

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

ZAMBIA

Appeal no. 01.22/2003

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

	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	369,406	390,000
2. Disaster Management	358,963	380,000
3. Organizational Development	343,773	360,000
Total	1,072,142¹	1,130,000

Introduction

The Federation has also launched an appeal for Southern Africa (Appeal 12/02) that includes a large component in Zambia. The Zambia Red Cross Society (ZRCS) is planning to target 157,400 beneficiaries through its HIV/AIDS programme and water and sanitation programme. Attempts will be made to limit the impact on ongoing programmes, but it should be recognised that this emergency programme will affect the capacity to implement other programmes for the first half of 2003. The ZRCS will need particular assistance to boost the capacity of the staff involved in the operation as well as logistical support.

National Context

Zambia is affected by floods, droughts, epidemics and refugee influxes. Zambia is currently hosting refugees from the DRC, Rwanda and Angola. Poverty and food insecurity remain widespread especially in rural areas, but in recent years both have increased in urban areas. It is estimated that 36% of the population do not have access to safe water, up to 50% do not have access to essential drugs and 22% do not have access to adequate sanitation facilities.

Human Development Indicators at a Glance

	Zambia	Sub-Saharan Africa	World
Life expectancy at birth (years)	41.4	48.7	66.9
Adult literacy rate (% age 15 and above), 2000	78.1	61.5	~
Adult literacy rate (female as % of male), 2000	84	77	~
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	49	42	65
GDP per capita (PPP\$), 2000	780	1,690	7,446

¹ USD 735,653 or EUR 728,947.

² These are preliminary budget figures for 2004, and are subject to revision.

People living with HIV/AIDS, adults (% age 15-49), 2001	21.52	9	1.2
Refugees (thousands), in/out, 2000	251/~	~	~

Source: UNDP HDR 2002

Zambia, in common with many other countries in the Southern Africa region experiences many social problems, but the impact of HIV/AIDS has been particularly devastating. HIV/AIDS has affected many families and the impact has been worsened by the poor economy. One indicator, the under-five mortality rate, has increased from 181 per 1000 live births in 1970 to 202 per 1000 in 2000. Despite this, Zambia's population is skewed towards youth with 46.5% of people less than 15 years of age. This is of great concern given that the youth constitute the group most vulnerable to HIV/AIDS.

Because of HIV/AIDS, only about 20% of the population expected to survive to 65 years. During 2001, there were 120,000 HIV/AIDS-related deaths and by the end of the same year there were 570,000 children who had been orphaned through HIV/AIDS. The large number of orphans is likely to lead to greater social and economic problems in the future. A possible indicator of this is the recent drop in primary school enrolment ratios.

In addition to HIV/AIDS, Zambia has also experienced four droughts in the past 10 years, the worst one occurring in 1991/92. Flooding has also been an occasional problem, notably during the 1999/2000 season in the northern part of the country. However, current attention is focused on the drought of early 2002 that has led to severe food shortages in much of Southern Africa. The World Food Programme (WFP), in its appeal for southern Africa (EMOP 10200), estimates that towards the end of 2002, 2.3 million Zambians (21% of population) will be in need of food aid.

National Society Priorities

From its inception until the mid-1990's the ZRCS was probably the leading humanitarian organisation in Zambia. However, at this time the National Society's reputation and performance began to decline to a point where stakeholders and partners began to lose confidence in its integrity and ability to effectively deliver humanitarian services. The Executive Committee of the National Society recognised this and invited the Federation to support them in restoring the ZRCS to its previous position.

At a Glance

	Year	Comment
Recognition	1966	Recognised by ICRC in 1996 and joined the International Federation of RC/RC Societies in 1967. Statutes revised in 1999 in line with IFRC guidelines.
Strategic Development Plan	2002	Four-year Strategic Development Plan mainly dealing with programmatic areas. Detailed Recovery Plan meant for NS change process and dealing with wider management, governance and legal issues now available.
Appeal	yearly	Always linked to annual Federation appeals
CAS	N/A	NS to be admitted in the CAS process in 2003
Self-Assessment	2002	Finalised
Elections	2002	Next General Council national elections will be held in December 2002.
Audit	2002	External Audit carried out by KPMG.

