of Chinese people still live in poverty in rural areas....") [Netizens Attribute Gansu Family Death to Poverty](#). <http://en.yibada.com/articles/159442/20160914/netizens-attribute-gansu-family-death-to-poverty.htm>

ICARE'S MEDICAL PROJECT provides solutions to critical issues that positively impact the well-being of the people and the local economies.

We have observed that many villagers suffer from illnesses and a lack of access to quality medical care due to lack of money, available medical resources and knowledge of how to manage their illnesses and injuries. This results in a decrease of health status, economic status and hope. In fact, some families even withdraw their children (especially girls) from public school education in order to tend to personal chores and medical needs of family members, which unfortunately tends to perpetuate poverty.

In a study of poverty, health and education in the Gansu Province, it was demonstrated that "The relationship between ill-health and poverty suggests a vicious cycle: poverty leads to poor health outcomes, which lead to loss of wages and increased expenditure on health care. Loss of wages and health expenditures contribute to poverty, further exacerbating vulnerability to catastrophic illness. The cycle of ill-health and poverty may curtail a family's capacity to afford children's education, reducing chances for children to escape the cycle of poverty and ill health that afflicts their parents." [Poverty, Parental Ill Health, and Children's Access to Schooling in Rural Gansu China \(Provincial China, Vol 1, No. 2, 2009\) by Emily Hannum](#). This cycle impacts the ability of a child to stay in school – which continues the cycle of poverty. [Id., page 30](#) ("In the impoverished rural population of Gansu, there are also

indirect ways that having ill parents can interfere with children's focus on schooling. Mother's illness may affect children through reduced attendance at school, as children's likelihood of absenteeism is greater with ill mothers. This may be an issue of reduced supervision, or it may be that children are staying home to help or care for ill mothers. Results also suggest that, on average, children with ill parents are more likely to take up paid labor, but this effect is explained by the economic vulnerability of the households in which these children live. More consistent evidence suggests that children are substituting for labor at home when mothers are ill"). [See also GANSU: Data on Education Enrollment, by Poverty and Gender, in Gansu, China. \(January 2, 2008\)](#) (in the Gansu Province a relationship exists between school enrollment and gender that differs by family economic resources).

Our project offers teams of international and local medical professionals, and other support volunteers, to provide general and specialized medical consultations, dental care, surgeries and physiotherapy to poor families in these underserved areas of Gansu. We also seek to arrange for a higher level of care for children (and adults where practicable) in more regional or international specialized medical centers that are equipped to manage severe illnesses or injuries. We also provide patient-level and local Chinese provider-level community health education to the villages. This includes identifying patients with long-term chronic illnesses and injuries that would otherwise create a medical and economic burden to their families, so that we may help them to understand and to manage their chronic illnesses within the means of their own culture and their own financial capabilities (for better results and self-sustainability). This helps to avoid the catastrophic impact of perpetuating the cycle of poverty and decreased hope for these families, and especially for their children.

ICARE's model is self-sustaining and takes a holistic approach towards community development because we focus on community clinic participation, imparting skills to willing individuals, developing programs that integrate from different areas of needs, and empowering people to take responsibility.

ICARE'S DISADVANTAGED CHILDREN AND ELDERLY PROJECTS are necessary to impact the current status and future of vulnerable populations.

Orphans in Orphanages and Foster Care Homes.

Although the government provides the infrastructure, staff and funds towards the running of the orphanages and foster care families, many issues still remain including the separation of orphans from the mainstream educational system, decreased attention to the psychological and mental development of the children, interruption of children's socialization and development of social skills, quality of service provided within the institutions and funding. (http://www.socwork.net/2009/1/special_issue/mengkai)

These orphaned and disabled children have little opportunity to have a meaningful and productive life because of the lack of opportunities for health interventions, appropriate education and life skills training. Disabled children needing special attention will receive little help because of the lack of professionals in this area and/or lack of available expertise or funding for the care they need. And where resources and/or staffing exists, adequate training for the staff lacks. Thus, enhanced training of orphanage workers for increased standards of care can make significant inroads for lifting the children out of a hopeless situation and/or a future of poverty.

Disadvantaged Children's Education – Education is an important factor in lifting a community out of poverty. In the Gansu Province, cost barriers to health and education are most salient. Poverty in China is heavily concentrated in rural areas, and rural poverty is much more prevalent in the interior and western provinces than in the coastal provinces. [Poverty, Parental Ill Health, and Children's Access to Schooling in Rural Gansu China \(Provincial](#)

[China, Vol 1, No. 2, 2009](#) by Emily Hannum. In Huining (one of our project sites), there are 128 poor villages including 29,285 families. The largest economic barriers to the kids' schooling are medical problems, physical disabilities and geographical living conditions. <http://gs.people.com.cn/n/2015/1203/c338353-27237493.html> Our projects help to lift these economic barriers by improving access to education, improving health status of disadvantaged children, and by encouraging the importance of a continuation of higher and long term learning of children in poor households.

Destitute Elderly – China has the fastest aging elderly population in the world. Currently there are 220 Million and by 2050 40% of the population will be considered elderly. Unfortunately, 65% of the elderly living in rural areas live below the poverty line, and their children often migrate to the urban areas for work leaving their elderly family members behind and unable to care for themselves. China rates near the bottom of countries rated for “end of life” care. [Who Will Take Care of China's Elderly People? BBC News, by Celia Hatton, December 21, 2015](#). [See also, The Facts About China's Aging Masses \(How Will China Handle It's Population Growing Old\) \(August 22, 2016\)](#) (<http://chineseculture.about.com/od/business/economy/fl/The-Facts-About-the-Elderly-in-China.htm>) (“Some officials believe that the problems facing China's elderly can be solved through combined efforts from family, the local community and society as a whole. China's goal is to establish a support network for senior citizens that provides medical care and helps them avoid loneliness through scholarly pursuits and entertainment”).

I CARE provides a holistic programme to address these underlying causes and cycles of poverty that builds on the basics already provided by the Chinese Government, aiming to develop and improve the physical, mental, emotional and moral condition of these disadvantaged children and elderly. ICARE is part of the overall solution involving the community, volunteers and government interventions. This is achieved by having our own team of staff members and volunteers who have skills, experience and most important “a compassionate heart”, organise programmes that help to meet their overall needs – including needs of daily life, education, life skills and encouragement to pursue and/or continue a higher level of education that would otherwise be attained as part of the cyclical village lifestyle. All these include regular visits by our staff and volunteers, organised medical teams, etc., where we spend time with the children, youth, staff workers of the orphanages and foster care families, counselling, empowering and transferring skills and being there for them, which are all key factor for success. For the destitute elderly, this includes creating an environment to encourage physical mobility and social interaction, as well as meeting immediate human needs as necessary.