In response, the Federation carried out a general assessment in March 2001 followed in May 2001 by a detailed review of the adequacy and application of management systems and procedures. Emerging from these assessments was the need for a comprehensive recovery plan to be formulated, the draft of

which is now available. It is from the recovery plan than the National Society draws its immediate priorities.

- Update the constitutional and legal base of the National Society
- Establish strong leadership and good governance in the National Society
- Rationalise headquarter and branch structures
- Strengthen the Society's management to ensure accountability and service delivery
- Introduce adequate financial and administrative systems and procedures
- Increase revenue generation and obtain government grant
- Regain the confidence of donors and partners
- Improve staff morale and ensure recruitment and retention of appropriate staff.

It is important that the above priorities are addressed, but it is also necessary that the National Society continue to implement programmes in the meantime. Without programmes there is little point in having a functioning structure. Hence, the National Society will continue to implement and develop programmes in its core areas.

Current ongoing programme activities are in disaster preparedness and response, health, HIV/AIDS and youth and social welfare as well as in tracing and dissemination.

Red Cross and Red Crescent Priorities

The ZRCS has not been part of the current round of CAS because attention has been focussed on the recovery plan process and the priorities that emerged from this. However, the National Society is working with various partners as outlined in this section.

In order to efficiently implement its programme activities, the ZRCS has depended on donor funding, the majority coming through the Federation and from the ICRC, the Netherlands Red Cross Society, CIDA-SAT, and the Norwegian Red Cross.

The Netherlands Red Cross Society is in the process of submitting a proposal on behalf of the ZRCS. The Swedish Red Cross, through the Federation, has agreed to fund the integrated HIV/AIDS and water and sanitation project in Southern Province.

The National Society has also been receiving funds, through the Federation, from UNHCR, while the government has been funding the food relief distribution. Other potential partners are the American Red Cross and the Libyan Red Cross.

Primary Support from the Movement in 2002

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organisational Development	Other
ICRC			xx	xx		
Federation*	xx	xx	xx	xx	xx	
Netherlands RC	xx		xx			
Swedish RC	xx		xx			
American RC			xx			
Libya RC			xx			
Norwegian RC	xx					

*Federation support comes from multilateral RCs

Priority Programmes for Secretariat Assistance

1. Health and Care W [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

CBHC

The ZRCS runs a health programme, which complements the government effort in the delivery of health care services. With regard to the existing health needs of Zambia and the availability of resources for health care, the ZRCS intends to focus its attention on the following areas

- Occupational First Aid.
- Community First Aid and Home Nursing.
- HIV /AIDS prevention and care.
- Primary health care and nutrition.

Primary health care will include activities in nutritional rehabilitation, water and sanitation, control of epidemics, health education, and child health. In order to ensure effective and efficient implementation of the health programme, integration of activities with youth, disaster preparedness, and branch development shall be encouraged.

The ZRCS has been involved in health programmes for more than ten years, but the experience gained has been eroded by high staff turn over an institutional crisis which has crippled the National Society. The National Society is also involved in the implementation of a refugee health programme in Mwanze refugee camp north of Zambia, and despite the ZRCS's institutional problems the refugee health programme has remained effective. This is partly due to regular visits by the Federation regional health team.

Hand-in-hand with the recovery plan for the National Society, ZRCS is committed to strengthen its health programme in line with ARCHI 2010 and the Ouagadougou Declaration. It intends to address some major health challenges, such as the high morbidity and mortality associated with malaria, respiratory tract infections and diarrhoeal diseases including cholera.

In the coming years, Secretariat support will concentrate on supporting the extension of first aid into community-based first aid, promotion of immunisations and securing funds from the Global Fund to fight AIDS, TB and Malaria.

HIV/AIDS

Since 1997, HIV/AIDS counselling activities have been implemented and conducted at counselling or drop-in centres. This approach shall be continued with a possibility of linking blood donor recruitment with these activities. In 1998 the ZRCS initiated two pilot projects in Maamba and Livingstone and recently Kapiri-Mposhi in HIV/AIDS prevention. A total of 61 Care Facilitators have so far been trained providing support to over 1,000 clients. The National Society is a member of the National Aids Council. It has plans for scaling up HIV/AIDS activities in Luapula, Copperbelt and Northern Province.

The ZRCS prioritised HIV/AIDS in line with the Ouagadougou declaration and ARCHI 2010. The National Society is focusing on home-based care, prevention with emphasis on youth peer education, and advocacy for PLWHAs to reduce stigma and discrimination. The National Society has successfully implemented three home-based care projects and has plans to expand to other districts. The home-based care strategy includes prevention, food security and orphan care.

Water and Sanitation

Since 1998, the Federation has been assisting the ZRCS in implementing a developmental water and sanitation programme in Choma and Kaloma districts. The Kaloma project is integrated with the HIV/AIDS project in the same area. The programme provides water boreholes and latrines, but also includes components of health education and maintenance training to ensure sustainability. The Federation has provided technical support through the water and sanitation department of the Southern Africa Delegation. Financial resources for the implementation of activities have also been

made available and the Federation has been active in creating new funding partnerships for the ZRCS. The Federation support is presently in its second phase and the ZRCS are targeting 18,000 beneficiaries for 2003 and at least the same number in 2004.

There are plans to integrate water and sanitation activities within HIV/AIDS projects in Southern Province.

The second phase of the Federation support is particularly focused on capacity building of the ZRCS staff and volunteers. Plans may be revised based on the findings of next year's evaluation. The overall objective of the Federation's regional water and sanitation programme to the ZRCS is to sustainably improve the general health of the vulnerable communities through the provision of community-based water and sanitation programmes.

Overall Goal

A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health and care interventions.

Programme Objective

The Secretariat supports the ZRCS capacity to implement community-based health care programmes, including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Expected Results

1. The capacity of the ZRCS to design and implement health projects that contribute to the reduction of morbidity and mortality from common health problems is strengthened.
 - Five ZRCS health staff trained and able to design, implement, monitor and evaluate community-based health care projects.
 - Eight first aid teams with 220 volunteers trained in four districts.
 - 5,500 families trained in first aid and able to respond to common health conditions.
 - ZRCS are members of National Immunisation Committee and county coordination body.
 - Improved immunisation coverage in targeted areas to 100%.
 - A project proposal developed by the ZRCS and submitted to GFATM.
 - Eighty Red Cross volunteers in four districts are involved in prevention and response to cholera out breaks, benefiting 4,000 families.
 - The ZRCS have created new partnerships with other organisations.

2. By the end of 2004, the ZRCS has increased the impact of its HIV/AIDS programme through increasing the quantity and quality of its interventions
 - The ZRCS home-based care project for PLWHAs is expanded to reach a total of 5,000 clients.
 - The ZRCS youth peer education project is expanded to reach a total of 5,000 youths in safer sex skills.
 - The ZRCS HIV/AIDS programme is expanded to reach a total of 5,000 Orphans supported materially and psychologically.
 - The capacity of the ZRCS to manage, implement, monitor, and evaluate its HIV/AIDS programme is strengthened.
 - The ZRCS have created new partnerships with other organisations.
 - The ZRCS is recognised both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

3. The ZRCS' capacity in the provision of sustainable water and sanitation services is increased.
- The ZRCS has developed an integrated local approach to determining emergency and developmental water and sanitation needs taking into account SPHERE and country standards.
 - The ZRCS effectively disseminates the impact of its water and sanitation activities to existing and future partners.
 - The ZRCS has in place effective monitoring, reporting, and evaluation systems.
 - The ZRCS water and sanitation strategy is consistently implemented with all partners.
 - The ZRCS has increased the capacity of beneficiaries in water and sanitation planning and implementation with linkages to health and HIV/AIDS programmes.
 - Water and sanitation technical and managerial capacity in the ZRCS is increased.
 - The ZRCS ability to implement emergency water and sanitation interventions is increased.
 - The ZRCS is recognised both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.

2. Disaster Management W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

Mwange Refugee Camp and Transit Camps in Luapula and Northern Provinces

In March 1999 mass numbers of displaced people fleeing internal conflict in the DRC started crossing into Zambia through various entry points, mainly Kaputa. The Government of the Republic of Zambia (GRZ) granted *prima facie* refugee status to the fleeing Congolese in search of security and assistance. The sudden increased influx prompted the GRZ and UNHCR to request the ZRCS to help in providing humanitarian and relief assistance to refugees at Kaputa, the main entry point into Zambia.

Mwange camp was opened in April 1999 and received the first refugees from Mpulungu in the same month. The total confirmed cumulative refugee population at Mwange settlement in Mporokoso District at 31st July 2002 stands at 22,821. As the situation in DRC continues to be unclear it is impossible to accurately estimate the number of refugees requiring support in the area for 2003. However, for planning purpose UNHCR is working with an estimate of approximately 23,000.

The refugee operation is implemented through a tri-lateral agreement between the GRZ, the ZRCS and the Federation and UNHCR. Broadly speaking, the ZRCS is responsible for the day-to-day running of operation, the Federation is responsible for the financial and administrative management, while UNHCR retains the overall responsibility for the operation. There are other organisations working in the camp, but these do not form part of an agreement involving the ZRCS or the Federation.

UNHCR provides funding for all the operational costs, but does not meet the costs of the Federation presence in the camp. This presence is an essential component of the Red Cross involvement, providing monitoring and quality control as well as supporting the logistics part of the operation. There is also a need for technical visits from the Southern Africa Delegation to provide advice in areas of health, water and sanitation, and communications. The Federation has a finance and administration office in Lusaka that is fully funded by UNHCR. This appeal seeks funding for the programme coordination office in Mwange and other support provided by the Federation.

Disaster Preparedness

In the past ten years the country has experienced four droughts leading to food deficits and water and sanitation challenges. The ZRCS through its programmes has responded to all these disasters as well as coping with refugee influxes from neighbouring DRC, Rwanda and Angola. The programme has undertaken drought mitigation initiatives including provision of water for both human and livestock

consumption through drilling of boreholes and construction of dams. The National Society continues to assist Congolese refugees in Luapula and Northern Province and has built a strong capacity in the provision of social services and refugee camp management.

The ZRCS disaster management programme has also covered presidential elections in 2001 by providing first aid teams at all polling stations. The National Society also developed contingency plans for the possible population movement across border during the run up to parliamentary and presidential elections in Zimbabwe in 2000 and 2002 respectively with support from the Federation.

The Disaster Preparedness and Relief programme policy will aim at building the capacity of the ZRCS to enable it to complement the government in responding to disasters and also strengthen the capacities of communities and Red Cross Volunteers. It will enhance disaster preparedness through hazard mapping and pre-positioning of emergency preparedness and response materials.

The main focus of the ZRCS disaster management programme for 2003 is likely to be the emergency food distributions taking place to alleviate the current acute food shortage. The support for this operation has been requested under a separate appeal. However, the ZRCS will continue to work in developmental areas with the support of the Federation through this appeal.

A key tool for the ZRCS disaster management is its disaster management policy. A draft exists, but needs to be adopted by the General Assembly and then operationalised.

Lessons learned from various disaster responses have assisted in the development and identification of priorities of the 2003-2004 plan that seeks to strengthen the capacity of the ZRCS in disaster management.

Overall Goal

The quality of life, health, and productivity of targeted communities, including the refugee population in Mwange, is improved.

Programme Objective

The ZRCS has developed mechanisms for empowering and strengthening communities in disaster management so as to reduce human suffering.

Expected Results

1. The ZRCS provides effective and relevant services to the refugee population in Mwange in accordance with accepted standards and agreements.
 - Improved monitoring of the ZRCS refugee operation provided from the Regional Delegation.
 - Effective logistics support enables the ZRCS to implement its responsibilities.
 - Effective coordination mechanism in place between the Federation, UNHCR, and the ZRCS
 - Refugees in Mwange camp received quality of service consistent with or above SPHERE standards.
2. ZRCS disaster management capacity is strengthened.
 - ZRCS disaster management policy and plan developed and operationalised by end of 2003.
 - Customised disaster management training conducted for 200 staff and volunteers.
 - Improved disaster preparedness and response capacity (including emergency stocks) available by end of 2004.
 - ZRCS has identified sustainable food security initiatives and integrated them into other sector programmes in vulnerable districts by 2004.

3. Organisational Development W [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

The branch development programme was established in 1992 with the assistance of the Finnish Red Cross Society. The programme established eight provincial offices with a view to provide an affordable and accessible national headquarters resource as near as possible to all components of the National Society. However, there were a number of problems including the non-availability of office accommodation, inadequate transport, and lack of office equipment. When the Finnish Red Cross funding of the programme was discontinued in 1998, the future of branch development became uncertain. The recovery plan has recognised the establishment of provincial offices as an important element in the revival of ZRCS.

For 2003 and 2004, the organisational development work will be guided by the recovery plan recently produced for ZRCS by KPMG with the financial and technical input of the Federation. Initial funding has been obtained through the Federation's Capacity Building Fund, but considerably more resources will need to be accessed if the plan is to be effectively implemented. The recovery plan highlighted many issues that must be addressed ranging from financial and administrative mismanagement to a lack of clear division between management and governance responsibilities. It seems that the credibility of ZRCS has been compromised to the point where they have become the partner of last choice. However, the board and senior management in ZRCS have finally recognised this and are now prepared to take necessary drastic action. This includes the replacement of leadership and management with a new team.

In order to support the implementation of the recovery plan it is recommended to place an Organisational Development delegate within the National Society. This recommendation has been incorporated into this appeal.

Overall Goal

Implementation of the characteristics of a well-functioning national society has improved the ZRCS in the three key areas: foundation, capacity, and performance.

Programme Objective

Through Secretariat-supported technical guidance, the National Society has addressed many issues - from financial and administrative to separation between governance and management - and is clearly heading towards becoming a well-functioning national society.

Expected Result

The ZRCS has increased its capacity to design and implement their strategic directions, and:

- established has a legal foundation that supports the effective implementation of programme.
- put in place effective leadership and management.
- implemented a provincial structure to support branch development.
- put in place effective financial management systems.
- increased its financial resource base in both value and diversity.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.22/2003

Name: Zambia

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	33,000	0	0	0	0	33,000
Clothing & textiles	0	16,600	0	0	0	0	16,600
Food	0	30,000	0	0	0	0	30,000
Seeds & plants	0	0	10,000	0	0	0	10,000
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	15,000	0	0	0	0	15,000
Teaching materials	0	15,000	0	0	0	0	15,000
Utensils & tools	0	1,550	0	0	0	0	1,550
Other relief supplies	0	4,800	5,000	0	0	0	9,800
SUPPLIES	0	115,950	15,000	0	0	0	130,950
Land & Buildings	0	6,000	0	0	0	0	6,000
Vehicles	0	0	0	0	0	0	0
Computers & telecom	30,757	0	5,500	0	0	0	36,257
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	5,400	1,000	0	0	0	6,400
CAPITAL EXPENSES	30,757	11,400	6,500	0	0	0	48,657
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	23,721	5,400	54,440	0	0	0	83,561
TRANSPORT & STORAGE	23,721	5,400	54,440	0	0	0	83,561
Programme Support	22,345	24,011	23,333	0	0	0	69,689
PROGRAMME SUPPORT	22,345	24,011	23,333	0	0	0	69,689
Personnel-delegates	163,200	0	128,950	0	0	0	292,150
Personnel-national staff	4,083	151,860	28,180	0	0	0	184,123
Consultants	17,500	3,000	0	0	0	0	20,500
PERSONNEL	184,783	154,860	157,130	0	0	0	496,773
W/shops & Training	30,067	16,000	13,625	0	0	0	59,692
WORKSHOPS & TRAINING	30,067	16,000	13,625	0	0	0	59,692
Travel & related expenses	25,300	17,065	30,192	0	0	0	72,557
Information	0	3,700	9,000	0	0	0	12,700
Other General costs	26,800	21,020	49,743	0	0	0	97,563
GENERAL EXPENSES	52,100	41,785	88,935	0	0	0	182,820
TOTAL BUDGET:	343,773	369,406	358,963	0	0	0	1,072,142